

CRCA 2001 Conference, May 15th 2001

Challenging assumptions: CRCs as a tool towards shared learning

Professor Lowitja O'Donoghue

Thank you very much.

As Chair of the Co-operative Research Centre for Aboriginal & Tropical Health, I'm very pleased and proud to have this opportunity today to represent our unique CRC.

In many ways we epitomise what CRCs are about - we are committed to collaborative research and to strengthening links between research and practice. We see ourselves as a bridge between the "producers" of research and the "users" of research.

But in other ways we are very distinctive. What sets us apart from the other sixty or so CRCs, including those in the medical science and technology sector, are the following features:

- Our strong focus on sustainable outcomes for the public good
- Our commitment to active and equitable partnerships with Aboriginal organisations
- Our commitment to consultation with Aboriginal communities to set our agenda
- Our belief that there is no one correct research paradigm or disciplinary approach
- Our perception of ourselves as a tool to promote shared learning - between researchers, educators and Aboriginal communities
- And, our belief in the need for a substantial shift in the traditional culture of research, and our willingness to continually question our own processes, methodologies and assumptions.

I would like to examine a few of these features in more detail, and use one particular example to illustrate how it works on the ground.

But firstly - and very briefly - some background to our CRC.

We were established in 1997 under a seven year agreement between the Commonwealth and six core partners. In 1999 we developed a five year strategic plan which will take us through to 2004. We have no private industry partner - which is perhaps another unique feature. Our 6 partners are :

1. Territory Health Services
2. Danila Dilba Aboriginal Medical Service
3. Central Australian Aboriginal Congress

[These three are all Health Service providers and you could see them as the main 'users' of our research]

4. Flinders University of South Australia
5. Northern Territory University
6. Menzies School of Health Research

[These latter three research and academic institutions can be seen as the main 'providers' of research]

But our collaborative framework means that you cannot neatly draw a line in the sand between users and providers - and that is exactly how we like it. It is part of what makes us unique.

Hence the 'user' partners help to determine research needs and priorities. And they help to educate the communities about research findings and their implications for practice.

The relationship between the partners is therefore a circular one.

Now if I were doing a PowerPoint presentation, at this point I'd show you a nice little circle of the core partners with lots of arrows connecting them.

But I'm sorry - I think I might be what is called a techno-phobe.

Or maybe it's a cultural thing - you know - the Aboriginal oral tradition of story telling.

It worked alright for us too - for 50,000 years or so!

Our 6 core partners are all represented on our Board, and there are also three independent members, in addition to myself.

Under our Agreement, the Board must have an Aboriginal majority and must be chaired by an Aboriginal person. This is designed to enhance Aboriginal input into the research agenda and outcomes.

I think it might be helpful at this point if I gave you one example of a project which typifies what we're on about.

We've recently done a project on Prevention and Treatment Options for Renal Disease in the Barkly region of the Northern Territory. Tennant Creek is the hub town in this area.

The region has the highest incidence of renal disease in Australia, and perhaps the highest in the world. So we are dealing with a critically important problem.

It was a highly collaborative project involving the regional arms of CRC core partners and local Indigenous agencies. The CRC was able to capitalise on an existing collaboration between Territory Health Services, ATSIC and the Aboriginal Medical Services - Julalikarri and Anyinginyi Congress.

The CRC's role was to assist them with a feasibility study - so we provided the research expertise to investigate the most appropriate treatment options for their context.

And we facilitated a Community Study tour in which community members were able to visit renal treatment centres in the Territory and rural and remote WA.

The CRC was highly responsive to community concerns about renal patient care. Through our extensive networks we had 'our ear to the ground'.

And it was obvious that a priority for the communities was that there was no local dialysis treatment available, meaning lengthy, even permanent, absences of patients from their families.

So, as a result of this consultation, we've now put up a proposal, amongst others, for a dialysis unit in Tennant Creek. And this looks like being approved by Territory Health Services.

And we've established a working party in the CRC, which is applying for funding for a project focussing on prevention education.

A further spin-off project, hopefully to be funded by the Office of Aboriginal and Torres Strait Islander Health (OATSIH), will involve the provision of renal patient information in Aboriginal languages.

We have received indications that this research, and the reports we have presented, are likely to play a key role in influencing the future direction of renal treatment services throughout remote Australia.

So the project:

involves coordinated strategic research.
It involves responsiveness to the concerns of local communities.
It involves partnerships - true collaboration building on informed networks.
It involves the sharing of learning.
It has been a catalyst for other related projects.
It will lead to real health services outcomes.
It has national significance even though it is based on a local community need.
And it shows how our CRC is responding to both the social and economic bottom lines, by putting funding into an area of acute disadvantage.

We believe that it is a perfect illustration of how we have met one of the CRC Programme's objectives - that is, *Stimulating a broader education and training experience*.

Another major illustration of this was the Learning Conference we held last year.

There was a strong presence of Aboriginal participants and presenters. And the conference highlighted the transparency of the processes that we have set up.

Many of our core partners had not always seen eye to eye in the past. And this Conference, in which all core partners took part, proved to be an excellent opportunity to address differences of opinion and build trust.

There was a willingness to openly discuss strengths, weaknesses and ongoing challenges.

Researchers were challenged to question the cultural and political circumstances that have shaped their world view, and the way they do research. To bridge the chasm between researchers and Aboriginal communities.

There was an emphasis on building Indigenous capacity through education and training. And the development of sustainable and transferable solutions to problems identified at community level.

In a similar vein, we've recently been workshopping ways in which we can build effective partnerships between experienced researchers and Aboriginal people. We've appropriately called this series of workshops: *Yarning about research with Indigenous people*.

See - it's the oral tradition again, telling stories, swapping yarns, arguing the toss, sharing learning.

'Pure' researchers might find this a frustrating process. But we're committed to it.

Sometimes the long way round is the best way home.

I trust that this brief overview of the work of the CRCATH has given you something of the flavour of what we do, and why we are unique.

In my 1998 Inaugural address to the CRC I said:

"...until very recently...scientific research has been a very top down approach. For Aboriginal peoples, this has meant we have been amongst the most studied and researched group in the world...few if any tangible benefits have flowed to our people.... Researchers have, by and large, defined the problems and sought solutions that **they** have seen as the correct, 'scientific' way to go".

Over three years down the track, I now believe we at the CRCATH have come a long way towards redressing that imbalance. It hasn't all been a smooth process. It has involved some tricky negotiations and a few feathers being ruffled.

I believe that the measure of our success has been a willingness to challenge assumptions and share learning. And that this philosophy and a great deal of hard work have placed us at the forefront of effective and relevant Indigenous health research in Australia.