SOUTH AUSTRALIAN ABORIGINAL HEALTH WORKSHOP

The Aboriginal Research Unit in SAHMRI arranged a full-day workshop in Adelaide on 8 February 2013 to focus on the past, present and future of Aboriginal health research in South Australia. The workshop brought together a wide range of people involved in Aboriginal health research in South Australia. The goal was to generate discussion about what research is done, how research is done, and what do researchers and health services need to make Aboriginal health research more relevant, effective and to augment the impact of research on health outcomes. We examined the past to understand the current status of Aboriginal health research in South Australia. We discussed the present to understand what there is to build on. We considered the future and what we would like to achieve together.

There was a wide range of people who came, including:

- Full-time researchers from each of the universities
- Aboriginal and non-Aboriginal people who conduct some research but are mostly clinicians in both government and community-controlled health services
- Full-time clinicians in community-controlled and government settings
- Aboriginal people as participants of research, as well as those employed as service providers or researchers themselves
- People who are planners, policy officers or decision makers.
STRUCTURE OF THE WORKSHOP

The start of the day was structured to enable reflections on the research projects people had either conducted themselves or knew of. We spent time discussing the projects that were displayed around the room. There were clear gaps and patterns in the areas that had been researched to date.

Next we discussed the current issues and experiences in research for the workshop participants. We did this in groups that explored barriers to research, existing research strengths, gaps in skills and the types of research conducted or health issues covered, current collaborations and how they worked, and known impacts of the research on policy and practice.

In the afternoon, we looked at the possible future of Aboriginal health research in South Australia in groups that clustered around specific research or research-related areas. We explored where participants thought research in each area was currently heading and how they would like to see it develop. We asked participants to consider what needed to be done to make that happen and what the priority actions were. The role of SAHMRI and others in these scenarios was explored, and we finished the day by considering priorities for Aboriginal health research in South Australia.

ABORIGINAL HEALTH RESEARCH IN SOUTH AUSTRALIA

During the first session, we shared our knowledge of the broad range of research activity related to Aboriginal health that has been done so far. Our 80 participants identified over 200 research projects that they knew of that had been conducted in South Australia over the past 5-10 years. The chart below represents the breakdown of the research projects by categories.

The joint AHCSA/SAHMRI project “Next Steps” is now undertaking a much more detailed and rigorous analysis of the research that the Aboriginal Health Research Ethics Committee has approved in the last 10 years to identify researched areas and future research opportunities. Once completed there will be an opportunity to compare the categories identified by workshop participants, with the more detailed analysis conducted by the AHCSA.
CURRENT ISSUES IN ABORIGINAL HEALTH RESEARCH

Key themes from the general discussion sessions are summarised below:

Aboriginal people in South Australia have been generous with their time, personal stories and information for research

When the knowledge of a specific community had been listened to and incorporated, strong relationships have been built that have resulted in strong research. Employing Aboriginal people in research projects has also been beneficial. Inadequate initial consultation to determine community priorities and no follow-up to communicate research findings have been detrimental. Most research continues to be government-driven or academic-driven, however, a number of attendees commented that where community engagement and consultation, particularly with reference/advisory groups have occurred, this strengthened the research.

Translation of research into policy and practice is rare

Research is not always being written up or formally evaluated, which in turn, has impaired the ability of research to inform policy decisions and program implementation (translation often has not occurred). There was also concern that many small, unintegrated projects have occurred with no strategic research plan for the state. Duplication, the lack of translation (and avenues to affect translation), historical events and the complexity of cross-sectoral issues, and poor researcher attitudes continue to be barriers for Aboriginal health (and research).

There have been two notable examples of research making an impact for Aboriginal people - through improvement of the patient journey for people requiring hospital procedures and in the delivery of palliative care.

Support and guidance is needed to encourage good research practice

Funding processes and research implementation do not always consider the timelines and consultations required to undertake good quality, ethical health research with Aboriginal people. There is a lack of appropriate guidelines for research conduct and limited recognition, training or ongoing support for Aboriginal researchers/workforce.

Collaboration is common and positive

On a positive note, much collaboration currently exists between state/territory government departments, NGOs, universities, other research institutes, Aboriginal health councils, Aboriginal community-controlled health services, and health professional and sporting organisations. However, the Women’s and Children’s Health Network was one of the few hospital collaborations highlighted. Research processes advocated by the CRC/Lowitja Institute were recognised as highly valuable for health researchers.

THE FUTURE OF ABORIGINAL HEALTH RESEARCH IN SA

During the afternoon sessions, groups discussed where they wanted their research area of interest to head in the future, and how to get there. Six groups covered: health services research; population health; clinical research; cross-sectoral research; capacity building and knowledge translation. Eight themes emerged from the discussion and are presented below:

Theme 1: The Importance of Community Control and Engagement

There is a need to better engage with Aboriginal people, their organisations and their communities at a much earlier stage in research project development. Of critical importance is the determination of priorities for the type and focus of Aboriginal health research by Aboriginal people themselves. Researchers need to develop in-depth relationships, with an ongoing commitment to those relationships and a real understanding of community issues. Engagement of elders and the Aboriginal Health Council of South Australia is critical. There appear to be no penalties for poor practice, especially for not engaging with Aboriginal people.

There is a need to better inform and support Aboriginal communities about their authority to drive research priorities and to determine how research is done with them to meet their current and future needs.

Theme 2: The Need for Research to be Done the “Right Way”

There was a call for reform of the way Aboriginal health research is undertaken. Research has to be useful and data collection can be, and should be, non-intrusive. Researchers must acknowledge prior knowledge generated by previous research that is held within the Aboriginal communities and in the community-controlled primary health care sector. Research could be informed by this knowledge and linked to the high quality evaluation of services already complete and in the public domain. The diversity of communities needs to be incorporated into research implementation. Evaluation of research experiences is essential in order to determine what is working well and what could be improved. However, there is an explicit requirement that Aboriginal community-controlled health services and other community organisations need resourcing to assist with their research role.

The quality of existing data is not always good. It only captures people who attend services and very few studies focus on those people who are not accessing services. There are very few culturally appropriate data collection tools developed and ready for use.

There needs to be a clear and practical way of doing “good” Aboriginal health research in South Australia. It should inform Aboriginal people, their communities and their health services about their rights when engaging with research, but also how they can effectively incorporate research into health service delivery to improve health outcomes.
Theme 3: Is More Research Always the Answer?
There should be a central repository of Aboriginal health research findings, incorporating research already underway to inform both the research community and the Aboriginal community. Proposed research could be mapped against the database to ensure no duplication.

A central register of research projects could be established as a clearing house for information, available to all who wish to use it. It could be used to create a unified agenda for Aboriginal health research in SA.

Theme 4: Priorities for Future Aboriginal Health Research
The suggestions recorded as priorities for future research were varied and included:
- Development of a culturally-appropriate quality of life tool for Aboriginal people
- Emphasis on evaluation of existing health services and clinical interventions
- Understand community-specific barriers to smoking or health promotion
- Economic modelling to assist with the translation of research into policy and practice

Research capacity-building was seen as an important focus.

The ACHSA/SAHMRI joint project on research priorities in SA was noted as an important step in framing the gaps in research and the priorities for the ACCHO sector and communities.

Theme 5: A Focus on Social Determinants and Cross-Sectoral Research
It was agreed that cross-sectoral research is not easy, but important to do. There needs to be a policy/vision on how to move forward with partners in other sectors to improve health. Data linkage activity helps with linking socioeconomic, housing and education data to understand determinants of health. Aboriginal communities need to have the tools to tackle all primary policy sectors including transport, education and housing. Men’s health may be a useful focus for how to develop an approach that brings in other sectors to improve men’s health and wellbeing.

Effectively addressing the social determinants of health will need commitment across agencies, collaborative thinking and action, and well-planned and executed cross-sectoral research.

Theme 6: Building Research Capacity
A common theme emerged about capacity-building on a number of fronts. Building capacity in Aboriginal communities where there is limited capacity was identified as a priority to enhance the ability of communities to be in control of the research process. Increased capacity of health services to do their own research was recognised as vital. There is a need to build Aboriginal research capacity in all institutions and to establish linkages between researchers to avoid isolation and build critical mass. Research training for people with limited formal qualifications at the VET level is also needed. The numbers, capacity and confidence of Aboriginal researchers need to be increased. A formal research capacity-building strategy would benefit Aboriginal research in South Australia.

Collaboration is needed for capacity-building and the development of a longer-term strategy for Aboriginal research and Aboriginal people being trained and well-supported as researchers in an environment with Aboriginal leadership.

Theme 7: Knowledge Translation
There is an urgent need to focus on advocacy to promote the translation of the findings from research into practice and policy. There needs to be an emphasis on knowledge exchange and dissemination processes to ensure there is a benefit back to the community, at minimum by feeding back research results to the people who participated. There was an acknowledgement of the time it takes for change to happen. Communities need support for the long-term investment and commitment.

Relationships between community, the policy makers and funders of services is vital so that translation of research into policy and practice can be achieved.

Theme 8: Funding
The priority for funding is the implementation of models of care and interventions demonstrated to be effective through good research. However there is also a need for recurrent funding to enable training and capacity building in research. There was also a call for an increase in the length of funding cycles, which are currently too short to develop translational activities to affect change. There is often no funding to resource appropriate processes for Aboriginal health research, such as meaningful community engagement.

Funding for translational activities and community engagement is important, as is the length of funding cycles to accommodate translation.
THE WAY FORWARD FOR ABORIGINAL HEALTH RESEARCH IN SOUTH AUSTRALIA

It was generally agreed that the connections, goodwill and energy created by the workshop and the establishment of the SAHMRI Aboriginal Research Unit provided opportunities to progress on several fronts. Therefore, SAHMRI will take the lead in some cases to progress work on the issues identified, but will do so in collaboration with the broader network of local researchers and stakeholders.

A framework for Aboriginal health research

The ACHSA/SAHMRI “Next Steps” project will provide a framework for communities and health services to make decisions about what research they engage with. It will provide them with a tool against which they can determine if the research is in their interests and fits with their priorities and the broader priorities of the Aboriginal community and their representative groups. The work will be completed in late 2013.

The options for a central repository of Aboriginal health research needs to be explored in regard to data sources, feasibility and access.

A research accord will be developed through SAHMRI in consultation with research organisations, AHCSA and the community to help drive reform in the way Aboriginal health research is conducted. This document will need to be agreed to by all parties. It will be a benchmark that can be used by all parties to hold research process to account.

Cross-sectoral research

SAHMRI will facilitate the initial discussions on cross-sectoral research and how to effectively address social determinants of health over the next 12 months. A long-term strategy and a plan of how to get there is needed.

Capacity building

SAHMRI will be formalising and launching a network of people involved in Aboriginal health research in South Australia, with the primary aim of building capacity generally in Aboriginal health research and specifically supporting Aboriginal people to train and grow as health researchers. Regular sessions will be held to discuss, share, learn from and support each other. Specific training sessions and opportunities to hear guest researchers will be arranged.

Translation of research

SAHMRI broadly has a strong focus on translation. Within the Aboriginal Health Research Unit, we have committed resources to the translation of our research into policy and practice and we will be building the knowledge and developing capabilities to share with others, to ensure research outputs make a difference on the ground to health services. Equally, we will be forging links with key agencies to ensure they can articulate their needs for guidance on key health issues so that research can be framed around answering their questions.

ADVANCE NOTICE

Inaugural gathering of the SAHMRI Aboriginal Research Network

Thursday, 30 May 2013
9:30am -11:30am

Venue to be advised

The first Network event will focus on the principles, processes and issues associated with conducting Aboriginal health research respectfully and effectively. More information will be sent in early May via email.
SPOTLIGHT ON THE SAHMRI ABORIGINAL HEALTH RESEARCH TEAM

Kim Morey - Manager, Knowledge Translation and Exchange
Kim Morey joins SAHMRI after extensive experience working within the Aboriginal Health and Housing portfolios within the South Australian Public Sector. Kim’s family connections are to Central Australia on her father’s side (with Anmatyerr/Eastern Arrente connections) and the Yorke Peninsula on her Mother’s side. Kim has an excellent knowledge of the health and wellbeing issues facing Aboriginal people both from a South Australian perspective and at a National level. From Kim’s senior government positions she brings a sound understanding of how research and evidence links within the policy frameworks across Aboriginal health. Kim is a delegate of the National Congress of Australia’s First People, and is currently undertaking her Masters of Public Health through the Institute of Koorie Education, Deakin University. Kim is very excited to be a part of a new and innovative organisation, working with a team of professionals who are just as committed to making a difference in the lives of the Aboriginal community of South Australia.

Odette Gibson - Post-doctoral Research Fellow
Odette is completing a PhD on the impact of primary health care resourcing on hospitalisation of Aboriginal and Torres Strait Islander people in Far North Queensland with Type 2 diabetes Mellitus. Odette has worked in health services management, policy and delivery, and in research positions throughout Queensland and the Torres Strait. Her interests are in policy, funding and provision of health services to Aboriginal and Torres Strait Islander people. Odette will continue her research focus in primary care and resourcing at SAHMRI.

Cynthia Fielding - Research Assistant
Cynthia has over 20 years’ experience across a variety of positions ranging from sales and customer service in the private sector with Telstra to project and policy work with the South Australian Public Service. Cynthia is currently studying human movement at UniSA and has recently been working in Aboriginal women’s health and fitness programs. At the Aboriginal Health Division in SA Health, she was responsible for the conduct, management and coordination of complex projects and related planning activities, studies, and the provision of timely policy advice and consultancy services. Cynthia will be working across several of the Aboriginal Health Unit’s research activities.

THE SAHMRI ABORIGINAL RESEARCH PROGRAM

MAJOR PROGRAMS

CHRONIC DISEASE
PSYCHOSOCIAL DETERMINANTS
HEALTH EQUITY

CLINICAL RESEARCH
HEALTH SERVICES RESEARCH
KNOWLEDGE TRANSLATION
CAPACITY BUILDING
POPULATION DATA

KEY PILLARS

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