



Building a Platform: the Cooperative Research Centre for Aboriginal Health

The Cooperative Research Centre for Aboriginal Health (CRCAH) has taken the lead in implementing one of the most far-reaching shifts in the way Aboriginal health research is done in Australia.

Instead of the traditional 'top down' model in which researchers set the priorities, the CRCAH requires all of its funded research to be directed towards achieving outcomes in priority areas identified by its Aboriginal stakeholders and particularly by Aboriginal people themselves - a 'bottom-up' model.

Using this method, called the Facilitated Development Approach (FDA), the CRCAH and its partner agencies have been able to overcome the often difficult historical relationship between researchers and Aboriginal people, and make a significant impact on the relationship between Aboriginal people, governments and service providers.

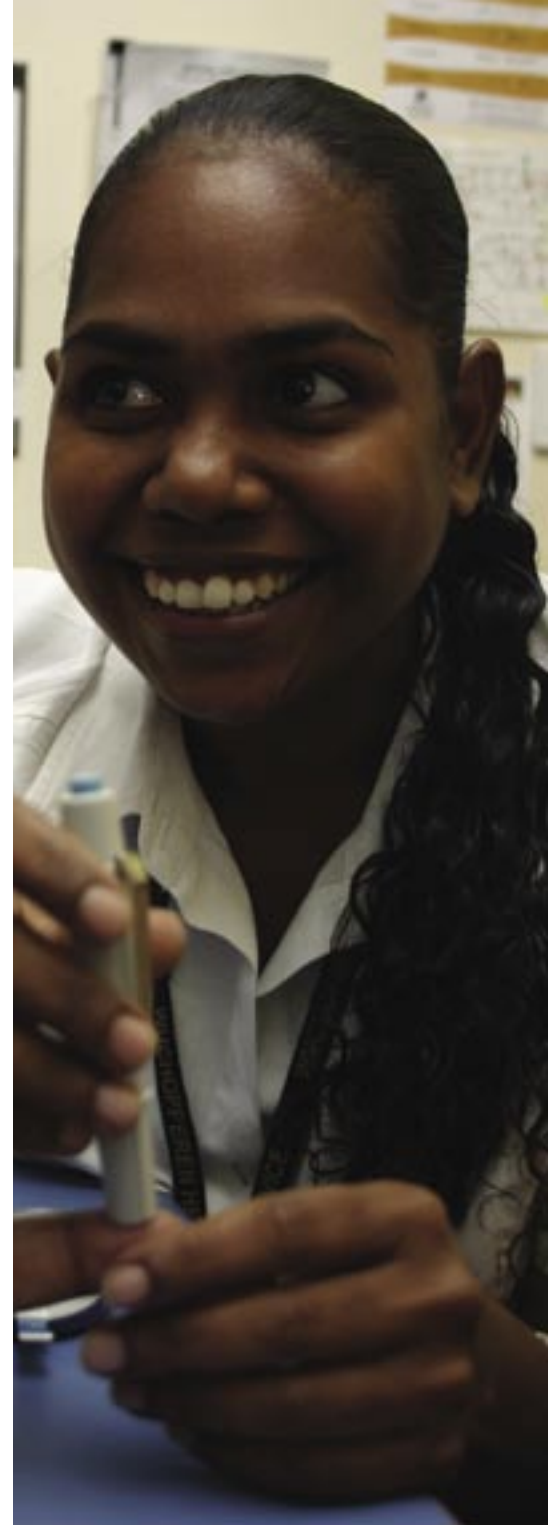
It is now more than a decade since the need to reform the Indigenous health research agenda was first articulated by the CRCAH's predecessor organisation, the CRC for Aboriginal and Tropical Health. This led to the development of the FDA, and the benefits are becoming clear.

For Aboriginal people, the FDA is now delivering a real say in controlling what is researched and how that research is done, in both urban areas and remote locations.

For researchers and health professionals, it is delivering fruitful and cooperative research/clinical environments.

For governments and service providers, it is delivering research that can be used to inform immediate policy issues and guide decision-making.

And for the CRCAH's partners, it has delivered the hard-won credibility to act as honest brokers for Aboriginal health research throughout the Australian research community.



With strong and effective Aboriginal control, we conduct high quality strategic Aboriginal health research, and engage in effective development activities with Aboriginal communities, service providers, policy formulators and decision-makers.



Background

Australia's Aboriginal people have the worst health of any section of society and continue to suffer from a range of preventable diseases rare in mainstream Australia. The CRAH is specifically focused on supporting research into the causes and treatment of Aboriginal ill-health and methods of health service delivery to Aboriginal people.

Historically, Aboriginal people have had little power or control over research and have often felt left out of the research process. There has also been a perception that little has been returned to Aboriginal communities in exchange for the sharing of Aboriginal knowledge with non-Aboriginal researchers.

As a result, while research has been good at articulating health problems and suggesting remedies there has been little consultation with research users to ensure that findings can be translated into clinical and policy improvements. As a consequence, there has generally been little to show in terms of improved health outcomes within Aboriginal populations.

Since its establishment in 2003, the CRAH has worked hard to change the negative perceptions of research among Aboriginal people, and to improve their level of collaboration and participation in research programs.

As an Aboriginal-controlled organisation, the CRAH believes that Aboriginal health research should be based on the priorities and needs of Aboriginal people and health practitioners on the ground. Importantly we are also committed to using our research to build capacity among Aboriginal people.

The CRAH

The CRAH is a partnership between Aboriginal people, communities and organisations, health policy makers, planners and service delivery organisations, and education and

research institutions. It is funded jointly by the Australian Government and its member partners, and is managed by a 12-member Board representing core partners and other stakeholders. The CRAH Chair, CEO and Research Director are Aboriginal, as are the majority of Board members.

The CRAH aims to improve Aboriginal health through:

- doing research that will have positive impacts on Aboriginal health
- Aboriginal people directing and participating in research programs
- increasing the Aboriginal health research workforce through improved support structures, including training and professional development
- transferring research findings into policy, practice and service delivery on the ground.
- evaluating research outcomes and health services delivery to Aboriginal people.

The CRAH's work builds on the successful model of the CRC for Aboriginal and Tropical Health (1997-2003), which:

- pioneered a national model for Aboriginal control of health research
- forged strong partnerships between the traditional users and providers of research
- developed a unique education and training program to develop Indigenous and non-Indigenous research capacity
- broke new ground in effective research transfer and dissemination.

The Five Key Programs

After widespread consultation, the CRAH has focused its research activities on the following priority areas:

- The **Comprehensive Primary Health Care, Health Systems and Workforce Program** is aimed at improving the performance of health systems, particularly primary health care services, in order to maximise health gains for Aboriginal people.
- The **Healthy Skin Program** is aimed at reducing scabies and skin sores in Aboriginal communities. This in turn reduces the impact of associated chronic diseases, including rheumatic fever and renal disease.
- The **Social Determinants of Health Program** aims to develop a more detailed understanding of the underlying issues affecting Aboriginal health, including income levels, social status and the physical environment. This in turn improves the effectiveness of interventions to improve health at both the individual and community level.
- The **Chronic Diseases Program** is aimed at reducing the impact of chronic diseases - such as renal failure, diabetes and cardiac disease - in Aboriginal communities by improving chronic disease prevention, early detection and management strategies.
- The **Social and Emotional Well Being Program** aims to identify pathways and methods whereby resilience can be enhanced to measurably improve the wellbeing and social outcomes or life chances of individuals, families and groups. It is important to understand how resilience is promoted within Aboriginal family and social relationships despite the adverse impacts of social change and colonisation.

Research Model: the Facilitated Development Approach (FDA)

The underpinning principle of the CRAH's FDA research model is that the more users of research, Aboriginal organisations, individuals, governments and other service providers, are involved from the beginning, the more likely research projects result in findings being used by the Aboriginal health sector.

Aboriginal voices have a strong input at each step of the research process. Before any research proposal is given the go-ahead, the CRCAH commissions an 'industry roundtable' where some 20-40 people from Aboriginal health and other relevant government organisations and service providers meet with CRCAH program managers and leaders to discuss the research and set priorities.

These priorities are then taken back to the CRCAH Board, which considers all the priority issues and ranks them according to which ones best fit the CRCAH's research agenda and will have the most impact on improving Aboriginal health outcomes.

Each priority issue is then turned into a set of questions directly relevant to the needs of governments and service providers and these questions are circulated throughout the CRCAH community of researchers and organisations. People are invited to nominate as project leaders, team members or reviewers, and from these nominations project teams are developed.

One of the CRCAH's core goals is to raise Aboriginal participation in the research community, and wherever possible Aboriginal researchers are included in project teams. As well as supporting Indigenous scholars to undertake post-graduate work in the CRCAH's priority research areas, the organisation also offers traineeships to Aboriginal people keen to pursue research careers. This has proven an outstanding success, with nearly all trainees remaining in continuous

employment in health or other research organisations.

Evidence shows that personal relationships, particularly relationships of trust, are one of the most important tools for the transfer of research into practice on the ground. By increasing the amount of Aboriginal involvement in research programs at all levels, the FDA is increasing the amount of directly relevant health knowledge flowing through to Aboriginal communities.

The Evidence Is In

CRCAH projects are already leading to change at a national level.

- The **Audit and Best Practice in Chronic Disease (ABCD)** project has influenced health service practice in the Northern Territory in the adoption of continuous quality improvement processes, and demonstrated some impressive health improvements in the original 12 participating Aboriginal communities as a result. The project - which is now operating in more than 40 communities across Australia - has also influenced the policy practices of the Commonwealth Department of Health and Ageing, with the ABCD model contributing to the development of a major program, the Healthy for Life Program.
- A major mental health project, the **Australian Integrated Mental Health Initiative (AIMhi) Northern Territory**, has developed resources and care plans for

Aboriginal people with chronic mental illness living in remote areas. These are now being implemented through curriculum development and delivery of training, along with ongoing engagement of mental health practitioners, across the Northern Territory's Top End. Partner projects are now under way in Queensland, New South Wales and Victoria.

The CRCAH continues to identify potential areas for research at a national level which are further refined by using the consultative FDA model, for example:

- Potential research in the areas of **Aboriginal prisoner health and recidivism**. As part of its consultative process, in late 2007 the CRCAH hosted a research development roundtable in Canberra attended by more than 40 delegates from government, research, health, prisoner advocacy and community organisations. In what is believed to be the first national forum of its kind ever held in Australia, delegates shared ideas and developed a set of research priorities. These included the need to establish an evidence base on each stage of the prisoner lifecycle, an examination of the scope of existing prison health services, identifying differences between State jurisdictions and developing mechanisms to support change. This research 'framework' will lead into development of priority research proposals.



The Future

When its seven-year life cycle expires in 2010, the CRAH will have completed a substantive body of work that will be a valuable resource for researchers, health professionals and policy makers for many years to come. However, the CRAH believes it is also vital that a permanent national institute for Aboriginal health research be established to fund, coordinate and lobby for Indigenous health research across Australia.

One of the main challenges facing the CRAH on a day-to-day basis is to mediate between different Aboriginal communities and health organisations, which all compete for the limited amount of health funding available. It is important that the collaborative research model and work practices developed by the CRAH be maintained into the future and further refined, to ensure that

the right research continues to be done so as to minimise the burden on communities and services.

This work will also be helped by greater government investment in social infrastructure, particularly in remote Aboriginal communities where the inadequate provision of housing, health clinics and schools remains a key barrier to improving health outcomes. Again, a permanent national institute for Aboriginal health research would be in a far better position to lobby for such long-term improvements than an organisation set up on a temporary basis such as a CRC.

The overwhelming lesson from the CRAH's work is that the long-term involvement of Aboriginal people in decision-making about their

own health is likely to have the most impact on improving health outcomes. It is imperative that this lesson not be lost on future generations of Australian researchers, health professionals and policy makers.



Cooperative Research Centre for
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