



COOPERATIVE RESEARCH CENTRE
FOR ABORIGINAL & TROPICAL HEALTH

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Indigenous Research Reform Agenda

Positioning the Cooperative Research Centre for Aboriginal and Tropical Health

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1. Introduction

Since its inception in 1997, the CRCATH has expressed a commitment to challenge many of the approaches historically underpinning research into Aboriginal health. The management of the CRCATH recognizes that continual adjustment to its management procedures and research practices is necessary in order to adequately support the implementation of Indigenous health research reform proposals. Support for broad based reform in this area stems from the well-documented and ongoing poor track record of Indigenous health research when its value is measured in terms of improved health outcomes across the Indigenous communities of Australia.

The concerns of the CRCATH Board and management to impact on the health circumstances of Indigenous communities directly connect the efforts of the CRCATH to better understand, through research management and practice, new ways of conducting research in the field of Indigenous health. The work of the CRCATH in this area of research reform links the CRCATH to debates beyond its consortium partners to the broadly-based debates over research involving Indigenous communities generally. These debates form a movement for reform that is referred to here as the 'Indigenous Research Reform Agenda'.

As indicated, this Reform Agenda has a general character as well as a specific application to Indigenous health research. To understand the Indigenous Research Reform Agenda as a powerful construct within the evolving research work of the CRCATH, it is important to appreciate both the broader cross-disciplinary dimension to the development of this agenda and the struggle to reform the research management, project approval and funding processes within the field of Indigenous health.

This paper begins with a brief commentary on the broader Indigenous Research Reform Agenda followed by a review of the more specific Indigenous Health Research Reform Agenda. The authors of this paper alert the reader to the fact that the extraction of the health-related reform agenda from the more general debate is somewhat artificial and that, in reality, both have informed one another over at least a thirty-year period. The paper then returns its attention to the the current positioning of the CRCATH in relation to these reform agendas.





2. The Indigenous Research Reform Agenda: a commentary

This more general Indigenous Research Reform Agenda has strong Indigenous community support and is currently being theorized and promoted by Indigenous representatives across a range of disciplines within higher education institutions and research organizations throughout Australia. An important focus of the Indigenous Research Reform Agenda is the formalisation of Indigenist research philosophies, principles and practices. The evolving movement to identify and promote research methodologies deemed compatible with the goals of the emerging agenda for research reform is underpinned by an overriding commitment to decolonize existing Western research traditions as expressed through mainstream institutions.

Proposals for the reform of Indigenous social science and health related research include reference to the importance of developing an institutional research culture that does not support the marginalisation of individual and collective Indigenous community interests. This positioning is generally framed as a response to the historical links between research and the processes of colonisation. (Tuhiwai Smith, 1999; Humphery, 2000, 2001; Dodson, 2000; Irabinna-Rigney 1999).

The literature points to an ongoing alignment between the movement to reform the conduct of research involving Indigenous peoples and the broader political struggles associated with increasing the level of Indigenous community control on a number of other fronts (ARC, 1999). Within this framing of issues, Indigenous peoples are positioned as important agents of change. Rigney, for example, in a discussion about proposals for methodological reform within the research project, argued that:

“Indigenous people now want research and its designs to contribute to the self-determination and liberation struggles as defined and controlled by their communities. To do this Indigenous people themselves must analyze and critique epistemologies that are commonplace in higher education” (1999, p. 110).

Similarly, Tuhiwai Smith (1999), a Maori academic, argued that the proposal to reform Indigenous research was essentially political and that the realisation of reform objectives relied on the direct involvement of Indigenous peoples as key players in research activity.

It is commonly argued that research approaches that perpetuate the positioning of Indigenous peoples as research ‘subjects’ and researchers as ‘experts’ should be rejected. Eleanor Bourke argues that “...research ‘of interest’ to Indigenous Australians rarely involves Aboriginal or Torres Strait Islander people except as anything more than informants or subjects” (1995, p.14). The argument being developed in this paper is that even if Indigenous people were brought into the research process as researchers, without the transformation in the underlying paradigm or approach of the research activity (that is, a shift away from non-Indigenous individualistic, investigator-driven research to some ‘new way’), then this will be, at best, a first step in the reform process.

An ARC (1999) research project, Research of Interest to Aboriginal and Torres Strait Islander Peoples, investigated the conduct of research involving Indigenous peoples across a range of social science disciplines. In the preface to the report it is suggested that research involving Indigenous peoples in Australia has undergone a major transformation in the past three decades, and that this transformation can be related in part to external political factors.

“Political groups which had advocated political advancement moved to advocacy and demand for Indigenous rights (human rights, land rights, minority rights). There was (and is) a continuing demand for Indigenous perspectives and participation in the academy.” (1999, p. 23)

The extent of the ‘transformation’ referred to within the ARC (1999) report remains unclear. What is apparent, however, is that some Indigenous peoples do not accept that the reform process has gone far enough to ensure that the interests of Indigenous peoples are adequately protected. Tuhiwai Smith, for example, argues that;

“Clearly, there have been some shifts in the way non-Indigenous researchers and academics have positioned themselves and their work in relation to the people for whom the research still counts. It is also clear, however, that there are powerful groups of researchers who resent indigenous people asking questions about their research and whose research paradigms constantly permit them to exploit Indigenous peoples and their knowledges” (Tuhiwai Smith, 1999, P. 17).

Although researchers are framed as key agents of change within proposals to reform the way research is initiated, conducted and its findings disseminated, the question of how to engage individual researchers in these processes remains unresolved. The ARC (1999), for example, reports that there is evidence of a substantial mismatch between the current nature of research being conducted in a number of social science disciplines in Australia and the ethical and protocol guidelines that have been developed to guide researchers involved in “research of interest” to Indigenous peoples. These research findings represent important evidence that there has not been much movement on the ground in terms of changed researcher practices and that there are implementation problems associated with ethical and protocol guidelines for researchers involved in research activity of interest to and/or dependent on Indigenous participation.



3. Indigenous Health Research Reform Agenda: a review

A useful starting point in a consideration of the Indigenous Health Research Reform Agenda is the recent work of Kim Humphery. Humphery (2000, 2001) traced the history of reform associated with the conduct of Indigenous health research in Australia over the past thirty years. The debate over reform of Indigenous health research emerged into the public domain in 1977 drawing on the

“...emerging sense of activism in relation to research in all its disciplinary forms... evidenced in the establishment of groups such as the Foundation for Aboriginal and Islander Research Action in Brisbane in 1977” (Humphrey (2001, p. 198).

Papers published by Marcia Langton (1981) and Rosalind Langford (1983) extended the critiques of research practices into the social science disciplines. These ideas first appeared in the published literature in the health field in 1983 with the development of research guidelines by the Central Australian Aboriginal Congress (CAAC) (Liddle & Shaw, 1983).

In 1983 the Central Australian Aboriginal Congress (CAAC) were insisting on:

- Aboriginal control of, and participation in research;
- adoption of non-invasive and culturally sensitive methodologies;
- the pursuit of research of need and benefit to communities; and
- full Aboriginal control over the dissemination of findings (Humphery 2001, p. 198).

By 1986 the National Conference on Research Priorities in Aboriginal Health, convened by the National Health and Medical Research Council (NHMRC) and the Menzies Foundation in Alice Springs, was recommending:

- community control and involvement in research;
- information feedback;
- culturally appropriate research methods;
- practical outcomes and benefits from research; and
- establishment of ethical guidelines (Humphery, 2001, p. 199, Houston 1987).

In 1987 a three day workshop was held in Camden, NSW, on the ethics of Aboriginal health research. Clarification of ethical guidelines in Indigenous research was seen as a central task in realising the emerging Indigenous Health Research Reform Agenda as defined by the 1983 CAAC guidelines and the outcomes of the NHMRC and Menzies Foundation 1986 conference. The Camden workshop shifted the language from guidelines to ‘Principles, Standards and Rules’ emphasising

“...the need for consultation and negotiation by researchers based on a recognition of the right of Aboriginal communities to self-determination and the key co-ordinating role of Aboriginal community controlled organisations” (Humphery 2001, p. 199).

Significantly, the Camden Workshop introduced three key new issues into the Indigenous Health Research Reform Agenda. These were that:

- funds for research projects should be directed to and then controlled by Indigenous community-controlled organisations;
- a needs-based approach to research be adopted; and
- the training of Indigenous researchers become a priority (Humphery, 2001, Houston, 1987).

In 1989 the elements of this developing Indigenous Health Research Reform Agenda were strongly endorsed by the National Aboriginal Health Strategy Working Party in their publication entitled *A National Aboriginal Health Strategy*. This document recommended that the elements being taken up by the Indigenous Health Research Reform Agenda became principles that formed the basis for deciding on the allocation of funds to research projects (Humphery, 2001, p. 199-200).

In 1991 the ethical guidelines of the NHMRC for Indigenous health research were released. These guidelines were a partial acknowledgement of the Indigenous Health Research Agenda focusing on the following three elements:

- consultation;
- community involvement; and
- ownership and publication of data.

These NHMRC guidelines were released as an interim document and, as guidelines, were never enforceable within the health research community.

Significantly, the harder-edged elements of the Agenda, from the perspective of Indigenous control over research, were left out of the guidelines. This omission included Indigenous community control over the allocation of funding to research projects, the adoption of a needs-based approach to Indigenous health research, and prioritising the training of Indigenous researchers.

Humphery (2001) argued that the NHMRC Interim Research Guidelines “were a careful amalgam of assenting to Aboriginal - and non-Aboriginal - criticisms of research practice [while] retaining a highly Western sense of independent research” (p. 200). For Humphery, these guidelines did little to challenge the “white institutional dominance over health and medical research funding” (p. 200).

The debate informing the development of Indigenous Health Research Reform Agenda continued throughout the 90s. This debate involved people across government departments, non-government organisations and private enterprises. The important insight people now had is that reform would require more than a reliance on procedural guidelines and superficial changes to the established institutional culture of research management and practice. Attention was now being directed towards effecting deeper level institutional change and the strategic management of this form of change.

Humphery (2001) argued that progress toward achieving improved outcomes from research into Indigenous health issues was dependent upon mainstream research and policy establishments adopting “a more forward-looking exploration of what Indigenous health research as a field might look like in ten or twenty years time both in terms of institutional arrangements and working practices” (p. 201). In his analysis, Humphery outlined a range of unresolved issues which he argued were within the realm of institutional responsibility and which were critical to the advancement of the Indigenous Health Research Reform Agenda. These issues included:

- involvement of Indigenous communities in the design, execution and evaluation of research;
- defining the co-ordinating role of Indigenous community-controlled organisations;
- consultation and negotiation defined in practice as ongoing and open to scrutiny;
- mechanisms for Indigenous control and transformation of research;
- mechanisms for ongoing surveillance of research projects;
- processes to determine research priorities and benefit;
- determination of ethical processes for the conduct of research in terms of consultation and negotiation;
- transformation of research practices from ‘investigator-driven’ to a re-assertion of control by Indigenous community-controlled organisations over the research project and an adoption of a needs- based approach to research;
- linkage between research and community development and social change;
- the training of Indigenous researchers;
- the adoption of effective mechanisms for the dissemination and transfer of research findings; and
- ownership and control of research findings by Aboriginal communities.

The experience of attempting to bring about reform in the context of funded health research has illustrated the profound difficulty Indigenous organisations have experienced in attempting to transform research in an area so pertinent to their own community interests: an area receiving high levels of public and private funding but dominated by high status mainstream professionals. This experience has pushed the focus of change beyond procedural re-alignments to an appreciation of the need for a co-ordinated approach to institutional reform that provides a context within which procedural guidelines compatible with the Indigenous Health Research Reform Agenda can have leverage on change at the level of individual research projects and the practices by which they are experienced.

The conclusions drawn from the review of the more specific Indigenous Health Research Reform Agenda are supported by the more broadly based experiences of Indigenous people working across other disciplinary fields.

In summary, the current positioning of proponents for research reform in both the broader social science and the more specific health fields is aligned over a commitment to:

- the introduction of institutionalised research management approaches which are informed by, and are inclusive of, the knowledge, cultural perspectives and values of Indigenous peoples;
- the development and adoption of research methodologies and approaches which represent a capacity for sustainable community development and social change;
- the development and adoption of research methodologies and approaches which are more respectful of Indigenous values and inclusive of Indigenous knowledge and world views;
- supporting the development of Indigenous research capacity; and
- the development of administrative systems to ensure that the management of research is under Indigenous community control.

The Indigenous Health Research Reform Agenda: current positioning and future directions for the CRCATH

The CRCATH has established a strategic framework for its research program. This framework resonates with the commitments of the Indigenous Health Research Reform Agenda as summarized above. In her Inaugural Address to the CRCATH Board, the Board Chairperson, Professor Lowitja O'Donoghue, said that:

"Until very recently ... scientific research has been a very top down approach. For Aboriginal people, 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, as the research papers and the academic accolades have stacked up. Researchers have, by and large, defined the problems and sought solutions that they have seen as the correct, 'scientific' way to go" (O'Donoghue, 1998).

In her 'Message from the Chairperson' foreword to the 1999 - 2004 Strategic Plan of the CRCATH (introduced 18 months after the establishment of the CRCATH), Professor O'Donoghue categorically states that the CRCATH "is actively striving to challenge many of the approaches historically underpinning research into Aboriginal health" (1999, p. 2). The challenge is to be mounted by:

- seeking to increase the capacity of Aboriginal people to control and manage Aboriginal health research;
- strengthening the links between Aboriginal health research, policy, services delivery and consumer behaviour;
- encouraging multi-disciplinary and cross cultural skills and perspectives;
- emphasizing the importance of communicating research findings in cross cultural and non-academic contexts; and

- establishing and championing a unique inter-sectoral program area to research the links between Aboriginal health and Aboriginal education (O'Donoghue, 1999, p. 2).

Significantly, the Chairperson of the CRCATH Board was, in 1999, returning the attention of the CRC's consortium partners to the essence of the Indigenous Health Research Reform Agenda as first published in 1983 by the CAAC, expanded in 1986 in the recommendations from the NHMRC and Menzies Foundation sponsored Aboriginal Health Conference, and further developed and refined at the 1987 Camden workshop.

At this point in the life of the CRCATH, the operational shift from a 'traditional' research culture to an 'health outcomes-oriented' research culture was envisaged as the way forward in meeting the Chairperson's challenge. This revised operational focus (detailed on page 4 of CRCATH Question & Answer Guide, 1999) concludes with a statement of critical success factors by which the CRCATH Board and management group can begin to assess the actual shift in the research practices at the level of CRCATH endorsed projects. The critical success factors, through which the CRCATH values, promotes and assesses its own research reform agenda, are those which:

- " involve collaboration in the design, management, evaluation and dissemination phase of the research;
- " result in changes in policy, service delivery and people's behaviour;
- " include a focus on communicating research findings in cross-cultural and non-academic contexts;
- " strengthen Aboriginal research capacity;
- " encourage multi-disciplinary and cross-cultural skills and perspectives; and
- " seek to address problems through evaluation of health interventions and practices, rather than further demonstrating the nature and scale of problems (CRCATH, 1999b, p. 5).

The processes by which the CRCATH has sought to advance discussion on its Indigenous Research Reform Agenda and effect change at the level of research projects has included the establishment of a strategic research initiative in the form of the Links Action Research Project.

The Links Action Research Project was funded by the CRCATH with the aim of investigating the effectiveness of current CRCATH procedures associated with undertaking research, managing research and disseminating research findings. The purpose of the literature review conducted as part of the scoping phase of the Links Project has been to provide an historical background to the research question

to what extent is the current CRCATH strategic focus for the conduct of research being successfully implemented?

and to highlight contemporary trends and policy developments against which the recent performance of the CRCATH can be measured.

The outputs of the Links Project to date have been:

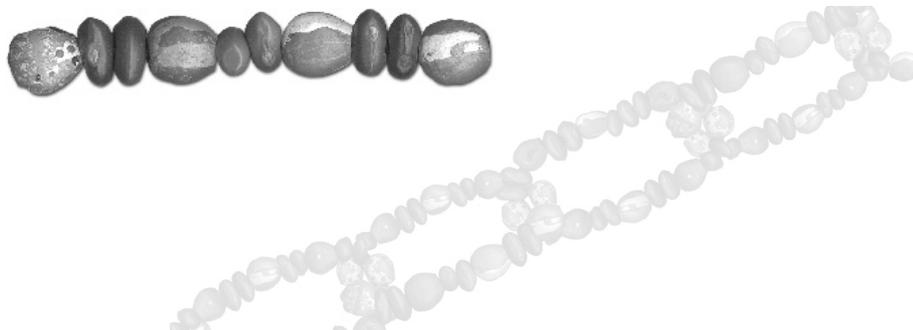
- a comprehensive literature review;
- four monographs (1-4) in the Links Monograph series:
 - The Indigenous Research Reform Agenda: positioning the CRCATH
 - The Indigenous Research Reform Agenda: rethinking research methodologies
 - The Indigenous Research Reform Agenda: changing institutions
 - The Indigenous Research Reform Agenda: promoting the use of health research
- Draft CRCATH Case Study Reporting Framework (see attachment to this paper); and
- Links Action Research Project Power Point Presentation: Disseminating the findings from the Literature.

The four monographs expand upon key elements of the Indigenous Research Reform Agenda with particular reference to Indigenous health research issues.

The draft CRCATH Case Study Reporting Framework is currently being used by the Links Project team as a case study generating template for 'capturing' the experience of selected CRCATH funded projects for analysis of the alignment of these projects with principles derived from the Indigenous Research Reform Agenda. The Case Study Reporting Framework has been developed around detailed questions flowing from the six critical success factors listed above. These questions have been arranged under five themes:

1. Collaboration as a central process
2. Managing the research
3. Issues of transfer
4. Skills and knowledge exchange
5. Research application.

The case studies of CRCATH-funded research projects will, after careful analysis, inform the CRCATH Board on their policies for approval and management of new research projects. In this way, the Links Project will directly inform the Board of the CRCATH on the development of its policies and the management of research practice in accord with these policy shifts. It is anticipated that the policy and practice developments emerging from the CRCATH in the future will further inform the broader Indigenous Research Reform Agenda from a firm position emanating from sound, prudent and reflective Indigenous health research practice.



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Appendix

Links Project Case Study Reporting Framework

(Version Two 22 August 2002)

Background

The Cooperative Research Centre for Aboriginal and Tropical Health is a virtual organisation established as an unincorporated joint venture with six core partners including; Menzies School of Health Research (MSHR), Flinders University, Northern Territory University, Danila Dilba Health Service, and the Central Australian Aboriginal Congress. The main role of the Centre is to conduct Indigenous health research, support education and training initiatives, and to facilitate research transfer and communication.

The current CRCATH strategic plan stresses the 'health outcomes' and 'cultural change' focus of research, and places emphasis on research involving collaboration between core partner institutions. The CRCATH values and promotes research which marks a shift from 'fractional' research approaches to the development of a research culture that privileges the achievement of "Health Outcomes - Oriented" research. The CRCATH strategic focus for the conduct of research (as outlined within the 1999-2000 Annual Report) distinguishes between 'investigation driven' research and 'strategically initiated' research. Investigator driven research represents an approach where an individual researcher poses the research question whereas 'strategically initiated' research derives from the CRCATH Board in response to nominated priority health conditions.

A Case Study Research approach is proposed as a method for assessing the current capacity of the CRCATH to achieve its strategic research focus objectives. The Case Study Research Framework is an ideal model providing research participation principles for successful and mutually meaningful interaction within the communities and or peoples being researched. The Case Study reporting approach derives from a Research Framework Model which will be tested and developed within a Networked approach. It is proposed that version one of the Case Study Framework will be tested against two trial Case Studies.

Problem Statement

To what extent is the current CRCATH strategic focus for the conduct of research being successfully implemented?

To explore the issues surrounding this question it is proposed to interrogate the extent of alignment between CRCATH-sponsored research projects and the following key CRCATH Objectives. (Outlined within the 1999-2004 CRCATH Strategic Plan and agreed upon within the CRCATH Centre Contract)

- To carry out and promote research to find new knowledge that will help improve the health of all Aboriginal people and of other people living in tropical regions
- To carry out and promote research, education and training leading to improved and practical means of improving Aboriginal health
- To increase the skills of Aboriginal people to encourage training and employment opportunities in the field of Aboriginal health
- To pay particular attention to Aboriginal knowledge and rights to the commercialisation of any intellectual property...of the centre
- To collect authoritative information about relevant health issues and to disseminate it to Aboriginal and to other health consumers, to service providers, to government, to the media and to the wider community
- To cooperate with other agencies which have similar objectives
- To otherwise promote the health and interest of all Aboriginal and other people living in the tropics.

Does the CRCATH have a framework for monitoring the ongoing development of its strategic research focus?

If so, does this framework adequately incorporate the following critical success factors (outlined within the current CRCATH Question and Answer guide):

- 1 Involves collaboration in the design, management, evaluation and dissemination phases of the research;
- 2 Results in changes in policy, service delivery and peoples behaviour;
- 3 Includes a focus on communicating research findings in cross-cultural and non-academic contexts;
- 4 Strengthens Indigenous research capacity;
- 5 Encourages multi-disciplinary and cross-cultural skills and perspectives; and
- 6 Seeks to address problems through evaluation of health interventions and practices, rather than further demonstrating the nature and scale of problems?



Links Project Case Study Framework

A. Collaboration as a central process

Critical Success Factor 1: Involves collaboration in the design, management and dissemination phase of the research

a) Initiating the Research

- What were the Aims/Intended outcomes?
- What was the origin of the research?
- How was it developed?
- Who was it developed with?
- What was the level of community input during the initiation phase and what were the community expectations of the research?
- Who framed the research question?
- How was the proposed research negotiated and how was consent/consensus reached?
- Who were the nominated research partners?
- If investigator driven, how was the research introduced to the community?

b) Connecting with community

- Which Indigenous organisation/s participated, and at what level?
- Is there a process for Indigenous community involvement?
- What is the purpose of the engagement?
- What is the level of the engagement?
- How are local people engaged in the processes?
- Are local people employed in the project?
- At what stages in the project was the community involved?
- Were there actual changes in the research process as a result of engaging with the community?
- How often and for how long did the researchers live in/visit the community?
- Were trained interpreters used during the project? If so, were they paid?
- Had the project researchers undertaken cross-cultural training or community development training?
- Did members of the research team speak the local language/ languages?
- Did members of the research team have any skin relationships or other affiliations with community groups?

- If so, what impact did these relationships have on the research process?
- At any stage during the project did feedback concerning the research processes differ between all stakeholders eg: the community, the CRCATH and other institutions? What were the differences?
- Did the researchers have an adequate understanding of community issues, needs and local organisational structures?
- Did the core partner institution administering the research amend its administrative practices and procedures in any way in order to support the community-based research?

c) Partnerships

- Were there processes for sharing control of the research project with the community?
- Were there demonstrated examples of power sharing/negotiation?
- Did the research provide the opportunity and support for community members to be involved?
- What evidence was there of partnerships/collaboration?
- Were there established mechanisms to engage in partnership processes?
- Did the partnership experience any difficulties during the research? What happened and why?
- What national institutions have been involved in the research and why?
- What role did these national institutions play?
- What evidence of value adding?

B. Managing the Research

Critical success factor 5:

Encourages multi-disciplinary and cross-cultural skills and perspectives.

a) Ethics

- What formal ethical processes were undergone? (Detail sample ethics procedures and provide sample consent agreements)
- What were the formal responses from the ethics committees? If concerns were raised, how were they addressed?
- What was the demonstrated level of community support for the proposed research?
- Did unexpected ethical issues arise during the research? If so, what happened? How were the issues resolved?
- Who participated in the development of the ethics approval process?

b) Methodologies

- What were the methodological approaches adopted within the project?
- Why were these approaches chosen?
- Which disciplines were reflected in these methodological approaches?
- Were methodological problems identified?
- During the course of the project was it necessary to amend the originally proposed methodological approaches and why?
- Did the evaluation process explicitly address the possible implications of the work for changes to policy, practice or service delivery?
- How were research findings evaluated?

c) Managing structures

- Was there an Indigenous management committee, reference group, steering committee and how was it comprised?
- Who negotiated the composition and roles of the management committee and why?
- Did the management committee have control over the project budget?
- Did particular individuals appear to have major influence on management committee decisions?
- Did any individuals or groups withdraw from the management committee? If so, why?
- What was the nature of the relationship between the management committees?
- What processes existed for the exchange of information between management committee and other interested groups?
- Which institutional monitoring procedures were in place throughout the project?
- Which information systems were used and to what extent did these address issues of cross-cultural communication?
- What is your understanding of the institutional approval and monitoring processes for this research?

d) Formal research processes

- How were the roles of the researchers negotiated, including co-authorship rights and conference presentations?
- How were the co-investigator and co-authorship rights of researchers negotiated?
- Were issues of copyright negotiated?
- Was there an agreement relating to Intellectual property rights?
- Did the project timelines proposed at the beginning of the project undergo significant change? If so, what were the changes and why?
- Who monitored what went on in the project? How useful was the feedback from the monitoring process?

e) Research Flexibility and Resourcing

- Was adequate time allowed for establishing the project?
- Was adequate time allowed for conducting the project?
- Were resources adequate for the conduct of the project?
- Was the community satisfied with the timing and funding of the project?
- Did the core partner administering the project provide adequate resources to effectively support the project?

f) Project Evaluation

- Which project evaluation method was applied and was this method effective?
- At what stages did project evaluation occur? (Was this a continuous process?)

C. Issues of transfer

Critical success factor 2:

Results in changes in policy, service delivery and peoples behaviour.

Critical success factor 3:

A focus on communicating research findings in cross-cultural and non-academic contexts.

a) Research Transfer

- How often were there progress reports of the research presented within the community and how was this done? Was this effective? Did you make changes to your processes, if so what were they?
- What processes/strategies were used to disseminate research findings? (eg workshops, public meetings, briefings for policy groups, academic papers, newsletters, CD Roms, video, display boards, posters, conference presentations)

- “ Were research transfer materials adapted and translated for use with specific community groups?
- “ Who initiated the research transfer process?
- “ Which organisations/individuals were identified as potential users of the research?
- “ What assistance or advice was provided by the CRCATH in this area? How useful was this?
- “ What role did advocacy play in the reporting process?
- “ What was the nature of the feedback between the community and the researchers?
- “ Was the transfer process continuous?
- “ What are some examples of effective transfer that resulted in (a) changed behaviours (b) changed service delivery structures or (c) changed policy approaches?
- “ Have the research findings been included in standard treatment manuals or other service delivery guidelines?

D. Skills and knowledge exchange

Critical success factor 4: Strengthens Indigenous Research Capacity.

a) Skills transfer

- Which disciplines were represented in the research project?
- Which mechanisms were used to support the skills and knowledge exchange between the community and the researchers? (ie. learning circles, informal/formal training)
- What were the cultural backgrounds of the researchers and research assistants?
- Were there any difficulties in designing and undertaking the research, which could be attributed to differing worldviews or cultural values? Provide examples.
- Did the project sustain strong multidisciplinary and cross cultural involvement throughout, or did a particular perspective dominate? What happened and why?

b) Building individual and community capacity through the research process

- How was responsibility for the project shared between the researchers and the community?
- What formal training or qualifications were achieved by Indigenous researchers as a result of working on this project? Details

- Which Skills/knowledge were developed within the community?
- Was there any feedback from the community about the nature of skills and knowledge developed as a result of this project?
- What did the community gain from the research process?
- What evidence was there of the CRCATH building its capacity to train local community researchers during this project?
- What strategies were used to strengthen Institutional capacity with regard to outcomes from your research (and also to promote Indigenous Research Reform Agenda)?

E. Research Application

Critical success factor 6: Seeks to address problems through evaluation of health interventions and practices, rather than for their demonstrating the nature and scale of problems.

a) Applying the Research

- Which existing health interventions/practices were interrogated?
- Were any shortcomings identified?
- Which health systems were interrogated?
- Were any shortcomings identified?
- Were shortcomings in existing health delivery services identified?
- Were specific recommendations made to change existing health delivery services?
- Was there a recommendation for further strategic research to support your findings?
- In addressing the application of your findings did you recognise Indigenous aspirations and existing Indigenous community knowledge?
- How do you see your project as part of a bigger strategic program to address a specified area?

