



**Australian Government**  
**National Health and Medical Research Council**

**NHMRC Torres Strait Islander researchers yarning workshop report**  
**12-5pm, Monday 13 November 2017**  
**State Library of Queensland, Brisbane**

**Purpose**

To bring together Torres Strait Islander researchers, health professionals and community members to discuss the distinct health and well-being of Torres Strait Islander peoples, and identify ways to build and strengthen the capacity in research and researchers to meet the health and well-being needs of Torres Strait Islander peoples.

**Recommendations made by workshop attendees:**

- Support a network of Torres Strait Islander researchers - NHMRC
- Profile a number of Torres Strait Islander researchers and showcase a diversity of pathways into research - NHMRC
- Provide comment on Road Map 3 public consultation as individuals or as a group – Workshop participants
- Identify research priorities for a Targeted Call for Research – Workshop participants
- Establish an ethics committee in the Torres Strait – Mayor, Torres Strait
- Convene the next workshop in the Torres Strait – NHMRC and Mayor, Torres Strait

**Background**

At the PCIC meeting of December 2016, there was a recommendation to hold a workshop for Torres Strait Islander researchers near the 2017 Research Translation Symposium. A working group was formed and key themes identified: capacity and capability building of Aboriginal and Torres Strait Islander researchers; reflection on past NHMRC achievements; identify current opportunities (Values and Ethics, Road Map 3, Research Translation Symposium, Targeted Calls for Research); and identify 2018 opportunities (Tripartite Agreement, nominate to Council and Principal Committees, Targeted Calls for Research).

**Session 1: Torres Strait Islander health and well-being**

- How do we as Torres Strait Islander peoples perceive health and well-being?
- How is it different to non-Indigenous peoples and Aboriginal peoples?

Health is sacred – incorporating social, emotional, spiritual and cultural well-being. It is family, companionship, connection to country, language, food – hunting, gathering, cooking, and eating.

Racism is a significant health risk factor and is omnipresent, impacting on mental health and wellbeing. There is often a breakdown with communication in the health system, not only in regards to plain English but culturally respectful communication practices. This is exemplified by the late Maori scholar, Ranginui Walker, who suggested that Indigenous people must be seen as an equal, and respect shown must reflect this.

Good health requires self-awareness and taking responsibility for one's own health. One teaching suggests when younger people learn of good health and well-being then the later the

later lessons are often implemented. Health prevention is most important for the kids today – teaching them the “right” way to eat, sleep, exercise, and meditate.

Wellbeing and resilience are taught from a cultural upbringing, for example, how to heal yourself - “Yarn on the salt water wind,” is a way to release or let go. It is part of wellbeing and resilience and how to communicate with the ancestors.

## **Session 2: Health research priorities for Torres Strait Islander peoples in region and mainland**

- What are the current and future health research priorities for Torres Strait Islander peoples?
- How may this differ for our communities in the region compared to Torres Strait Islander peoples on the mainland?
- Are there vulnerable groups within the broader Torres Strait Islander communities who need health research attention?

Current and future health priorities have not changed significantly since the 1991 *Torres Strait Islander health strategy*, which includes type 2 diabetes mellitus (including obesity and childhood obesity), behaviour risk factors, renal failure, hypertension, cardiovascular disease, asthma, smoking and emphysema, liver disease secondary to alcohol abuse, vector control disease and viruses, border control population health issues (with Papua New Guinea infectious diseases – malaria, TB, hepatitis and HIV-AIDs), and sexual health.

A new priority is cancer, for example breast cancer, which has the highest mortality rates, yet the lowest screening rates. Another significant area is mental health and social and emotional wellbeing. Rates of suicide, domestic and family violence are increasing, correlating with the increases of homicide rates and murder-suicide cases.

Some of the barriers include the quality of data due to the diaspora of the relatively small Torres Strait Islander populations. This makes it difficult to justify the collection of data, as it does not appear ‘significant.’ Also inaccurate data may be skewed with other populations such as people of Papua New Guinea descent.

Data sharing is considered a barrier with government consultation considered tokenistic and decision-makers such as the local Mayors not having access. Sharing the data can help foster stronger engagement between local leaders of neighbouring communities. It could also stimulate local capacity building and research projects in these communities. Health researchers need to balance publishing work in quality journals and ensuring community access to refined data (peer-reviewed and published).

Knowledge, health literacy and language are another barrier to health and behavioural improvements, for instance there is no Torres Strait Islander language word for cancer or suicide. There are also fears, for example people fear the use of insulin due to a lack of understanding.

Health concerns are similar for mainland Torres Strait Islander peoples as they are for those residing in the region.

### **Session 3: Increasing capacity of Torres Strait Islander researchers (quantity and quality)**

- What are the success factors to increase the quantity of Torres Strait Islander researchers?
- How do we ensure that our aspiring, Early Career, and Mid-Career Torres Strait Islander researchers are on a trajectory to becoming world-leading researchers in their field?
- What does leadership, stewardship and mentorship need to look like in this space?
- What is the role of the community in this endeavour?

A previous initiative of NHMRC enabled the support of multiple higher degree research students in one group. This structure enabled the development of a close community that supported and inspired each other to complete. It celebrated achievements – “deadly nerd.”

Mentoring and career-coaching can help prepare researchers and make them competitive for a post-doctorate. Mentors do not have to be in the same field but be able to provide career advice and help build confidence – to be put in grant applications and publications.

Other issues that were raised include: Intellectual property, which should be discussed upfront, develop science and imagination in school students, build the capacity of the community (e.g. establishing local ethics committees, particularly to look at ownership), genuine community engagement where the community sets the expectations, and support in applying for research grants.

#### **Workshop evaluation**

Feedback from the workshop was positive with participants suggesting the overall program and content was appropriate and well-designed with great discussions. It allowed participants to think strategically as well as hear and network with other Torres Strait Islander researchers.

Participants suggested having another workshop hosted in the Torres Strait to focus on how to make improvements in both health priority areas and capacity building, with more time, and community members and elders included.

#### **Recognition**

Thanks to the Working Group who met frequently in the lead up to the workshop to develop the program and finalise participants numbers.

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*Attachment A – Program Torres Strait Islander researchers yarning workshop program*

*Attachment B – List of participants*