



Review of the NHMRC Road Map:

*A Strategic Framework for Improving Aboriginal
and Torres Strait Islander Health Through Research*

Final Consultation Report

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Summary

This is the final report of the consultations conducted as part of the NHMRC's review of the ***NHMRC Road Map: A Strategic Framework for Improving the Health of Aboriginal and Torres Strait Islander People through Research***.

The consultation process was intended to provide input to review of the use and impact of the *Roadmap*, the ongoing relevance of the existing *Roadmap* themes and any desirable changes.

Consultations were conducted through a series of five workshops (in Sydney, Melbourne, Alice Springs, Perth and Townsville) and through an invitation for submissions. A total of 134 people attended one or more workshops, and 9 written submissions were received. Workshops used a modified 'world café' method, in which participants are invited to engage in discussions in small groups on questions that matter to them.

The results of discussions were carefully recorded in workshops, fed back to participants for verification, and analysed using established qualitative analysis methods. Submissions were read and analysed in a similar way, and the resulting material was integrated to provide a coherent statement of the results of consultation. The results are summarised below.

Has the Roadmap been used?

The overall answer to this question is a qualified 'yes'. The *Roadmap* was seen as symbolically important in that it 'put Aboriginal and Torres Strait Islander health research on the agenda' and provided a focus, foundation, blue-print or framework for this research. It was also an acknowledgement of the need for a concerted effort in Aboriginal and Torres Strait Islander health research to develop knowledge to improve Indigenous health outcomes. Workshop participants and those making submissions considered that the *Roadmap* had been used to provide: evidence about the need for research; guidance for organisations and individuals in developing research directions and questions; good practice guidelines for research praxis; resources for teaching and training (especially of post graduate students); and criteria for assessing research proposals.

Related NH&MRC documents such as *Keeping research on track* and the *Values and ethics* statement were considered to be good resources and together with the *Roadmap*, these documents were seen to put the emphasis on research for outcomes.

The extent to which the *Roadmap* was utilised was limited as many workshop participants did not know about it, or realise that there might be a connection between research being undertaken in communities and the *Roadmap*. Similarly, some participants considered that while NH&MRC documents, such as *Keeping Research on Track* and the *Values and Ethics* statements were good resources they had not been actively promoted to communities or their effect evaluated.

The 'traditional' grant-making processes of the NH&MRC were also seen to impact on the capacity of researchers to develop and implement projects in line with the *Roadmap's* vision. These include experiences of the application process as daunting and un-responsive and the use of assessment criteria that do not value factors that might increase the likelihood of appropriate, collaborative research being conducted, or the impact of that research on communities (eg experience in working effectively with communities and a range of cultural and linguistic skills).



What has the impact been?

The key impacts of the *Roadmap* on research and researchers appear to have been in the areas of valuing Indigenous knowledges (and establishing research processes that engage Aboriginal and Torres Strait Islander communities) and capacity building.

The importance of Aboriginal and Torres Strait Islander knowledge systems and experience was a theme in all workshops, with a focus on ensuring that research frameworks and processes were built in a way that both valued and respected Indigenous knowledges and enabled communities to own and/or be equal partners in the research effort. The *Roadmap* (and associated capacity building work) had provided a basis for increasing knowledge among researchers about the importance of developing partnerships with Aboriginal and Torres Strait Islander communities and had facilitated increased participation of Aboriginal and Torres Strait Islander people ‘across the board’ – in grant review processes and in doing and participating in research. As a result it was thought that there had been an increased exposure of researchers to ‘Indigenous methodologies’ and ways of doing research.

The *Roadmap* was also seen as having improved the quality of research with Aboriginal and Torres Strait Islander communities, especially in shifting the emphasis from research which is *done to* Aboriginal and Torres Strait Islander people, to research that is *with* Aboriginal and Torres Strait Islander people and in this process building an understanding that research is a process, not just a result.

Capacity building was a key area where the *Roadmap* was considered to have a significant impact and as well as providing opportunities for professional development for Aboriginal and Torres Strait Islander researchers, had ‘brought people together’, reduced isolation, and facilitated ‘walking together side by side’.

Factors limiting progress in the valuing Indigenous knowledges, community engagement and capacity building were reported. Continuing systemic biases against Aboriginal and Torres Strait Islander people work against both equal participation in research and the valuing of Indigenous knowledge systems. Other factors included: a lack of understanding of the position of Aboriginal and Torres Strait Islander researchers (who have both cultural accountability and ‘Western accountability’); the need to overcome the marginality of Aboriginal and Torres Strait Islander health issues to the mainstream agenda; the way the focus on funding biomedical and ‘scientific’ research excluded much of the research required to gain a good understanding of health status and factors affecting health; and that existing funding structures do not align with Aboriginal and Torres Strait Islander ways of working.

While it was acknowledged that the *Roadmap* had resulted in increased participation of Aboriginal and Torres Strait Islander peoples in research, there was significant discussion about the importance of strengthening community engagement at all workshops. It was considered that research should ‘start with the community and end with the community’, and focus on questions of most importance to communities. Currently this is most likely to occur when effective, respectful, meaningful engagement occurs with communities and when established relationships are sustained over time. Community engagement and post project research transfer activities need to be funded, communities need resources to participate, the realities of daily living within communities must be acknowledged, and intellectual property issues need to be resolved.

Similarly, ongoing capacity building and workforce development is required, in particular in the areas of attracting Aboriginal and Torres Strait Islander people into research careers, broadening the scope of capacity building so that communities and community organisations could be involved; ensuring ongoing professional development; building the capacity of experienced staff to undertake roles such as mentoring; enhancing the capacity of non-



Indigenous researchers and those from sectors other than health to contribute; and ensuring the skills of Indigenous researchers are recognised in a way that prevents them from ending up on the lower levels of the research hierarchy.

While the *Roadmap* was seen to have reinforced the importance of translating research into practice, there was not enough positive change apparent to communities as a consequence of the research being conducted. Consequently there was a need to be able to identify more measurable outcomes and demonstrable health gains flowing on from research.

The capacity of the NH&MRC to align its grant making processes with the concepts outlined above to ensure research values Aboriginal and Torres Strait Islander knowledge systems and engages with communities in meaningful ways was a challenge discussed at all workshops. Put simply, this was stated as ‘it is not clear whether NH&MRC funding mechanisms match the intent of the *Roadmap*, and whether grant review processes match allocation of funds with priorities in the *Roadmap*’.

Are the Roadmap themes still relevant?

The results of consultation are broadly consistent with the existing themes. However, participants in consultations felt that overall the *Roadmap* could provide more strategic direction, including a more tailored and more focussed research program or action plan with regular (possibly annual) reporting of the research funded, the outcomes of research and research transfer activities. Processes for ongoing review of priorities should also be established. Some participants also emphasised the need to link with the new Commonwealth Government’s strategies, such as the Council of Australian Governments reform agenda relating to *Closing the Gap* policies and initiatives.

The *Roadmap* should be integrated across the work of the NH&MRC; and there needs to be better clarification of expectations of the *Roadmap* (specifically the protocols for Aboriginal and Torres Strait Islander health research). A strong theme from all workshops was the need for ‘longer term thinking’ so that research and capacity building strategies could be developed in a way that engaged with communities and produced longer term outcomes.

The NHMRC focus on funding biomedical and basic research was considered to be ‘excluding and narrow’, the consequence of which is that it provides only a ‘glimpse of health status and factors affecting health’. There are difficulties in developing community-driven research and insufficient flexibility in the mainstream system to work within an Aboriginal and Torres Strait Islander context and timeframes.

Broadly, there were three main categories of research that were considered important by participants: research on the underlying causes of Indigenous ill-health; health services and health systems research; and a list of priority conditions. In addition, the need for Indigenous health research to be multi-disciplinary and cross-sectoral was strongly supported.



Proposals for the future

There were nine main elements in the suggestions about change in the *Roadmap* and in the NHMRC's strategies for pursuing its goals in Aboriginal and Torres Strait Islander health research:

- Indigenous knowledge, leadership, values and world-views must be central to the research endeavour.
- '*Roadmap 2*' should build on the *Roadmap*, by articulating a strategic action agenda, as well as a framework.
- The NHMRC should develop a program of commissioned research, and should make other changes in the way Aboriginal and Torres Strait Islander health research is assessed and funded, in order both to address priority research questions and to recognise particular requirements in the timing and methods of research in this area.
- Research transfer should be a major priority, with attention to ensuring knowledge is shared with communities as well as mainstream decision-makers.
- The NHMRC's work in Aboriginal and Torres Strait Islander health research should be built on a strategy of community engagement.
- A research agenda should be outlined, with a focus on social determinants of health and illness, health services/health systems research and identified priority health areas. Research should be inter-disciplinary and cross-sectoral.
- The NHMRC needs to adopt strategies for building more active linkages with other important contributors and stakeholders in Indigenous health research.
- The NHMRC should take an active role in 'Closing the Gap'.
- There should be renewed effort in capacity building for Indigenous health research.



Introduction

This is our final report to the Aboriginal and Torres Strait Islander Health Research Advisory Committee, summarising the outcomes of the consultations held as part of the review of the ***NHMRC Road Map: A Strategic Framework for Improving the Health of Aboriginal and Torres Strait Islander People through Research***. We were commissioned by the NHMRC to facilitate the workshops (with the Chair and other members of ATSIHRAC) and prepare this report for consideration by the Committee.

The terms of reference for the workshops and written submissions required the gathering of stakeholder views on these questions:

1. Has the *Roadmap* been used by individuals or organisations to develop and implement research projects? If not, why?
2. What has been the impact of the *Road Map* on research and researchers?
3. Do the current *Road Map* themes and questions have ongoing importance? If not, what changes to the *Road Map* are desirable?

Those making written submissions were also asked to comment on some performance measures for the *Roadmap*, including representation of Aboriginal and Torres Strait Islander people in the research workforce, growth of research networks and endorsement of the *Roadmap* by other organisations.

This report brings together the outputs of the five workshops held in Sydney, Melbourne, Alice Springs, Perth and Townsville during May and June 2008, and the information from written submissions. It is intended to give the reader an accurate understanding of the views and priorities expressed by those who participated in consultations.

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Workshop content and methods

Over 300 invitations were sent by the NHMRC secretariat, inviting participants to the workshops. A total of 134 people participated, from university and other research institutions (54%), the NHMRC (22%), the community sector particularly those engaged in the delivery of health care to Aboriginal and Torres Strait Islander communities (9%), government departments and authorities (5%) and professional organizations (4%). Representation of the community sector and government departments was lower than anticipated. The National Aboriginal Community Controlled Health Organisation was unable to participate in workshops, and provided input via a teleconference with the Chair of ATSIHRAC and NHMRC staff. Participants are listed in Appendix 1.

The workshops were based on a format known as World Café. Participants worked in groups of four or five people, moving frequently between table groups to discuss important questions derived from the review objectives. The agenda for the workshops is attached as Appendix 2.

The morning sessions were aimed primarily at answering the first two review questions (use and impact of the *Roadmap*). Thus, discussion was focussed on questions about participants' current experience and knowledge, and on evaluative questions about the work of the NH&MRC. The questions were developed and tested with members of ATSIHRAC and the Secretariat. The morning questions were¹:

- What difference has the *Roadmap* and NHMRC's increasing focus on Aboriginal and Torres Strait Islander health made in your world? What are the reasons for successes, locally or nationally?
- From your experience and knowledge, what are some of the ongoing challenges in the NHMRC's efforts to achieve the goals of increased activity and more impact from research for Aboriginal and Torres Strait islander health?
- Thinking about capacity building for Aboriginal and Torres Strait Islander health researchers and research practice, what are the main barriers to progress? What has worked well in your experience (locally or nationally)?

In the afternoon the focus shifted to the third review question (potential changes in the *Roadmap*), and participants were asked to discuss ideas about how the NH&MRC could strengthen its effort in Aboriginal and Torres Strait Islander health research. Draft questions arising from the results of the morning's discussions were designed during the lunch break, by the facilitators and the Chair and other ATSIHRAC members present. Workshop participants were asked to consider the draft questions, and add to or vary them. They were then asked to choose the one they would most like to work on. Questions that weren't chosen by at least 3 participants were either discarded or 'folded in' to other questions. The questions varied, but all concerned future possibilities for improving the effectiveness of NHMRC's effort in Indigenous health research, through capacity building, community engagement, grant-making, specific research topics or contributions to policy. A reporter from each table presented the results of these discussions in the form of proposals for consideration by the NHMRC. In some workshops, participants were asked to rank the proposals using coloured dots. In others, the proposals that emerged were seen as complementary, and it was agreed by the participants that all proposals would be recorded as having been endorsed by participants as a whole.

The workshops were evaluated, and a summary of the evaluation outcomes is given in Appendix 3. Overall, participants rated the workshops highly on 10 questions about content, process and outcomes, with the average scores all exceeding 4 out of 5 (ie over 80%). Scores were lower for the Sydney workshop than others (range from 3.7 to 4.3), which is an expected result for the first of a series, and gave us helpful indications for improvement in subsequent workshops.

¹ The questions were slightly different for the first workshop, and were refined and remained constant for the others.



Analysis and reporting methods

The methods for collecting, analysing and reporting the participants' discussions and their written summaries were designed to maximise accuracy and specificity. Discussions on each question considered during the morning sessions were summarised on posters which were displayed around the room. All discussions were either verbally reported to the whole group by table representatives, or were summarised and presented by one of the facilitators and endorsement and clarification were sought. This process enabled the facilitators to ensure that they had correctly understood the intention of the poster contents. All posters were transcribed and collated using thematic analysis method.

The proposals that emerged from the afternoon sessions were also transcribed, along with information regarding the level of support each garnered from the participants. It could be argued that the focus of the proposals was partly determined by the questions that were posed. However, we are confident that participants were able to express their views and priorities, because they were invited to discuss and change or shape the questions, and they engaged actively in this process at each workshop; and because participants self-selected into tables focused on the questions they most wanted to talk about. If there was a lack of interest in a question, it lapsed. We are therefore confident that the proposals represent the participants' priorities and views as accurately as a workshop process can.

The results of the morning and afternoon sessions for each workshop (along with a report on the workshop evaluation and the participant list) were compiled and emailed to all participants, with an invitation to provide any clarification or correction. Feedback in response to this invitation has been minimal, and has been incorporated into the reporting and analysis. The reports from each workshop are available on the NHMRC website.

A total of 9 written submissions were received, and they are listed in Appendix 4. Their content was summarised by the NHMRC secretariat and has been collated with the workshop results in this report.

The results of the detailed analysis of workshop outputs described above have been integrated in this report, and are presented in two sections. The next section addresses the review questions (use, impact and ongoing importance of the *Roadmap* and its themes). The following section addresses the question of future directions – that is, desirable changes to the *Road Map*, and ways of making further progress towards the goal of enhancing the NHMRC's effectiveness in Aboriginal and Torres Strait Islander health research.



Use and impact of the *Road Map*: good progress, more is needed

The responses of workshop participants and submissions to the three main review questions are summarized in this section. Please note that the expressions of opinion, experience and belief recorded below are those of the participants.

Use of the *Road Map*

Review question 1: Has the Roadmap been used by individuals or organisations to develop and implement research projects? If not, why?

The overall answer to the question of whether the *Roadmap* has been used to develop and implement research proposals is a qualified 'yes'. The *Roadmap* was seen to be both symbolically important, in that it had 'put Aboriginal and Torres Strait Islander Health research on the agenda' and methodologically significant in that it had provided a focus and framework for this research. Further, the *Roadmap* had reinforced the need for concerted effort in Aboriginal and Torres Strait Islander health research to develop knowledge to improve Indigenous health outcomes. The *Roadmap* had provided individuals and organisations working on Aboriginal and Torres Strait Islander health with:

- Evidence about the need for research
- Guidance for identifying research priorities and in developing research proposals and research questions
- Good practice guidelines for research praxis
- Resources for teaching and training (especially of post graduate students)
- Criteria for assessing research proposals.

The work of a range of other significant organisations was seen to be aligned with the *Roadmap* (for example, the Cooperative Research Centre in Aboriginal Health), and the *Roadmap* 'lined up' with other national policy documents – such as the *National Mental Health Strategy*.

Related NH&MRC documents such as *Keeping research on track*² and the *Values and ethics*³ statement were also considered to be good resources. Taken together these documents had placed the emphasis on 'research for outcomes' or success (rather than just on the creation of 'Western' knowledge) and had provided some clear goals against which such success could be measured. Some workshop participants thought that the *Roadmap* had provided some standardisation in Aboriginal and Torres Strait Islander health research, although others thought that these research standards had limited innovation/creativity. Having clearer goals for research and an investment target (of five percent of the Medical Research Endowment Fund) had contributed to an increased accountability for investment in Aboriginal and Torres Strait Islander health research.

The extent to which the *Roadmap* had been utilised was limited as significant numbers of participants at all workshops did not know about it. This included some from non-government organisations that were investing in Aboriginal and Torres Strait Islander health research and from community based organisations who reported not knowing that there might be a

² Keeping research on track: A guide for Aboriginal and Torres Strait Islander peoples about health research ethics

³ Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research

connection between the research that was being undertaken in their communities and the *Roadmap*. Similarly, some participants considered that while NH&MRC documents, such as *Keeping Research on Track* and the *Values and Ethics* statements were good resources they had not been actively promoted to communities, nor had their effect been evaluated.

Workshop participants identified other activity that could enhance use of the *Roadmap* by researchers, including that it be a more focussed, strategic document with an action plan which could be regularly reviewed and updated, and that the *Roadmap* be integrated across the whole spectrum of work of the NH&MRC.

A range of issues associated with funding processes were also identified as impacting on the capacity of individuals and organisations to develop and implement research projects in line with the *Roadmap's* vision. Difficulties associated with developing research proposals and negotiating the grant application process were discussed at all workshops. The latter was described as 'daunting', 'prohibitive', 'un-responsive' and bureaucratic with little or no feedback being provided to unsuccessful applicants. It was also considered that the NH&MRC does not take into account the circumstances of Aboriginal and Torres Strait Islander peoples – that is, its processes do not 'match the real world' of Aboriginal and Torres Strait Islander communities and researchers. It was recommended that the process should be simpler, with constructive feedback to be given to applicants, and with timelines for grants that take into account practical realities such as the need to develop relationships with communities, share understandings, and respect cultural needs and issues.

There was much discussion about the use of 'traditional' grant assessment processes and how this does not value those things that might increase (1) the likelihood of appropriate, collaborative research being conducted or (2) the impact of that research for Aboriginal and Torres Strait Islander communities. For example, track record in achieving high impact journal publications is a critical measure of capability for nationally competitive grants – a measure which reflects neither community engagement nor the extent to which the work has made a difference for communities. Such measures do not recognise or value the skills required to be successful in undertaking Indigenous health research, where community experience, cultural skills, the capacity to speak the language and communicate well with Indigenous communities are all important. Participants also emphasised the need for improved opportunities for beginning/ early career researchers to gain grants and to be able to participate in research, and for more flexibility to allow Indigenous people with a range of skills to be employed on funding provided by the grant.

A further concern in regard to the assessment process was that it should ensure that the involvement of Indigenous researchers is genuine. Chief investigators in non-Indigenous organisations should not be able to use opportunities to obtain funds by 'using' the names of Indigenous researchers on grants and then not actively engage with them.

Due to the limited types of skills recognised by the NH&MRC in the assessment process and the difficult grant application process, it was considered that Indigenous researchers are often at a disadvantage when it comes to competing for scholarships, fellowships and grant funding. Further, participants noted the difficulty for outsiders to the NH&MRC to understand the culture and processes of the NH&MRC.

In summary, the *Roadmap* has been a valuable tool in providing direction to researchers, but its usefulness has been limited by lack of awareness about the *Roadmap*, and difficulties experienced by researchers in negotiating a 'traditional' grant-making process for work which requires active participation of Aboriginal and Torres Strait Islander communities and researchers.

Impact of the *Road Map*

Review question 2: What has been the impact of the *Road Map* on research and researchers?

The key impacts of the *Roadmap* on research and researchers appear to have been in the areas of valuing Indigenous knowledges (and establishing research processes that engage Aboriginal and Torres Strait Islander communities to reflect this) and capacity building.

The importance of Aboriginal and Torres Strait Islander knowledge systems and experience was a theme in all workshops, with a focus on working towards ensuring that research frameworks and processes were built in a way that both valued and respected Indigenous knowledges and enabled communities to own and/or be equal partners in the research effort. By providing a framework and principles for research, the *Roadmap* (and associated capacity building work) had contributed to this in two ways – firstly by increasing knowledge amongst researchers about the importance of developing partnerships with Aboriginal and Torres Strait Islander communities and secondly through facilitating increased participation of Aboriginal and Torres Strait Islander people ‘across the board’ – including in grant review processes as well as in doing and participating in research. As a result it was thought that there had been an increased exposure of researchers to ‘Indigenous methodologies’ and ways of doing research.

Following from this workshop participants talked about the *Roadmap* as having ‘lifted the bar’, improving the quality of research with Aboriginal and Torres Strait Islander communities. A critical aspect of this was the reported shift in emphasis from research which has (historically) been *done to* Aboriginal and Torres Strait Islander people, to research that is *with* Aboriginal and Torres Strait Islander people. It was also considered that the emphasis is now on *research being a process, not just a result*; and that there is more community driven (rather than investigator driven) research being undertaken.

The *Roadmap* was considered to have had significant impact in *increasing the capacity* for Aboriginal and Torres Strait Islander health research across Australia. Overall, capacity building was seen to have ‘brought people together’, reduced isolation, facilitated ‘walking together side by side’ and movement towards a ‘critical mass’ of Aboriginal and Torres Strait Islander researchers. This had been achieved through providing training opportunities for Aboriginal and Torres Strait Islander people to work in research (including a doubling over five years of PhD commencement by Indigenous students), and institute capacity building which has enabled team development and the establishment of collaborative and supportive networks for Aboriginal and Torres Strait Islander researchers and non-Indigenous supervisors and mentors. These grants, along with other capacity building grants have also resulted in some attention being paid to the development of career pathways and have enabled Indigenous researchers to work with well known non-Indigenous researchers.

A number of factors limiting progress in the areas of valuing Indigenous knowledges, community engagement and capacity building were reported. Possibly the most fundamental of these factors is that there is still a systemic bias against Aboriginal and Torres Strait Islander people and that racism and paternalism work against both equal participation in research and the valuing of Indigenous knowledge systems. Some strategies to address this were suggested including enabling meaningful community engagement, supporting Indigenous leadership and staff, examining research paradigms and methodologies and strengthening ethics processes.

A lack of understanding of the position of Aboriginal and Torres Strait Islander researchers was also noted. These researchers have both cultural accountability and 'Western accountability'. Participants suggested that dialogue about this issue was needed as well as the development of techniques for supporting researchers and their development as leaders.

The need to overcome the marginality of Aboriginal and Torres Strait Islander health issues to the mainstream agenda was also discussed. It was considered that this might be achieved if the NH&MRC requested that Indigenous issues be addressed universally in all research applications or ensured that applicants for health related research that is not Indigenous-specific be required to address the potential impact for Indigenous communities.

The focus on funding biomedical and 'scientific' research was considered to be 'excluding and narrow', the consequence of which is that it provides only a 'glimpse of health status and factors affecting health'. Some of the limitations of this focus include that: there is insufficient flexibility to encompass community engagement in research; existing funding structures do not align with Aboriginal and Torres Strait Islander ways of working; there is little scope for 'holistic' research, research into social determinants of health or applied research; and that the contribution of qualitative research is undervalued.

The capacity of the NH&MRC to align its grant making processes with the concepts outlined above to ensure research values Aboriginal and Torres Strait Islander knowledge systems and engages with communities in meaningful ways was a challenge discussed at all workshops. Put simply, this was stated as 'it is not clear whether NH&MRC funding mechanisms match the intent of the *Roadmap*, and whether grant review processes match allocation of funds with priorities in the *Roadmap*'.

While there was support for *Values and Ethics*, ethics processes were not always seen to ensure that communities were able to provide informed consent about participation in research, with some who had been involved in ethics reviews reporting having to 'justify their ways', rather than researchers having to justify theirs.

While it was acknowledged that the *Roadmap* had resulted in increased participation of Aboriginal and Torres Strait Islander peoples in research, there was significant discussion about the importance of strengthening community engagement at all workshops. It was considered that research should 'start with the community and end with the community', and focus on questions of most importance to communities. Currently this is most likely to occur when effective, respectful, meaningful engagement occurs with communities and when established relationships are sustained over time. The current NH&MRC grant-making process does not support this very well as it does not recognise financially the importance of 'pre-funding' (research development) and 'post-funding' (disseminating and building on findings) stages of research practice.

In order for communities to drive research they also need to (1) know what their rights are and (2) have information about how to participate, including being 'walked and talked' through the research development process.

A range of other issues limit the capacity of communities to participate and need to be considered when developing community engagement strategies. These include that: community based workers and community members experience research and change fatigue and are often not resourced for participation; issues of daily living can be overwhelming for many communities and therefore capacity to participate in research is limited; and intellectual property issues need to be resolved (having IP reside with researchers or their organisations was considered to disempower communities).

Aside from the achievements outlined earlier in this section, much of the discussion about capacity focused on workforce development. This included ongoing challenges associated with attracting Aboriginal and Torres Strait Islander people into research careers (especially as there are a range of factors that might work against young people having a research career such as financial and time pressures, access to education, and family and community responsibilities). Other issues were the need to broaden the scope of capacity building so that communities and community organisations could be involved; ensuring ongoing capacity building programs were available so that skilled researchers could continue to develop and be more likely to continue in research; building the capacity of experienced staff to undertake roles such as mentoring; and enhancing the capacity of non-Indigenous researchers and those from sectors other than health to contribute.

Participants noted the challenge of retaining Indigenous researchers. In spite of capacity-building effort, Aboriginal and Torres Strait Islander people may have a lower qualification level and may not be competitive with mainstream researchers in obtaining grants (such as Career Development Awards) and fellowships. This difficulty is further compounded as few organisations have Indigenous employees whose salary can be committed to the role of Chief Investigator. Consequently, Indigenous researchers can end up on the lower levels of the research hierarchy.

The *Roadmap* was seen to have reinforced the importance of translating research into practice. However, it was considered that there was not enough positive change apparent to communities as a consequence of the considerable amount of research being conducted. Consequently there was a need to be able to identify more measurable outcomes and demonstrable health gains flowing on from research. There was also some concern that not all researchers who 'ticked the box' that their research included Aboriginal and Torres Strait Islander health actually had Indigenous health as a specific focus.

On impact more broadly, some participants thought that having the *Roadmap* may have made less difference than other measures, such as introducing a target of 5% of expenditure under the Medical Research Endowment Fund for Indigenous health research or the structure of NHMRC committees, which have enabled inclusion of Aboriginal and Torres Strait Islander people in determining strategic research directions. For others, the *Roadmap* was seen more as a check in on what researchers are doing, rather than a generator of new research.

In summary, the *Roadmap* was seen to provide an important and useful way of focusing effort in priority areas and providing a framework for those wanting to contribute to Aboriginal and Torres Strait Islander health research. This was considered to be the case both for the NH&MRC at the national level and for universities and researchers. However, for the impact to be more significant a range of issues associated with valuing Indigenous knowledges, facilitating effective community participation, research dissemination and transfer and capacity building need to be addressed.



Continuing relevance of *Road Map* themes

Review Question 3: Do the current *Road Map* themes and questions have ongoing importance? If not, what changes to the *Road Map* are desirable?

The six *Road Map* themes are descriptive research, research on resilience and wellness, health services research, the broad area of social, economic and environmental determinants of health, research in under-researched communities, and capacity-building. The results of consultation for this review are broadly consistent with these areas of focus.

However, participants in consultations felt that overall the *Roadmap* could provide more strategic direction, including a more tailored and more focussed research program or action plan with regular (possibly annual) reporting of the research funded, the outcomes of research and research transfer activities. Processes for ongoing review of priorities should also be established. Some participants also emphasised the need to link with the new Commonwealth Government's strategies, such as the Council of Australian Governments reform agenda relating to *Closing the Gap* policies and initiatives.

Other concerns were that in order to produce the most strategic effects, the *Roadmap* should be integrated across the work of the NH&MRC; that there needs to be better clarification of expectations of the *Roadmap* (specifically the protocols for Aboriginal and Torres Strait Islander health research); that there were too many objectives within the *Roadmap* (and that it should be more focussed); and that there needs to be an understanding about what the *Roadmap* means in practice (that is, 'it needs to be more than just words').

A strong theme from all workshops was the need for 'longer term thinking' so that research and capacity building strategies could be developed in a way that engaged with communities and produced longer term outcomes.

The NHMRC focus on funding biomedical and basic research was considered to be 'excluding and narrow', the consequence of which is that it provides only a 'glimpse of health status and factors affecting health'. There are difficulties in developing community-driven research and insufficient flexibility in the mainstream system to work within an Aboriginal and Torres Strait Islander context and timeframes. The existing funding structures do not align with Aboriginal and Torres Strait Islander ways of doing/working. It excludes the development and funding of 'holistic' research. Applied research and research into social determinants of health can be excluded. Qualitative research is undervalued (and ethics processes which accommodate researchers doing quality assurance need to be developed).

The research areas that were nominated by participants are many and cover broad areas and methods of endeavour. The workshop process was not designed to elicit and assign priority to research topics, and participants were generally of the view that to seek to set the research agenda in such a way would not work. Broadly, there were three main categories of research that were considered important by participants: research on the underlying causes of Indigenous ill-health; health services and health systems research; and a list of priority conditions.



Underlying causes

1. Identify factors that will influence future health outcomes and focus on these. Include work that will bring about intergenerational change and consider research across the life cycle.
2. Optimize the environments of children so that they do not need to struggle. Similarly, optimise environments across the life course, including for older people
3. Social determinants and cross sector work
4. Health literacy research
5. Racism and health
6. More targeted research with Torres Strait Islander people
7. Nutrition, food security, food subsidisation and food pricing

Health services/health systems research

8. Identification of what the 'best bets' are, or the areas where there is potential for greatest gain and best impact
9. Research on methods of effective care delivery for Indigenous people, and documenting the contribution of health services to outcomes
10. Improving structures so that advances in knowledge can be used to improve Aboriginal and Torres Strait Islander health (related to there being a sense of urgency and the need to apply the knowledge we have now).
11. Increased understanding of secondary and tertiary health care (including accessing care and improving outcomes)

Specific topics

12. Mental health and increasing the understanding of factors that contribute to mental health outcomes (including more sophisticated and culturally appropriate tools for understanding the impact of trauma, grief and loss)
13. Urban Indigenous populations and urban health, including are these communities accessing existing services and if not, why not?
14. Foetal and early childhood health, including work on the evidence about how positive childhood experiences effect brain growth and development, and how positive experiences impact on the later capacity and potential of individuals
15. Young people (including early adolescents)
16. Genetics and the contribution that can be made by genetic research
17. Chronic illness
18. Infectious diseases

Future Proposals: ‘Roadmap 2’ as a strategic plan for action

In this section, we summarise the main messages arising from the proposals for action by the NHMRC. The full detail of the proposals has been reported in the individual workshop reports.

The proposals were analysed for common elements (a summary of the proposals and the mapping process is shown in Appendix 5). Taken together, the proposals present a coherent ‘collective wisdom’, with nine major elements of a comprehensive strategy for action. A diagrammatic representation is shown below. The diagram reads from left to right, with elements on the left hand side being the critical *enablers*, the research agenda and the application of research results are the *processes* that are intended to lead to the desired *outcome*, defined as the use of knowledge to improve health and health care for Aboriginal and Torres Strait Islander people (including but not only to ‘close the gap’). These elements are underpinned by broad supportive alliances and partnerships – this is not a task for the NHMRC alone. Indigenous leadership, values and world views are shown as the grounding for all endeavours. This schematic view of the consultation outcomes may be idealistic, but is intended to capture and integrate the common themes and concerns expressed by those who participated in workshops and submissions.

Roadmap Strategy: collective wisdom of participants



Each of the elements is addressed in detail below.

1 Aboriginal and Torres Strait Islander leadership and world views

Indigenous knowledge, leadership, values and ways of seeing the world must be central to the research endeavour.

Underlying much of the discussion at workshops and the content of submissions was a call for work in Indigenous health research to be grounded in recognition and support for Indigenous leadership, values and world views. Participants recognised that it may not be immediately clear how this underlying requirement is to be enacted and made operational in the research endeavour. However, we perceived a willingness by both Indigenous and non-Indigenous participants to engage with each other, to think creatively about and to generate good practice in working across cultures in research, research leadership and research governance. The challenge is one that will require enquiry in its own right, but experience indicates that if this challenge is not addressed, if respectful ways of working together, in a framework that is based on Indigenous values, knowledge and leadership, the risk of failure is high.

2 'Roadmap 2' should build on the Roadmap

'Roadmap 2' should build on the Roadmap, by articulating a strategic action agenda, as well as a framework.

The *Roadmap* was acknowledged by participants as an important and still valid framework for the NHMRC's work on Aboriginal and Torres Strait Islander health research. There was support at all workshops for a future NHMRC *Roadmap* to incorporate (as well) a strategic action agenda, capable of being monitored, reviewed and updated (annually). It was also suggested that the principles underlying the *Roadmap* should be embedded in all NHMRC operations so that it becomes part of the organisational culture.

It was suggested that a new *Roadmap* could be aligned with national priorities, e.g. alcohol, smoking, drugs, nutrition, mental health; and could be used as a reference point in the evaluation of strategic initiatives. It should be formulated in ways that will make its relevance to communities and also to other major stakeholders such as other portfolio areas of government, clear and compelling.

The annual update could be used to identify emerging issues and future priorities for Aboriginal and Torres Strait Islander communities, and programs to respond to them; and to regularly revise the scope and focus of new capacity building grant programs.

The NHMRC could establish a clearing house for evidence in Aboriginal and Torres Strait Islander health and a register of work in progress; and could lead or facilitate the development of well articulated understanding about the causes of disparities between Indigenous and non-Indigenous health status.

The profile of the *Roadmap* needs to be raised and it was suggested that the *Roadmap* should be more broadly known and 'owned' by other organisations including non-government organisations and research bodies; and that the linkages among the *Roadmap*, *Keeping Research on Track* and *Values and Ethics* should be made clearer. A promotion or dissemination strategy, including through Indigenous media was suggested, as was making the *Roadmap* more visually engaging and appealing to a broader range of people, such as those in the health workforce.

3 Commissioning and funding research

The NHMRC should develop a program of commissioned research, and should make other changes in the way Aboriginal and Torres Strait Islander health research is assessed and funded, in order both to address priority research questions and to recognise particular requirements in the timing and methods of research in this area.

The use of strategic or commissioned research to complement investigator-driven research was supported, although participants were aware of the challenges in this method. It was suggested that research questions should be driven by the priorities of Aboriginal and Torres Strait Islander communities, and concrete methods of doing so were outlined (eg by working with Aboriginal and Torres Strait Islander health leaders and community controlled health organisations). A system and/or structure (regional workshops or an ongoing organisational arrangement) for gathering regional community priorities, and ‘feeding them up’ to a commissioning process were suggested, perhaps modeled on the way the Canadian Institutes for Health Research approach this issue for Canadian Aboriginal health research priority-setting.

There was support for linking researchers with common interests together. It was also suggested that the NHMRC could set key performance indicators in Aboriginal and Torres Strait Islander health research, to guide the commissioning process.

There was concern that priority setting should allow attention to both national and local priorities.

The need for review of the efficacy of competitive funding mechanisms in this area was highlighted, and it was suggested that ‘track record’ needs to be redefined in practice in two main ways. Firstly, it should take into account not just research output, but record of impact and uptake; and secondly, that community track record, and capacity to engage communities, should be included. Thus there would be greater recognition of the different experiences and training in the career development of Aboriginal and Torres Strait Islander researchers, and skills in community engagement would be weighted in assessments of track record.

Participants proposed that high quality, significant research requires appropriate resourcing and commitment that is sustained over time. More long-term funding was called for, that would among other things enable the development of critical mass and sustainability. In one workshop, it was proposed that, in order to overcome barriers to on-going mutual development and carrying through of research projects, those involving Indigenous communities should be funded in three stages: ‘front-end’, conduct and a ‘post-project’ engagement stage, where the findings are communicated and there is a process of working out how the community can engage with the results.

It was suggested that rather than having a separate Indigenous Health Research Panel and standard assessment process, Aboriginal and Torres Strait Islander researchers should be included in grant review processes (a critical mass/number – not just one or two).

A proposal endorsed at the Perth workshop went further in suggesting that the NHMRC make a more radical departure from its traditional funding methods in order to support the development of regional networks (in collaboration with other research funders). Network grants for 10 years should fund Aboriginal and Torres Strait Islander people who would have a range of functions within research organisations.

Finally, it was suggested that funding practices in general be reviewed for appropriateness, and that the NHMRC clarify the requirements for projects to be assessed as relevant to Aboriginal and Torres Strait Islander health.

4 Research transfer should be a major priority.

Participants suggested that the research transfer process (from research results to policy and practice) required much more active attention by the NHMRC. They noted that this requires funding and time, but also recognised that efforts in research transfer need to be based on evidence about what works. Participants noted the frustration of communities with ‘yet more research’ when the results of existing research have not been disseminated or more importantly, implemented.

Work in this area should be seen as a critical part of keeping faith with communities. It was proposed that the NHMRC should develop a strategy to make better use of existing studies through research on implementation (that is, identify models that work for the sector and investigate the requirements for successful implementation).

Transfer was seen very much as dependant on successful engagement and communication with communities and other organisations that are likely to be able to utilise the research findings, so that they could incorporate new knowledge in their thinking about policy and practice, at least as much as mainstream policy makers.

Suggested strategies for research transfer included:

- Developing partnership approaches with individuals and organisations to achieve greater impact. These might be those who can: fund similar types of research (to maximise the return on research investment); utilise research findings (such as policy makers, health organisations); or be able to contribute from another sector (to address social determinants) (see the section on partnerships and linkages).
- Establishing a better repository of information generated through research, for example a clearing house or data base for Indigenous health research.
- Developing ways to formalise the role of the NH&MRC in research transfer (an example of how this can be done is the Canadian Institute of Health Research’s activities).
- Reframing ‘failures’ as lessons learnt or learning experiences and ensuring that these findings are shared.
- Developing alternative methods for research transfer to suit the language and cultural preference of communities.
- Advocating for increased support by policy makers for intervention research.

5 Community engagement

The NHMRC's work in Aboriginal and Torres Strait Islander health research should be built on a strategy of community engagement.

While *Values and Ethics* and *Keeping Research on Track* as well as the *Roadmap* require researchers to engage with communities, participants in workshops proposed that the NHMRC itself also needed to strengthen community engagement in its work more broadly.

It was suggested that NH&MRC functions should include consultation, brokerage, fostering partnerships and links to policy and practice. A variety of communication tools should be used to disseminate information to a broad range of stakeholders, including different Aboriginal and Torres Strait Islander communities.

It was also suggested that the NHMRC could support Aboriginal and Torres Strait Islander-controlled research centres; and that Aboriginal and Torres Strait Islander research needs to sit under an Aboriginal and Torres Strait Islander controlled body within the NHMRC. It was also considered that it might be useful to provide resources to do collaborative, locally based work to identify needs and priorities (that is, this type of research should not compete for the same dollars as those doing larger pieces of research).

Another proposal emphasised the need for national bodies like the NHMRC to recognize differences between communities (and between communities living in different locations, such as Torres Strait Islanders living in the Torres Strait or on the mainland), and to respect existing community structures/representatives.

It was also acknowledged that increased community involvement in research depends on the capacity to participate. Providing resources for participation was considered critical. Suggestions for resourcing included: to fund capacity building officers at Aboriginal Medical Services and/or their peak organisations to bridge the research-action interface; fund regional entities to be the first point of contact for researchers; and develop guidance material about community driven good consultation processes.

Consequently it was considered that resourcing should be provided over a longer period and in a phased way – for research development, research 'doing' and for reporting, follow-up and evaluation. This might require funding over longer periods (up to 10 years)

6 Research agenda

A research agenda should be outlined, with a focus on social determinants of health and illness, health services/health systems research and identified priority health areas. Research should be inter-disciplinary and cross-sectoral.

Several proposals suggested the need to focus on social determinants of health and their effect on health outcomes. In addition, the NHMRC should take a leadership role in modelling flexible, innovative, holistic approaches to community driven research. The existing discipline-focused method of assessing research grants was seen as an impediment to the funding of this kind of research. These proposals also noted the importance of linkages with other sectors and agencies (including ARC) (see Theme 7 below).

It was also proposed that the NHMRC have a focus on primary care and health care research that takes into account a wellness model. This includes that Aboriginal and Torres Strait Islander health research should be multi sectoral, whole of life cycle focused, cross disciplinary (and include economics and social science), and focussed on improving health and well being.

There were also a number of suggestions about the need for ways of ‘translating’ between Aboriginal and mainstream concepts of health and illness (eg ‘translate complex medical concepts in ways that resonate for people’) and for exploring potential synergies between traditional knowledge and biomedical knowledge (that is, a two way process).

7 Linkages

The NHMRC needs to adopt strategies for building more active linkages with other important contributors and stakeholders in Indigenous health research.

Given the nature of the proposals about the kinds of research needed, the importance of research translation and community engagement, it is not surprising that there were frequent calls for more effective linkages and partnerships. It was suggested that the NHMRC link with other organisations in developing initiatives to ensure evidence is used and that evaluations are collected (that is, engaging in the policy and agenda-setting debate). Promoting and gaining broader support for the *Roadmap* was seen as an important purpose in developing stronger linkages.

It was also suggested that the NHMRC invest in establishing genuine, meaningful and sustainable relationships and partnerships between NHMRC grant recipients and the Aboriginal Medical Services.

It was suggested that the NHMRC take a leadership role in facilitating organisational linkages across sectors (for example with the Australian Research Council, the housing and education sectors). To achieve this joint funding agreements and a review of assessment criteria and application processes is necessary.

8 The NHMRC should take an active role in *Closing the Gap*.

While there was some disquiet about potential limitations in the agenda implied in *Closing the Gap* and the government’s response, there was also strong support for the NHMRC taking a leadership role in particular aspects of the work. It was proposed that the NHMRC should contribute to *Closing the Gap* by signing the *Statement of Intent*; taking on the evidenced-based clearing house role; and facilitating the development of a common understanding of ‘the gap’ and the factors that cause it, including through evaluation of datasets. NHMRC could also identify and fund ‘immediate’ intervention research that aligns with the *Closing the Gap* agenda (eg on smoking) and be active in joining up with other organisations working in the field to produce more evidence and ensure interventions are backed up by evidence.

In addition, *Closing the Gap* needs to be broadly interpreted to fully reflect Indigenous disadvantage (for example it needs to look at social inclusion).

9 Capacity building

There should be renewed effort in capacity building for Indigenous health research.

There was positive feedback about the effectiveness of work to date on capacity-building, and acknowledgement that the challenge is not easy. Participants were supportive of the need to evaluate what has been learnt to date about factors that support and those that work against the building of capacity. There were several suggestions, focused on the following:

- The need to begin capacity building prior to post-graduate level and to enable communities and community organisations to be eligible to participate in capacity building
- The need to develop innovative ways of encouraging Aboriginal and Torres Strait Islander people into research, such as through establishing an NHMRC professional program to allow Indigenous professionals to take time out to do research, similar to the program available for medical practitioners, or through establishing ways for community organisations to link more easily with research organisations
- The need to develop career pathways and salary levels that work for Indigenous researchers, especially those in the early stages of their careers – ‘What happens after the doctorate?’ ‘Will I ever have an ongoing appointment?’
- Establishing centres for capacity building and working on collaborations for capacity building (for example, universities in collaboration with Aboriginal and Torres Strait Islander organisations)
- Establishing Aboriginal and Torres Strait Islander research networks to facilitate collaboration
- Increasing support to enable researchers to attend international conferences and participate in short term exchanges
- Increasing the level of funding for PhD scholarships (particularly for mature age students), and reducing the restrictions
- Expansion of the areas of focus for capacity building, for example to include clinical streams and laboratory science
- Providing support and mentoring to mainstream researchers who supervise Aboriginal and Torres Strait Islander researchers
- Articulating the rationale for and goals of capacity building as an essential strategy.

Increasing the capacity of the broader research community to contribute to improving Aboriginal and Torres Strait Islander health was also seen as important. One way of doing this was to build capacity beyond Indigenous communities and researchers. Some strategies for doing this included: building Aboriginal and Torres Strait Islander health into the curricula of relevant courses across universities, doing cultural and ethical capacity building in research institutes and amongst researchers; engaging with sectors that don’t have a specific health mandate but impact on health, such as schools; and improving networks to facilitate links with governments, information sharing and more structured exchange amongst researchers.



Conclusion

The terms of reference for the workshops and written submissions required the gathering of stakeholder views on these questions:

1. Has the *Roadmap* been used by individuals or organisations to develop and implement research projects? If not, why?
2. What has been the impact of the *Road Map* on research and researchers?
3. Do the current *Road Map* themes and questions have ongoing importance? If not, what changes to the *Road Map* are desirable?

We have addressed these requirements above, representing as accurately as we can the thinking and priorities that emerged from the consultations. In concluding this report, we also offer some strategy suggestions for consideration:

1. That a '*Roadmap 2*' could incorporate all of the ideas presented above, but that responsibility for implementation needs to be spread throughout the organisation. It may be helpful to build a larger focal point for work on Aboriginal and Torres Strait Islander health research within NHMRC, but only if this initiative was accompanied by measures to ensure broad accountability for *Roadmap 2* throughout.
2. That there is a two-fold challenge to the NHMRC in this material to broaden its strategies. The first challenge is to take up a more active role with communities (perhaps through regional structures that would contribute to priority setting). The second is to take up a more active role with government and mainstream institutions, as a supplier of evidence and information relevant to policy, program and funding. At the same time, the focus on partnerships and linkages suggests that the NHRMC should seek to do this as part of an alliance or consortium rather than acting alone.
3. That serious consideration needs to be given to enhancing the use of funding guidelines and assessment processes to make them more 'community friendly' and more 'researcher friendly' given the particular requirements of effective work in this area of research.

Judith Dwyer and Kate Silburn

September 2008



Appendices

Appendix 1: Workshop participants

Appendix 2: Workshop agenda

Appendix 3: Summary of evaluation results

Appendix 4: List of written submissions

Appendix 5: Schematic summary of proposals and common elements



Appendix I: Workshop participants

The NHMRC thanks people for their participation in the workshops. Although care has been taken to ensure that the participant list for each workshop is correct, some mistakes may have been made. If you participated in a workshop and your name does not appear in this Appendix, please contact the NHMRC so that your name can be included.

Sydney

Rachelle Arkles – University of New South Wales – Mura Marri Indigenous Health Unit

Professor Tony Broe – UNSW

Michael Brogran - University of New England

Professor Yvonne Cadet-James - ATSIHRAC

Associate Professor Alan Cass – The George Institute for International Health

Steve Cochrane – Many Rivers Diabetes Project

Troy Combo – UNSW

Professor Sandra Eades -The SAX Institute of NSW

Samantha Faulkner – Indigenous Health Research Panel

Sally Fitzpatrick – UNSW Muru Marri Indigenous Health Unit

Felicia Fletcher – NHMRC

Dr Graham Henderson – Australian Institute for Aboriginal and Torres Strait Islander Studies

Dr Geetha Isaac-Toua – Office for Aboriginal and Torres Strait Islander Health

Associate Professor Lisa Jackson-Pulver - ATSIHRAC

Matthew James – Department of Family, Community Services and Indigenous Affairs

Dr Elizabeth Kaziro – UNSW

Chris Lawrence – The George Institute for International Health

Ray Mahoney – Victorian Aboriginal Community Controlled Organisation

Daniel McAullay – ATSIHRAC

Dennis McDermott – UNSW

Cathy Mitchell – NHMRC

Professor Kerin O’Dea – NHMRC Research Committee

Professor Mary Osborne – Royal Australasian College of Physicians

Sharon Pech – National Centre for Aboriginal and Torres Strait Islander Statistics

Vicki Raynes – NHMRC

Honorary Professor Sally Redman – The SAX Institute of NSW

Professor Robyn Richmond – UNSW

Matthew Sammels – Health and Research Ethics Section

Professor Peter Smith – UNSW

Professor Ronald Trent – RC

Carol Vale – Department of Education and Training, NSW

James Ward – UNSW

Professor Jeanette Ward – Royal College of Surgeons



Melbourne

Professor Cindy Shannon

Lisa Allwell – *Beyondblue*

Professor Ian Anderson – ATSIHRAC

Professor Judy Atkinson – Southern Cross University

Lang Baulch -Department of Human Services

Professor Yvonne Cadet-James – ATSIHRAC

Sallyann Ducker – Department of Health and Ageing

Samantha Fernandes – Royal Australian College of General Practitioners

Felicia Fletcher – NHMRC

Frances Green – Australian Institute of Health and Welfare

Jane Goller – Burnet Institute

Bree Heffernan – Department of Human Services

Dr Lisa Jamieson – The University of Adelaide

Steve Larkin – Australian Institute of Aboriginal and Torres Strait Islander Studies

Dr Christine Latif – Heart Foundation

Dr Alex Maroya – Universities Australia

Brian McCoy – LaTrobe University

Jeff McKenzie – NHMRC

Timothy Moore – Victorian Aboriginal Community Controlled Health Organisation

Vicki Raynes – NHMRC

Leila Smith – Australian Institute of Health and Welfare

Rebecca Winter – Burnett Institute

Alice Springs

Lenny Aronsten – Ngaanyatjarra Health Service

Jenny Brands – Co-operative Research Centre for Aboriginal Health

Dr Ngaire Brown – ATSIHRAC and Indigenous Health Research Panel

David Campbell – Centre for Remote Health/Desert Knowledge CRC

Angela Dufek – Port Lincoln Aboriginal Health Service

Associate Professor Terry Dunbar – Australian Health Ethics Committee and ATSIHRAC

Gabby Falls – Menzies School of Health Research

Felicia Fletcher – NHMRC

Dr Peter Foster – Charles Darwin University

Professor Shane Houston – Department of Health & Community Services

Associate Professor Lisa Jackson-Pulver – ATSIHRAC

Mr Peter Kay – Department of Families and Communities

Dean Miller – Port Lincoln Aboriginal Health Service

Cathy Mitchell – NHMRC



Irene Ogilvie – Department of Families and Communities
Alice Rumbold – Menzies School of Health Research
Dr Jan Schmitzer – Batchelor Institute of Indigenous Tertiary Education
Harry Sing – Department of Health and Community Services
Professor Peter Stephenson – Batchelor Institute of Indigenous Tertiary Education
Margaret Vincent – Institute for Aboriginal Development
Tahniah Edwards – Flinders University

Perth

Jason Barrow – Telethon Institute for Child Health Research
Nicole Bennet – Office for Aboriginal and Torres Strait Islander Health (WA)
Dann Bessarab – Curtin University
Associate Professor Tony Butler – Curtin University
Professor Yvonne Cadet-James – ATSIHRAC
Heather D'Antione – University of Western Australia
Cheryl Davis – Curtin University
Michael Doyle – Curtin University
Associate Professor Terry Dunbar – ATSIHRAC
Tracey-Lee Edwards - Telethon Institute for Child Health Research
Felicia Fletcher – NHMRC
Peta Gooda – University of Western Australia
Professor Dennis Gray – Curtin University
Dr Cheryl Kickett-Tucker – University of Western Australia
Ann Larson – University of Western Australia
Professor Deborah Lehmann – Telethon Institute for Child Health Research
Avril Lowenhoff – Office of Aboriginal Health, Western Australia
Ms Lynette Mallard – Curtin University
Dr Tamara Mackean – University of Western Australia
Professor Rhonda Marriott – Murdoch University
Anne McKenzie – Telethon Institute for Child Health Research
Dr Clive Morris – NHMRC
Professor Gary Partington – Edith Cowan University
Glenn Pearson – University of Western Australia
Sherry Saggars – Curtin University
Professor Cindy Shannon – Chair of ATSIHRAC
Carrington Shepherd – University of Western Australia
Marita Smith – University of Western Australia
Professor Fiona Stanley – Telethon Institute for Child Health Research
Jessica Stewart – Sax Institute
Neil Thomson – Edith Cowan University



Sandra Thompson – Curtin University
Val Ulrich – Alcohol and Other Drugs Council
Clive Walley – Curtin University of Technology
Associate Professor Ted Wilkes – Curtin University

Townsville

Professor Cindy Shannon
Associate Professor Yvonne Cadet-James – ATSIHRAC
Associate Professor Jacinta Elston - ATSIHRAC
Wendy Fahy –NHMRC
Felicia Fletcher – NHMRC
Gail Garvey – Queensland Institute for Medical Research
Jenine Godwin – James Cook University
Alisa Hall – Health and Community Services Workforce Council Incorporated
Adrian Hepi – James Cook University
Dr Jenni Judd – James Cook University
Traven Lea – Heart Foundation
Adrian Miller – James Cook University
Frank Mills – Queensland Department of Health
Cathy Mitchell – NHMRC
Don Palmer – Jimmy Little Foundation
Gail Watson – Mulungu Medical Centre
Lauri West – James Cook University
Roianne West – James Cook University
Dallas Young – Wuchopperen Health Service
Ms Jenny Darr – Wuchopperen Health Service
Ms Audrey Deemal – Queensland Aboriginal and Islander Health Council

Appendix 2: Workshop agenda

Goals

1. To generate a sense of the current **impact** of the *Roadmap*, to complement other sources of evaluative information.
 2. To generate shared views on the new knowledge required in 10 years' time to improve Aboriginal health outcomes and to identify **implications for change** in the current six *Road Map* themes.
 3. To identify and test support for other opportunities to **enhance the effectiveness** of NHMRC's effort in Aboriginal and Torres Strait Islander research, to inform the 'new' *Road Map*.
 4. To identify and test support for **strategies** to enhance the use of research evidence in policy and practice.
-
5. To generate **energy and commitment** to improving Aboriginal and Torres Strait Islander health through research.
-

Process

We plan to use a modified 'world café' method. Participants will have an opportunity to shape the discussion, as well as the outcomes, through small group conversations on questions which are partly prepared, and which will be modified during the day. Participants will move between tables during the day, and the workshop will progress as a series of conversations which we hope will be stimulating and rewarding. The main ideas will be sifted and sorted during the day, and participants will have an opportunity in the final session to express consensus or debate, and to indicate their individual priorities.

Agenda

9.30	Welcome and opening presentation	Chair
9.45	Outline and 'ground rules'	J Dwyer and K Silburn
10.00	First conversation	All
10.30	Morning tea	
10.50	Second and third conversations	All
11.50	Fourth and fifth conversations	
12.30	Lunch and display of posters	
1.30	Summary and next questions	JD and KS
1.50	Focused Discussion on chosen topics	All
2.30	Ideas market	
3.00	Afternoon tea	
3.15	Plenary discussion	All
4.00	Setting priorities	All
4.30	Summing up	JD and KS
4.40	Close and thanks	Chair



Appendix 3: Summary of evaluation results

Participants were asked to complete a one-page evaluation sheet. It includes 10 statements to be rated on a 1-5 Likert scale, and a request for comments on the best feature and ‘what could have been better’.

The ten statements (and their short-hand labels on the graphs that follow) are:

Label Statement

Welcome	Everyone was made to feel welcome
Aims	I understood the aims and agenda
Method	The ‘world café’ method was a good method given the aims
Discussion	The discussions were relevant to my thinking
Summaries	The summaries presented during the day were accurate
Venue	The venue was comfortable for the day
Support	Participants had all the support they needed
Planning	The workshop was well organised and planned
Facilitation	The facilitators managed the process well
Roadmap	The workshops will provide good input to the <i>Roadmap</i> Review

Of a potential total of 134, we received 81 returns (60%). We have no information about who completed the sheets and who didn’t, other than the fact that some people at each workshop had to leave early, and most of them would not have completed evaluation sheets. The first graph shows results for each question as rated by all participants (all workshops).

Graphs 2 – 6 show the results for each question for the workshops individually. Please note that a score over 4 is considered to be good. Between 3 and 4 indicates a need for change. Below 3 would be seen as ‘fail’. [Note: The graphs are not yet on a standard scale – this will be corrected].

Comments on ‘what was best’

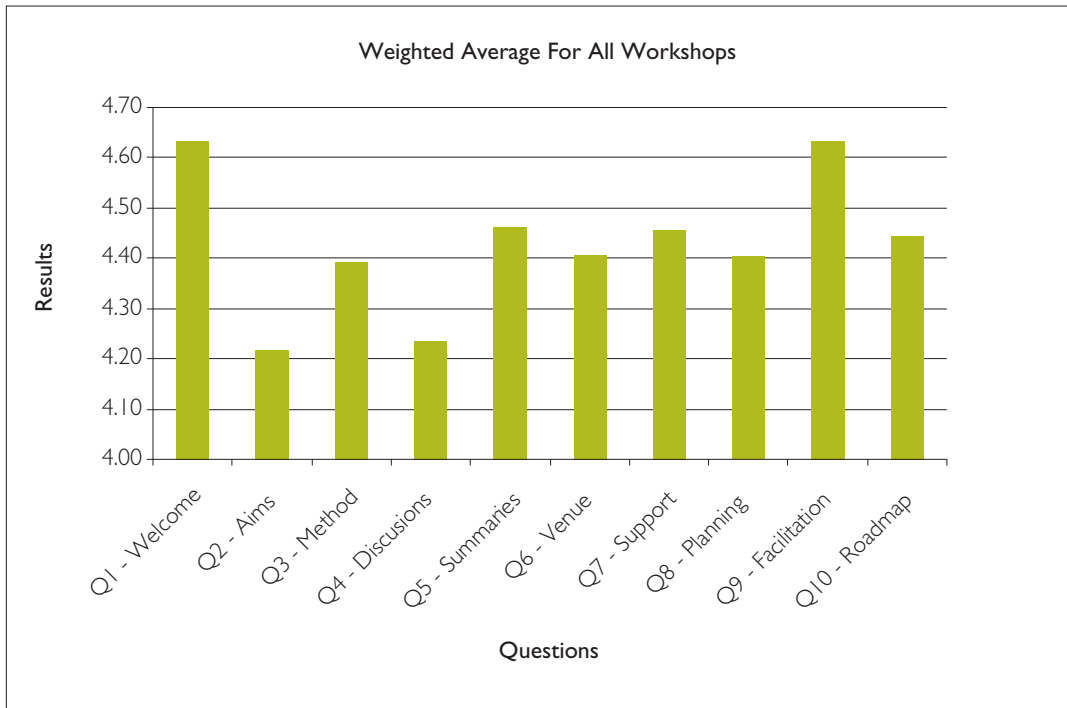
Overall, the feedback was very positive. The World Café method was appreciated for its inclusiveness, the mixing among all participants, and the quality of discussions. Participants valued the opportunity to ‘have a say’, to ‘see the big picture’, the good ideas, the networking, the commitment of the groups to the goals, and the expertise of those they met. The giving of immediate feedback and summaries of outputs was also appreciated, along with good venues (especially the Melbourne zoo), good food, decent breaks.

Comments on ‘what could have been better’

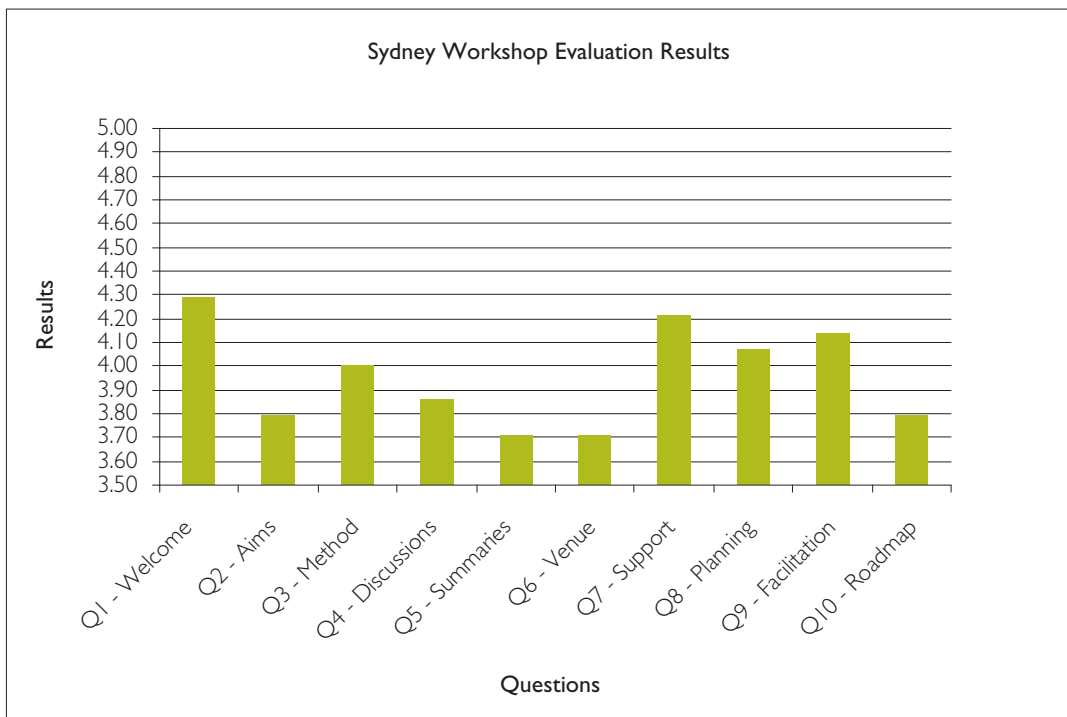
Suggestions for improvement focused largely on organisation – having more notice of the agenda and timing, getting documents in advance, and some concerns about coffee and venue. The other main issue raised was concern about the proportions of Aboriginal and Torres Strait Islander community representatives, and other stakeholders (as opposed to researchers, who were the largest group of participants – including Indigenous researchers).



Graph 1: Total average ratings for each question

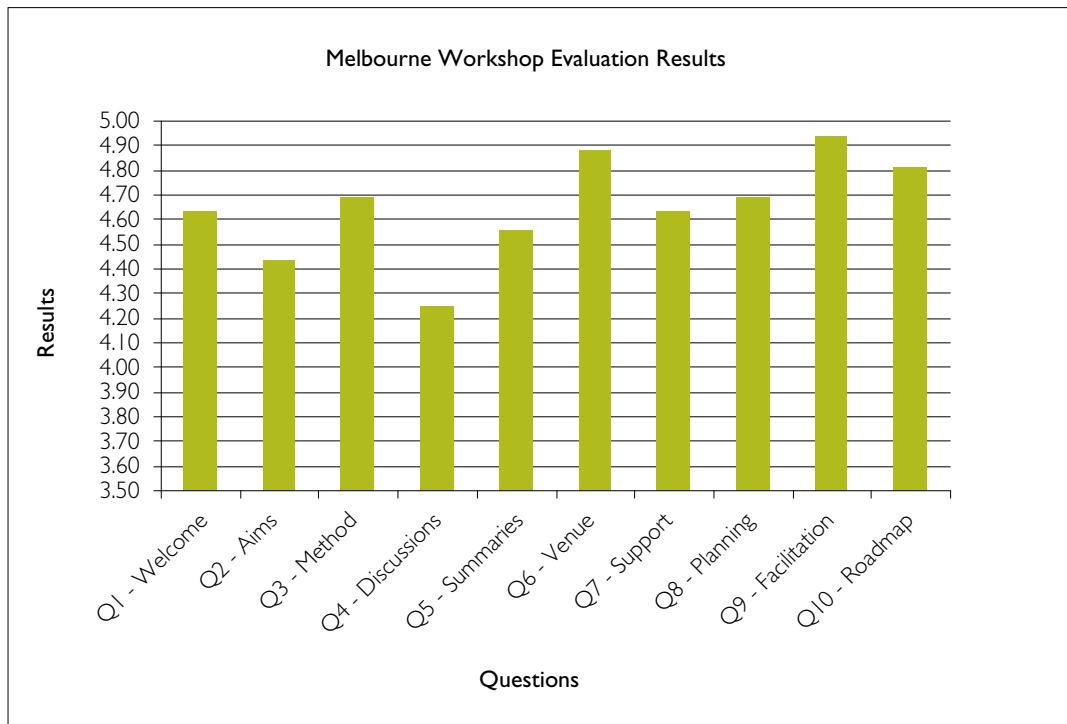


Graph 2: Sydney workshop ratings

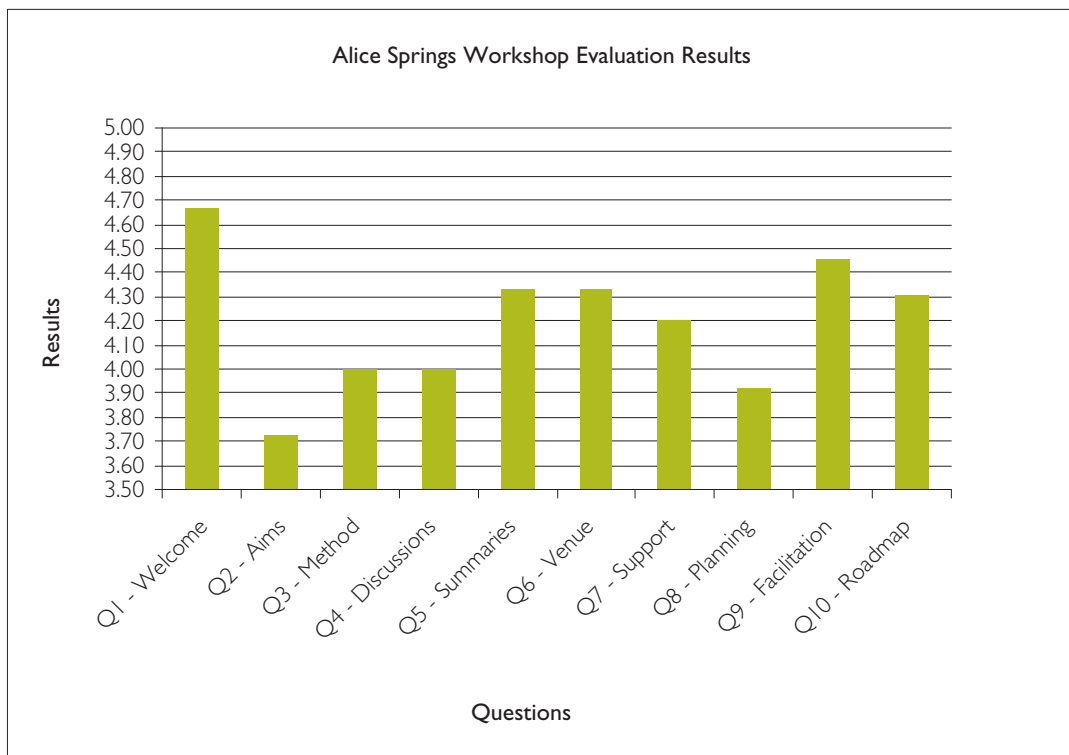




Graph 3: Melbourne Workshop Ratings

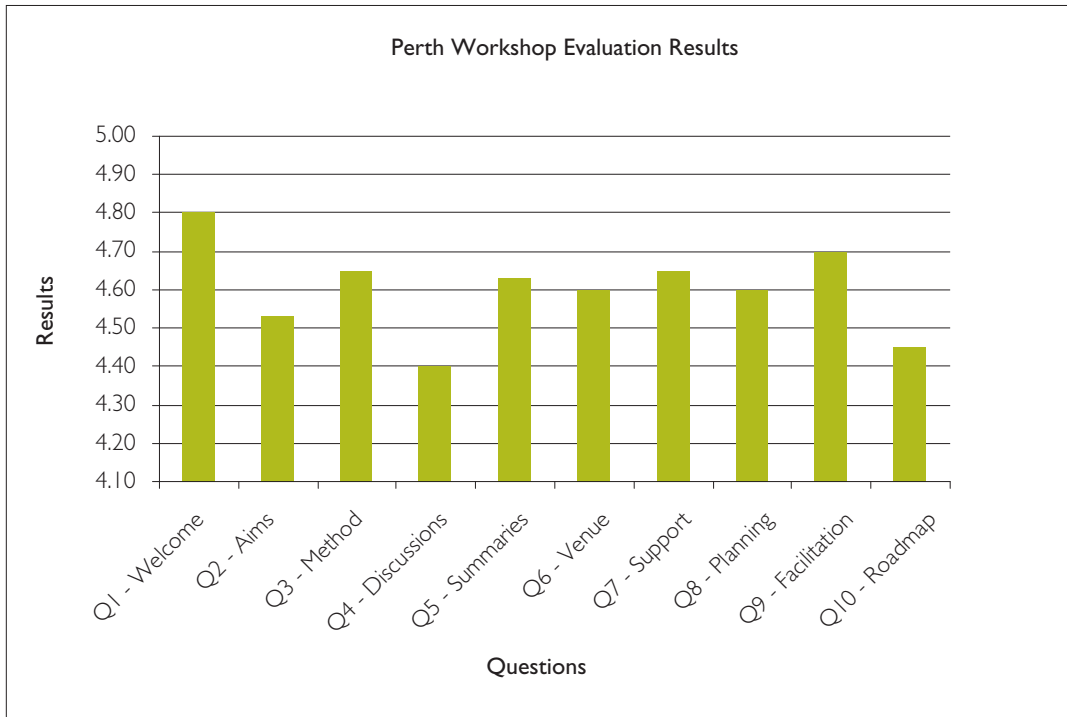


Graph 4: Alice Springs Workshop Ratings

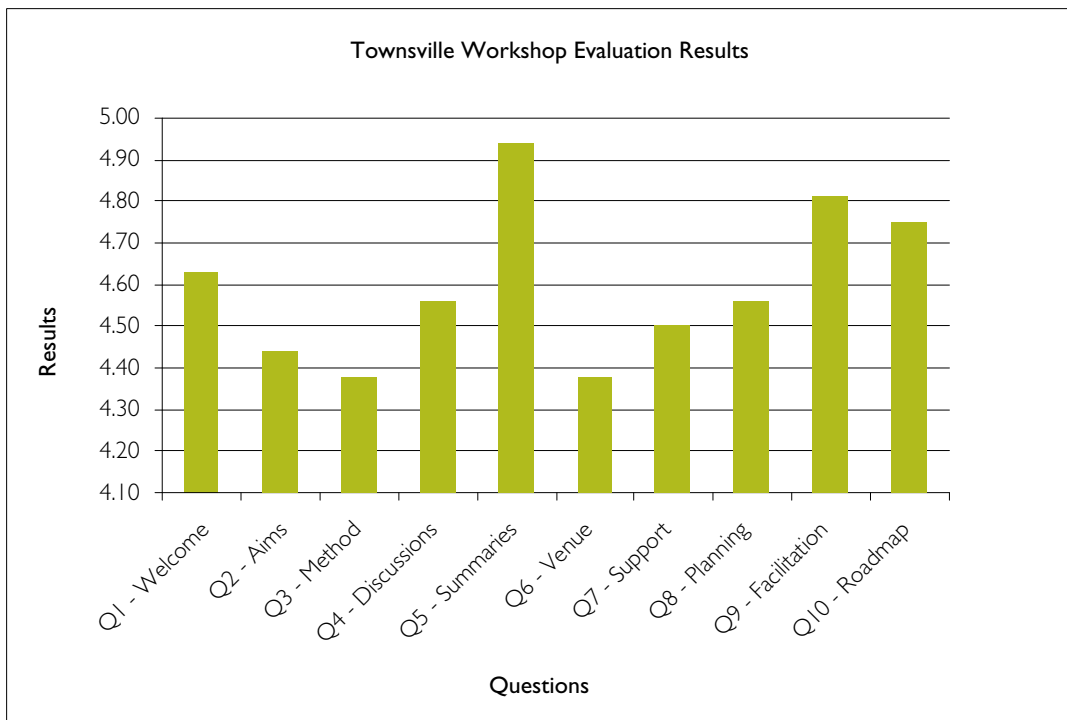




Graph 5: Perth Workshop Ratings



Graph 6: Townsville Workshop Ratings





Appendix 4: List of written submissions

Aboriginal Health and Medical Research Council (NSW)

Australian Indigenous Health *Infonet*

beyondblue

Cooperative Research Centre for Aboriginal health (CRCAH)

Dieticians Association of Australia

National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINAP)
Steering Committee

National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data
(NAGATSIHID)

Office of Aboriginal and Torres Strait Islander Health (OATSIH)

University of Western Australia



Appendix 5: Schematic Summary of Proposals and Common Elements

Location	Proposal	R2 S	CE	Gap	Trans	Fund	Agenda	Link	Cap.
Alice	Fund projects that involve Aboriginal communities in 3 stages	x	x						
Alice	Ensure research questions are driven by Aboriginal communities	x	x	x					
Alice	Regional workshops to develop local priorities	x	x	x	x				
Perth	Road Map 2 as strategic agenda, not just framework	x	x	x	x	x			
Perth	Sustain research over time; redefine track record	x	x						
Perth	Collaborations and networks for research, capacity building and transfer	x	x	x	x				
Perth	Make better use of existing studies; encompass social determinants	x	x	x	x	x			
Mel 1	Contribute to <i>Closing the Gap</i> through evidence, clearing house role	x	x	x	x	x			
Mel 2	Commission strategic research; change funding; focus on transfer	x	x	x					
Mel 3	Road Map 2 as strategic agenda, regular review	x	x	x	x				
Mel 3	Linkages for Road Map implementation; dissemination	x	x						
Mel 5	Ensure evidence is used and evaluations are collected	x							
Mel	Promote work through Indigenous media	x							
Syd 1	Contribute to research about <i>Closing the Gap</i> ; evidence-base; multi-sectoral	x	x	x	x				
Syd 2	Road Map 2 as strategy; priority research; clearing house	x	x	x	x	x			
Syd 3	Focus on PHC and health care research; multi-sectoral and cross-disciplinary	x	x						
Syd 4	Priority on partnerships NHMRC:Universities	x							
Syd 5	Develop transfer methods and strategies that keep faith with communities	x	x						
Syd 5	Clarify criteria for assessing applications as relevant to Aboriginal health	x							
Towns 1	Recognise social determinants, link across sectors and change funding	x	x	x	x				
Towns 2	Implement Road Map 2 with linkages, transfer; community engagement	x	x	x	x	x			
Towns 3	<i>Closing the gap</i> as theme of Road Map 2, criteria for research funding	x	x	x					

[Simple count of frequency of each theme

10 9 5 10 16 8 7 3]

Legend

- R2 S Road Map 2 more strategic
- CE Community Engagement
- Gap *Closing the Gap*
- Trans Research Transfer
- Fund Funding and assessment methods
- Agenda Specific research agendas
- Link Linkages
- Cap Capacity building