



the  
**Lowitja**  
INSTITUTE

Australia's National Institute  
for Aboriginal and Torres Strait  
Islander Health Research

*Incorporating the Cooperative Research Centre  
for Aboriginal and Torres Strait Islander Health*

29 March 2012

Mr. Simon McKeon  
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Dear Mr McKeon

We appreciate the opportunity to put forward our submission for consideration in the Strategic Review of Health and Medical Research in Australia.

The Lowitja Institute is Australia's only national health research organisation with a sole focus on the health and well-being of Aboriginal and Torres Strait Islander people. Our Chair, Ms. Pat Anderson and our leadership team, would be pleased to provide any additional insight you may require in regard to health research involving Australia's first peoples.

We wish you well in undertaking this particularly important review.

Yours sincerely

**Lyn Brodie**

Chief Executive Officer

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**The Lowitja Institute**  
Submission to the  
**Independent Review of Health and Medical Research**  
**(McKeon Review)**  
March 2012

### **Key Points**

- 1. A strong evidence-base is critical to meeting the ambitious 'Close the Gap' targets to improve Aboriginal and Torres Strait Islander health that have been agreed by all Australian Governments.**
- 2. Funding of Aboriginal and Torres Strait Islander health research through competitive grants processes needs to be balanced with the provision of untied organisational funding for a national organisation dedicated solely to Aboriginal and Torres Strait Islander health. This would allow direction of funds towards strategic priorities, development of a body of Indigenous researchers, strengthened translation of research knowledge into practice, and assistance to mainstream organisations engaging in Aboriginal and Torres Strait Islander health research.**
- 3. A percentage of NHRMC funding should be 'un-tethered' to provide permanent funding for a national organisation dedicated solely to Aboriginal and Torres Strait Islander health.**
- 4. Research priorities and directions should be set collaboratively by Aboriginal and Torres Strait Islander communities, Aboriginal health service delivery organisations, government and researchers. This process needs to be resourced.**
- 5. Translation of research knowledge into practice begins with the collaborative setting of research priorities, and is enhanced by the building of practical relationships over time between the research and service delivery worlds. Research is an opportunity for the transfer of knowledge and skills between the Aboriginal and Torres Strait Islander and research domains.**

### **About Us**

The Lowitja Institute is Australia's only national health research organisation with a sole focus on the health and well-being of Aboriginal and Torres Strait Islander peoples.

We bring together Aboriginal organisations, academic institutions and government agencies to make possible collaborative, evidence-based research into Aboriginal and Torres Strait Islander health. Our best-practice approach to research is driven by Aboriginal and Torres Strait Islander people in collaboration with world-quality researchers, service delivery organisations, and policy-makers. We have a strong focus on the translation of knowledge into the kind of practice that makes a difference to Aboriginal and Torres Strait Islander people's lives.

Evolving out of the Cooperative Research Centre process since 1997, the Institute currently hosts the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health (CRCATSIH).

## Responding to the terms of Reference

### 1. Why is it in Australia's interest to have a viable, internationally competitive health and medical research sector?

Throughout the world, the health of Indigenous peoples in First World countries is significantly worse than that of the mainstream populations of those countries. However, while comparable countries such as New Zealand, the United States and Canada have seen an appreciable narrowing of the gap between Indigenous and mainstream populations over recent decades (measured by life expectancy figures), progress in Australia has been less significant.

The failure to make broad, sustained progress on the health of Australia's First Peoples has been of national and international concern, and the subject of continued advocacy by Aboriginal and Torres Strait Islander communities and their representative organisations for many years, as well by researchers and the general public.

In recognition of the need to address this situation, the Council of Australian Governments (COAG) agreed in 2008 to six targets for closing the gap between Indigenous and non-Indigenous Australians, including to close the life expectancy gap within a generation and to halve the gap in mortality rates for children under 5 years within a decade.

The importance of research in developing an evidence-base to support these ambitious targets is explicitly recognised in the National Indigenous Reform Agreement (Closing the Gap) agreed by COAG<sup>i</sup>.

**A strong evidence-base is critical to meeting the ambitious 'Close the Gap' targets to improve Aboriginal and Torres Strait Islander health that have been agreed by all Australian Governments.**

### 2. How might health and medical research be best managed and funded in Australia?

The National Health and Medical Research Council (NHMRC) is Australia's lead agency for funding health research. The majority of this funding is disbursed through competitive grants processes.

In 2002, the NHMRC committed to spending at least 5% of its budget on Indigenous health research. This commitment has been effective in increasing the amount of funding in this area of national importance, with the target having been exceeded in the last three years<sup>ii</sup>. While this commitment has therefore been welcome, there are a number of reasons for arguing that competitive grants processes now need to be balanced with untied organisational funding for a national organisation dedicated solely to Aboriginal and Torres Strait Islander health research. This would have a number of advantages:

- a) **Directing funds towards strategic research priorities.** Standard competitive grants processes are non-strategic in that they rely on high quality research proposals to determine where funds are directed. However, the national commitment to address Aboriginal and Torres Strait Islander health requires a more strategic approach, where priorities can be set collaboratively and funding directed towards identified and agreed priorities;
- b) **Supporting the development of Indigenous research capacity.** Developing a body of Aboriginal and Torres Strait Islander researchers is key to improving the research and evidence base in Aboriginal and Torres Strait Islander health. Competitive grant processes tend to be under-accessed by Aboriginal and Torres Strait Islander people<sup>iii</sup>; untied organisational funding would support the creation of the critical institutional systems to support Indigenous researchers to offset this disparity;

- c) **Strengthening the translation of research into practice.** Standard competitive grants processes do not fund two resource-intensive but essential processes to reinforce the translation of research into practice in Aboriginal and Torres Strait Islander health: collaborative processes for setting research priorities *before* a research project begins, and processes for information dissemination, negotiation and implementation *after* a research project has concluded. Funding these processes through untied organisational funds would provide a significant 'value-add' to research projects funded through competitive grants processes.
- d) **Engaging with mainstream researchers and organisations.** The existence of a permanently funded national institute for Aboriginal and Torres Strait Islander health research provides a source of expertise for mainstream researchers or organisations who wish to engage or conduct research in Aboriginal communities – for example, a mainstream cancer research organisation may wish to collaborate with the Institute on research specifically relating to cancer in the Aboriginal and Torres Strait Islander community. We would also argue that some of the processes we have developed – especially the 'Facilitated Development Approach' (see below) are best-practice across the research world, and could be adapted for use in mainstream research.

**Funding of Aboriginal and Torres Strait Islander health research through competitive grants processes needs to be balanced with the provision of untied organisational funding for a national organisation dedicated solely to Aboriginal and Torres Strait Islander health. This would allow direction of funds towards strategic priorities, development of a body of Indigenous researchers, strengthened translation of research knowledge into practice, and assistance to mainstream organisations engaging in Aboriginal and Torres Strait Islander health research.**

An international demonstration of how such a balanced funding arrangement might work is the Institute of Aboriginal Peoples' Health (IAPH), one of the thirteen institutes of the Canadian Institutes for Health Research (CIHR). The CIHR is major agency responsible for funding health research in Canada, succeeding the Medical Research Council of Canada in 2000.

The IAPH is responsible for research addressing the whole range of physical, emotional and environmental pathways leading to ill-health amongst individuals and communities of Canadian First Nations, Inuit and Métis (FNIM) peoples. A recent independent review of the IAPH found that:

*... the IAPH has achieved much and produced significant and measureable outcomes with respect to increasing both the number of FNIM researchers and, perhaps most importantly, fostering supportive infrastructure and significantly reducing the skepticism and distrust of health research by FNIM communities<sup>iv</sup>.*

The IAPH is funded through a fixed proportion of the CIHR budget, currently set at 3.5%, proportionate with the FNIM population (though note that the Review found that given the health need in FNIM communities and other factors, this is significantly less than what is needed). Of this funding, 2.5% is distributed through competitive grants and 1% is provided to the IAPH untied.

Note that in the Australian context, given the NHMRC's continuing commitment of 5% of its grants budget to Indigenous health and the need for a balanced funding model, a national organisation dedicated solely to Aboriginal and Torres Strait Islander health could be funded through a percentage of the NHMRC budget being 'un-tethered' for this purpose.

**A percentage of NHRMC funding should be 'un-tethered' to provide permanent funding for a national organisation dedicated solely to Aboriginal and Torres Strait Islander health.**

### 3. What are the health and medical research strategic directions and priorities and how might we meet them?

The Lowitja Institute (with its precursor and current Cooperative Research Centres) has advocated and pioneered a new approach to research which we call the 'Facilitated Development Approach' (FDA)<sup>v</sup>. This approach places a high value on collaborative approach at every stage of the research, including priority setting, conducting research and implementing the findings. Critically this means that research priorities are set jointly by Aboriginal and Torres Strait Islander communities and community organisations, researchers, health service providers and policy makers.

This approach gives Aboriginal and Torres Strait Islander people a strong voice throughout the research process – and critically in determining the priorities for research. This provides the foundation for translating research findings into practice (see below) and contrasts with 'researcher driven' approaches where the researcher identifies the priorities, with no guarantee that these coincide with those of Aboriginal and Torres Strait Islander communities and service delivery organisations, or with the broader evidence-base.

With the support of the Lowitja Institute, the CRCATSIH has used this type of collaborative approach to develop three priority areas for research between now and 2014:

1. *Healthy Start, Healthy Life* – research focused on reducing the chronic illness risk across the life-course, and improving early intervention and chronic illness management;
2. *Healthy Communities and Settings* – research focused on the capacity of local communities and organisations to develop interventions that address the determinants of health across a range of local sectors and settings; and
3. *Enabling Policy and Systems* – research enabling the reform of policy and programs, workforce development, and whole-of-government approaches to Aboriginal and Torres Strait Islander health.

**Research priorities and directions should be set collaboratively by Aboriginal and Torres Strait Islander communities, Aboriginal health service delivery organisations, government and researchers. This process needs to be resourced.**

### 4. How can we optimise translation of health and medical research into better health and wellbeing?

Research is a powerful tool for improving health service delivery and government policy settings and priorities, leading ultimately to healthier, longer lives for Aboriginal and Torres Strait Islander people. The 'Facilitated Development Approach' pioneered by the Lowitja Institute and the associated CRCs places a strong emphasis on translation of research into practice at both the level of health service delivery and the level of health systems design and functioning.

Involving the users of research – Aboriginal and Torres Strait Islander organisations and individuals, service providers, and policy makers – from the beginning of the research process (including in determining research priorities (see above) greatly increases the chance that research findings will be used by the Aboriginal and Torres Strait Islander health sector and beyond. This approach also builds long-term relationships between the different domains, which can become a basis for future collaboration in research and other tasks.

This approach has proven highly successful by the Lowitja Institute and the CRCs, with research projects leading to improvements in the way hospitals deal with Aboriginal and Torres Strait Islander patients<sup>vi</sup>, systematic CQI processes for primary health care services<sup>vii</sup>, better targeted smoking

interventions<sup>viii</sup> and accumulation of evidence regarding the administrative burden borne by Aboriginal community-controlled primary health care organisations<sup>ix</sup>.

An important part of this approach is also using research as an opportunity for the transfer of knowledge and skills in *both* directions between the Aboriginal and Torres Strait Islander and research communities<sup>x</sup>.

**Translation of research knowledge into practice begins with the collaborative setting of research priorities, and is enhanced by the building of practical relationships over time between the research and service delivery worlds. Research is an opportunity for the transfer of knowledge and skills between the Aboriginal and Torres Strait Islander and research domains.**

## Notes

<sup>i</sup> The NIRA is available at: [http://www.federalfinancialrelations.gov.au/content/national\\_agreements/indigenous\\_reform/National\\_Indigenous\\_Reform\\_Agreement\\_from\\_13\\_Feb\\_11.pdf](http://www.federalfinancialrelations.gov.au/content/national_agreements/indigenous_reform/National_Indigenous_Reform_Agreement_from_13_Feb_11.pdf)

<sup>ii</sup> NHMRC (National Health and Medical Research Council) (2011). NHMRC Annual Report 2010-2011, NHMRC, Canberra.

<sup>iii</sup> de la Barra et al. (2009) A decade of NHMRC People Support expenditure in review: is support for Indigenous health research increasing? *Medical Journal of Australia* 190 (1): 28-31

<sup>iv</sup> Henderson, J et al (2011) Expert Review Team Report for Institute of Aboriginal Peoples' Health. From <http://www.cihr-irsc.gc.ca/e/43581.html>

<sup>v</sup> Arabena, K. and D. Moodie (2011) "The Lowitja Institute: building a national strategic research agenda to improve the health of Aboriginal and Torres Strait Islander peoples." *Medical Journal of Australia* 2011; 194 (10): 532-534; Brands, J. and M. Gooda (2006). "Putting the users of research in the driver's seat: the Cooperative Research Centre for Aboriginal Health's new approach to research development." *Australian Aboriginal Studies* 2006(2): 27-35.

<sup>vi</sup> Lawrence M, Dodd Z, Mohor S, et al. (2009). Improving the patient journey: achieving positive outcomes for remote Aboriginal cardiac patients. Darwin: Cooperative Research Centre for Aboriginal Health. From <http://www.lowitja.org.au/craah/list-craah-publications>; Willis J, Wilson G, Renhard R, et al. (2010) Improving the culture of hospitals project: final report. Melbourne: Australian Institute for Primary Care, La Trobe University.

<sup>vii</sup> One21seventy: National Centre for Quality Improvement in Indigenous Primary Health Care See: <http://www.one21seventy.org.au>

<sup>viii</sup> Centre for Excellence in Indigenous Tobacco Control. (2008). Indigenous tobacco control in Australia: everybody's business. National Indigenous Tobacco Control Research roundtable report. Brisbane, 23 May 2008. Melbourne: CEITC, University of Melbourne.

<sup>ix</sup> Dwyer J, O'Donnell K, Lavoie J, et al. The overburden report: contracting for Indigenous health services. Darwin: Cooperative Research Centre for Aboriginal Health, 2009. <http://www.lowitja.org.au/craah/list-craah-publications>

<sup>x</sup> Laycock, A., D. Walker, et al. (2011). *Researching Indigenous Health: A Practical Guide for Researchers*. Melbourne, The Lowitja Institute.