Indigenous Research Reform Agenda

Changing institutions

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1. Introduction

There is increasing recognition that changes are required to the way institutions actualize, process and monitor research if key elements of the Indigenous Research Reform Agenda (IRRA) are to be engaged with effectively. There is also recognition that elements of the agenda for reform of Indigenous research activity pose a threat to many entrenched Western research traditions. Most research institutions have been established along Western, researcher-centred, parameters and their internal structures and processes reflect these ways of researching. Historically, opposition to key aspects of the IRRA has centred around the argument that quality research is brought into question when alternative ways of approaching research projects are adopted. A key issue now confronting institutions involved in Indigenous health research activity is how to maintain a focus on high quality 'health outcomes' oriented research while at the same time promoting a 'cultural or paradigmatic shift' in order to achieve the incorporation of the elements of the IRRA within funded research.

As a research institution concerned with contributing to the resolution of this issue, the Cooperative Research Centre for Aboriginal and Tropical Health has supported the development of the LINKS Action Research Project that aims to investigate the effectiveness of current CRCATH research approaches and management practices. This paper represents part of the scoping phase of this project and its aim is to identify key elements of institutional practice associated with supporting the actualization of the IRRA within the Public Health research context in Australia. The discussion incorporates the following key areas:

- The current debate: Challenging institutionalized approaches to Indigenous health research.

- Institutional processes implicated in the actualization of the IRRA.

- Examples of institutional attempts to incorporate key aspects of the IRRA.

2. The current debate: Challenging institutionalised approaches to Indigenous health research

Increasingly, commentators are positioning research institutions as key players in the movement to reform Indigenous health research activity in Australia. Humphery (2000), for example, argued that progress toward achieving improved health outcomes from research is dependent upon mainstream research and policy establishments adopting:

> "… a much 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. Addressing this latter issue will involve comprehensively identifying what mechanisms, organisations and programs need to be put in place, or further supported now, to ensure that traditionally entrenched ways and institutional sites of identifying, funding, controlling and undertaking research are significantly challenged" (Humphery, 2000 p. 24).

Humphery also pointed to the importance of acknowledging that:

> "…in Australia, this broader effort to institutionally re-position the funding, conduct and control of Indigenous health research away from traditional research establishments and funding bodies is, in international terms, highly underdeveloped. Yet it is clear that if, in a decade's time, the broad field of Indigenous health research is still relying on guidelines and key projects alone to guarantee 'good process and empowerment' then any transformation of the field will have been minimal if not, after thirty or more years of debate, negligible" (Humphery, 2000, p. 25).

In a discussion of institutional reform in the area of Aboriginal health generally, Anderson and Saunders (1996) point out that institutional arrangements for the provision of Aboriginal health care are complex.

> "Given this complexity, it is perhaps not surprising that when public concern is periodically aroused about the persistent poor status of Aboriginal people's health, institutional arrangements do themselves attract considerable attention and criticism." (Anderson and Saunders, 1996 p.1)

Anderson and Saunders argue that Aboriginal self-determination in health should not be read as an opportunity for governmental disengagement. Aboriginal people's efforts need to be supported by appropriate resources and expertise, but this support must be provided in ways that respect Aboriginal people and organisations as full partners in the process.

> "Aboriginal participation and priorities need to be seriously and concertedly addressed. This, it appears to us, is the crucial challenge in linking Aboriginal health and institutional reform within Australian federalism, linking Aboriginal self-determination with wide spread responsibility sharing." (Anderson and Saunders, 1996, p. 24)

While it is generally agreed that it is time to move beyond defining the problem of Indigenous health inequality to taking action, there is a lack of agreement about the specific actions required. In both the Indigenous health service delivery and health research areas, it is increasingly being recognised that the required response to the significant problems associated with the poor health status of Indigenous peoples in Australia is necessarily complex and that 'system-wide' action is called for (Bowen et al. 2001, Tsey, 2001, Anderson and Saunders, 1996).

Angus and Lea (1998) argued that it is important to consider who has the most to lose from the current proposals for reforms aimed at achieving better health outcomes for Indigenous peoples in Australia:

> "Everywhere today there is talk of collaboration, partnership agreements, evidence-based research, strategic planning, consultation, advisory groups and the like. They all operate on the understanding that programs cannot function alone. In the development of the best practice model you must investigate who has a stake in the program or partnership - including those with a role to advise, consult or plan strategically- and who has the most to lose as a result of change. This model differs from past practices and we suspect that it is far too threatening for most non-Indigenous Australians to accept" (Angus and Lea, 1998. P. 636).

Houston and Legge (1992) suggested that:

> "If medical and public health research is to contribute toward redressing the health disadvantages of Aboriginal Australians it must recognise itself as being part of the problem, before it can claim to be part of the solution" (p.115).

This call for recognition of the research project as 'part of the problem' associated with Indigenous disadvantage and marginalisation has implications for key stakeholders within the research process. Researchers, research organisations, the academy, funding bodies and higher education institutions are being called upon to justify their involvement in Indigenous health research by showing how research activity is expected to impact positively on the achievement of improved health outcomes for Indigenous peoples.

A barrier to the achievement of a co-ordinated approach to institutional reform in this area, is the widespread dispersal of Indigenous health research activity in Australia. Research is spread across a range of jurisdictions and is conducted through interventions directed by non-government organisations, industry, universities and government funding agencies. To inform and support this broad range of organisations and institutions to bring about a transformation of Indigenous health research activity is a difficult undertaking.

Another barrier to achieving a co-ordinated approach to the reform of Indigenous health research activity is represented by the range of recent reports, reviews and policies directly impacting upon arrangements for the management and conduct of Indigenous health research. Institutions involved in research activity are expected to conform to a range of funding regimes and policy imperatives that potentially conflict with the achievement of reform initiatives relating to the conduct of Indigenous health research. It appears, however, that there is a developing alignment between the positioning of funding agencies and policy makers in relation to the conduct and management of Indigenous health research in Australia. Recent policy proposals indicate generalized support for:

- increased levels of Indigenous health research funding

- increased levels of Indigenous community control over the research project

- consolidation of the research effort involving increased levels of institutional collaboration and co-operation, and the adoption of a priority-driven approach to research

- methodological reform aimed at achieving cross-disciplinary and cross-cultural perspectives, and the adoption of inclusive research practices

- transferability of research findings to other communities and across sectors

- sustainability of the research outcomes on conclusion of the research

Broader questions about the social impact of health research are emerging within other contexts. In a recent editorial, Richard Smith of the British Medical Journal raised the issue of the social impact of health research.

> "The main aim of health research is to improve the health of people…In an ideal world all research would be of high quality and have considerable social impact by improving health. But in the real world scientific quality and social impact do not always go together." (Smith, 2001, p.1)

The main problem, as Smith sees it, is that although bodies that fund research with public money want both high quality research and social benefit, current systems for measuring research performance concentrate on scientific quality only. He reports that a Dutch committee, seeking to address the problem of a developing imbalance in the research portfolio, is advocating the development of a new instrument for measuring social impact that has the potential to be integrated with instruments for measuring the scientific quality of research.

Within the Australian context, Anderson (1996) refers to 'the ethics of benefit' and suggests that although the problems of the benefits of research to Aboriginal communities has been raised in discussion of research ethics, the issue of how this may be assessed with respect to particular projects has not been clearly defined. He argues that this is a moral problem for two reasons.

> *"First, in the distribution of research resources questions about benefit cannot be resolved unless differences between alternative value systems are reconciled. Second, Aboriginal communities have such poor health status and poor access to health system resources that it is essential to maximize the potential of all resources. Here, the ethical issues confronted by Aboriginal people are similar to those faced by others who engage with the research establishment from a position of marginalisation and disadvantage."* (Anderson, 1996, p. 156)

The ongoing movement to reform Indigenous health research activity in Australia is currently being supported by the emergence of a broad-based, interdisciplinary agenda for the reform of research impacting upon Indigenous community interests. This agenda (referred to as the IRRA) 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 organisations throughout Australia. An important focus of the IRRA is the formalisation of Indigenist research philosophies, principles and practices. The current positioning of reform proponents includes a commitment to:

• the rejection of institutionalised research approaches that have historically marginalised the knowledge, perspectives and values of Indigenous peoples

• the adoption of research approaches which represent a capacity for sustainable community development

• the adoption of research 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 systems to ensure that the management of research is under Indigenous community control.

In his analysis of the history of reform associated with Indigenous health research activity in Australia, Humphery (2000, 2001) outlined a range of unresolved issues which he argued were within the realm of institutional responsibility and which were critical to achieving improved health outcomes from research activity. These issues, as initiatives associated with the IRRA, include:

• involvement of Aboriginal communities in the design, execution and evaluation of research

• defining the co-ordinating role of Aboriginal 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 reassertion 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 chang.

- the training of Indigenous researchers

- the adoption of effective mechanisms for the dissemination and transfer of research findings

- ownership and control of research findings by Aboriginal communities.

3. Institutional processes implicated in the 'actualisation' of the Indigenous Research Reform Agenda

If the IRRA were to be adopted by institutions (beyond rhetoric) it is anticipated that points of contestation would arise when 'old' or entrenched research practices and processes are continued. By considering some of these anticipated disjunctions or points of contestation, the dilemmas of engaging with the IRRA and the need for institutional change are brought into high relief. A view of institutional responsibility and the need for institutional awareness and change to research processes and structures can be better understood by focusing on the unresolved issues on the IRRA. The following discussion outlines key institutional processes identified as being implicated in the actualisation of the agenda for reform of Indigenous health research. In the introduction to each section, the relevant and unresolved Indigenous health research reform initiatives are indicated.

Priority and strategic research

Relevant and unresolved issues from the IRRA include:

• mechanisms for Indigenous control and transformation of research

• processes to determine research priorities and benefi.

• involvement of Aboriginal communities in the design, execution and evaluation of research

• transformation of research practices from 'investigator-driven' to a reassertion of control by Indigenous community-controlled organisations over the research project and an adoption of a needs-based approach to research.

It is perhaps under this heading that many issues of contestation between institutional structures and processes and the IRRA come into focus. Within a range of research fields in Australia, there is growing support for the adoption of priority driven and strategically focused approaches to research. (Smith, A. 2001, Australian Housing and Urban Research Institute, 2001a, b, National Health and Medical Research Council, 2000, 2001, Wills,1999, Commonwealth of Australia, 2000) These approaches are represented as effective mechanisms for achieving improved institutional processes for:

• responding to community identified issues of importance

• achieving broad-based rationalization of research resources

• quality control throughout the research process

• effectively targeted Professional Development interventions

• transfer and dissemination of research findings.

Within the Indigenous health research field, priority driven research is supported by those who contend that the historical prevalence of 'investigator-driven' research has resulted in insubstantial gains when measured in terms of improvements to Indigenous health outcomes. Disjunctions between the interests of researchers and the interests of Indigenous community members is a commonly cited concern. Ryan (1992) described the problems associated with 'investigator-driven' research in the following way:

> *"Researchers do not march to the drums of either policy-makers or practitioners, but follow their own rhythms, determined, interalia, by the direction of research in particular academic disciplines, personal interests and available opportunities" (Ryan, 1992 p.38).*

Similarly, proponents for the reform of Indigenous research activity argue that researchers do not 'march to the drums' of Indigenous peoples either. Langton (1981), an Indigenous Australian academic, suggested that:

> *"In whichever discipline researchers have worked - history, sociology, anthropology, psychiatry - most have failed to perceive the insiders' view - how Black people themselves perceive and understand their condition" (Langton, 1981 p. 16).*

More recently, O'Donoghue (1999) in her inaugural address as Indigenous Chairperson of the CRCATH, suggested that few if any tangible benefits have flowed from health research activity to Indigenous peoples. In her opinion this situation can be attributed to the fact that researchers have "defined the problems and sought solutions that they have seen as the correct 'scientific' way to go" (1999, p. 1).

It is argued that Aboriginal Community controlled organisations should have greater control over the research agenda because their role in providing health services at the local community level places them in a unique position to determine local health research needs, and to assist in the brokerage and conduct of subsequent research activity (Anderson 1996, Humphery 2001, 2002, Houston and Legge, 1992). Anderson (1996) outlined his position as follows:

> *"...given that the Aboriginal health services are community controlled agencies, it means that the most appropriate organisational connection between research processes and community processes currently receives proportionately less funding for research than any other agency…With the current distribution of funds, the link between research and social change is seriously undermined" (Anderson, 1996 p.163).*

Humphery (2001) suggested that there is evidence of a transformation of research practice from 'investigator-driven' to a re-assertion of the centrality of community-controlled health services in participating in and transforming research practice (p.201). Although there has been some movement in this direction in recent times, anecdotal evidence suggests that there is still a long way to go before it can be said that Indigenous community-controlled organizations represent the driving force behind the research process.

If priority driven research is to realize the anticipated improvements in health outcomes from research, then effective processes for priority setting must be in place. The National Public Health Partnership (1998b) has identified inadequate processes for priority setting within the public health research field as an issue of concern. In their view:

> "Priority setting mechanisms for research in public health are not well developed and debate about the methods to be utilised has tended to generate a number of different lists of priorities rather than agreement as to method. Common priority setting methods such as measuring the impact of particular determinants on health status may be useful but in some people's hands could tend to bias priorities away from research in health systems. Because public health activity is highly policy and practice driven, priorities for research will vary depending upon the policy imperatives of each jurisdiction. However, there needs to be a process by which funding bodies can come together to discuss common priorities" (NPHP 1998b, p.14).

In a report on relations between the Menzies School of Health Research and Aboriginal people, Opportunity and Benefit, Baume (1992) raised the issue of research priority-setting within the organisation. He suggested that it was likely that there would be differences in priority set by scientists and by Aboriginal communities and that there was evidence that differing groups of Aboriginal people held differing perceptions of problems. On this basis he recommended that the very process of priority identification should be studied systematically to yield more understandings of benefit to all parties (1992, p. 50). In Baume's opinion, organisational response to this issue was important because:

> "…it is likely that co-operation with the School researchers will be greatest where there is a sense of common purpose and shared concern about problems. Further there is a positive need to try to match School activities to Aboriginal priorities" (1992, p. 47).

There are different 'layers' to the setting of priorities. Whether they be wide scale, community-based, policy-driven, or flexible and immediate responses to community needs, institutions will be required to discuss and develop integrated approaches to the establishment of research priorities. More than likely, a range of approaches need to be taken into account when devising the processes required to become a priority-driven research organisation.

If institutions take up the challenge to support a priority-driven approach to research then substantial changes to institutional processes will be required. As may be seen, there are a range of requirements in terms of processing research that differ between 'priority-driven' and 'investigator-driven' models. For example, funding institutions that operate under an 'investigator-driven' model generally assess funding submissions on the basis of a discipline-specific peer review process. In this situation, research proposals are not expected to be constructed around consultative or participatory processes at the local community level and the peer review system is relied on as the main instrument for quality control. In contrast, funding institutions that operate under a 'priority-driven' model evaluate proposals for research in a range of different ways. A common approach is to measure the

extent of alignment between the research proposal and the strategic focus of the research organization in question. Processes for project evaluation, quality control and dissemination of research findings are more likely to be instituted at strategic points throughout the life of research projects. Within the construction of priority-driven research it is more common for issues of methodology, project scope, and intent of the research to be negotiated before proposals for research are granted funding, and before the research 'proper' takes place.

Comparison between 'front end' and ongoing processes for evaluation, methodological development, community consultation and participation, ethical approval, professional development and dissemination of research findings is contained within the following discussion. Within this context, it will be necessary to return to the fundamental differences between 'priority-driven' and 'investigator-driven' models of research and the potential these models represent for instituting Indigenous health research reform proposals.

Ethics

Relevant and unresolved issues from the IRRA include the determination of ethical processes for the conduct of research in terms of consultation and negotiation.

In recent years, institutions engaging in research of interest to Indigenous peoples in Australia have adopted formal guidelines and protocols to guide researchers. Current commentary, however, indicates impatience with the proposition that the formalisation of interim guidelines for the ethical conduct of Indigenous health research has not been enough to ensure that the rights and interests of Indigenous participants in research activity are adequately represented. There is evidence to suggest that these guidelines do not mandate for substantial changes to the way researchers operate and that currently, inadequate institutional mechanisms are in place to monitor the activity of researchers once formal Human Research Ethics Committee (HREC) approval has been granted. A re-negotiation of the role of institutional HRECs is being called for on the basis that these committees have the potential to positively impact on the quality and potential usefulness of research. Commentators have argued that Indigenous health ethics committees and sub-committees are well positioned to input into the setting of research agendas at the local community level (Flick, 1994, Anderson, 1996), but institutional commitment to the development of the role of ethics committees that extends beyond a gate keeping function has been questioned. (Anderson, 1996, Humphery, 2001, 2002, Eades and Read, 1999, Flick, 1994, Maddocks, 1992).

If the process for granting ethical approval of Indigenous health research proposals is to be framed as being broader than a 'one-stop shop' at the beginning of a research project then certain changes to institutional practices and processes are required. Most significantly, the role of Indigenous health ethics committees and sub-committees must be re-negotiated. This negotiation must be significantly guided by Indigenous representatives at the local community level and informed by the elements of the IRRA.

Methodology

Relevant and unresolved issues from the IRRA include:

- involvement of Aboriginal communities in the design, execution and evaluation of research

- consultation and negotiation defined in practice as ongoing and open to scrutiny.

- mechanisms for Indigenous control and transformation of research.

Support for methodological reform currently emanates from two quite different quarters. Indigenous research reform proponents argue for the adoption of methodological approaches with a demonstrated capacity for incorporating Indigenous community members as key participants in the research process (reflexive, collaborative and participatory research methodologies are commonly referred to in this context). Over the past decade there has been a shift away from epidemiological research, to research involving a range of social science disciplines in the public health research field. Multi-disciplinary research requires the adoption of different methodological approaches and it is generally recognized that this transition has been difficult for public health researchers.

According to Baum (1998), the 'New Public Health' imposes on institutions a responsibility for ensuring that adequate capacity for the achievement of methodological reform is realized. While the problem of insufficient numbers of adequately trained public health researchers is identified as a major obstacle to the achievement of broad-based methodological reform in the public health research area, there is no evidence of a national plan of action to address this issue. Proposals for change aimed at increasing levels of individual Indigenous and community research capacity rely substantially on the achievement of methodological reform, which in turn relies on the expert intervention of trained public health researchers.

Although researchers are framed as key agents of change within proposals to reform the way research involving Indigenous interests is initiated, conducted and its findings disseminated, the question of how to engage individual researchers in these processes remains unresolved. The Australian Research Council (1999) reported 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 that involves Indigenous participation.

Methodological reform driven by the dual needs of expanding social science research and utilising participative and reflexive approaches (as found desirable within the IRRA) can be problematic for many research institutions. Research institutions that have been operating within a western positivistic methodology, with its particular views of rigour and favoured method and approaches, will find it difficult to change their way of working without the participation of well trained social science researchers, or those familiar with reflexive and participative research methodologies. The point being that there is not only a need to grapple with a shortage of appropriately trained researchers, but there is a need for a change in the 'culture' of research to ensure balance and adoption of a range of appropriate methodologies. There is also, as indicated below, an issue here of professional development. Achieving substantial improvement to current levels of institutional research capacity or workforce capacity looms as a major challenge for institutions involved in Indigenous research activity.

Professional development, institutional and individual research capacity building

Relevant and unresolved issues from the IRRA include the training of Indigenous researchers.

Increasing the research capacity of Indigenous peoples is proposed as a central way of achieving the necessary transfer of control over the research process from the non-Indigenous to the Indigenous sector.

Wills (1999) in The Health and Medical Research Strategic Review, supports this position by arguing that participation and leadership by Indigenous people in health research is an important requirement for this research to be effective in providing solutions to health problems (p.60). The Review makes reference to a submission from Territory Health Services, Darwin (now the Department of Health and Community Services), that underlines a key issue frustrating the achievement of Indigenous control over the research process.

> "The current role of Aboriginal Health Worker as "cultural broker" is crucial for the success of community based research but this is not a central position in the research team. It is difficult for Aboriginal people to set the research agenda when the vast majority of those with requisite skills to undertake the research are non-Aboriginal" (Wills, 1999 p. 60).

Supporting Aboriginal people to develop the skills to manage and conduct health research is a central proposal within the CRCATH (1999-2001) Strategic Plan. In his commentary on a CRCATH funded 'activist' research project, Boughton (2001) argued that "research tends to consolidate the power of researchers and their institutions, rather than building the power of the communities and their organisations who are being researche" (p.9). Within this context he poses the question "If this is so, how might the CRCATH break with this pattern?" Boughton reported that:

> "What we have discovered along the way is the need to integrate capacity development, or community development, into the process of research project development itself. Within such a model, a research program or project in its development phase is an active intervention in a community, and is designed to strengthen the community's capacity to deal with any problems which it identifies" (Boughton, 2001 p. 9).

Tsey (2001) represented capacity building as an essential aspect of developing partnerships between researchers and Indigenous communities and he emphasised the need to identify and prioritise research capacity building within the context of research activity. He suggested that these objectives can be facilitated through training, mentoring and other forms of institutional support.

Professional development and education and training initiatives are identified strategies for achieving institutional change in regard to achieving improved workforce capacity. There is an apparent increasing level of commitment to developing a more systematic approach to Professional Development and Workforce Development across a range of Australian research institutions. Some current initiatives include:

- the Australian Vocational Education Training and Research Association (AVETRA) working party on professional development

- the National Public Health Partnership working party on Aboriginal research-capacity

- the National Public Health Partnership workforce development working-group

- promotion by the NHMRC of grants specifically tied to the development of institutional research capacity in the public health research sector.

The historically narrow definition of 'workforce' applied to the framing of Professional Development and Training programs is problematic for those concerned with ensuring that non-professional Indigenous participants in research have adequate access to training opportunities. Wills (1999) proposed two levels of training for Indigenous peoples. The first level applies to training for Indigenous health workers to enable them to participate in and contribute to research studies and the second level involves university level training for Indigenous health professionals and scientists to enable them to play leadership and independent investigator roles (p. 60). While this two-tiered approach makes reference to Indigenous health professionals and para-professionals, the training needs of other Indigenous participants in the research process are not addressed. By restricting consideration of professional development needs to those Indigenous peoples with health training, the broader cultural concept of health and Indigenous ways of seeing health holistically remains unacknowledged.

Current indications are that research organizations involved in research of interest to Indigenous peoples outside of the health research field also realize the value of research based training and Professional Development initiatives. AHURI (2001b), for example, endorses a research principle stating that "research should support education and training to increase the capacity of indigenous researchers, communities and organizations" (p. 2).

When the notion of capacity strengthening and a shifting research culture drives the professional development agenda, it becomes a much more complex and engaged process. Such an approach requires that research institutions support the development of infrastructure and processes to engage its members in strategic and institution-wide professional development and research capacity building.

Quality control issues

Relevant and unresolved issues from the IRRA include:

- consultation and negotiation defined in practice as ongoing and open to scrutiny

- mechanisms for ongoing surveillance of research projects.

In reference to public health research in Australia, the National Public Health Partnership argue that the impetus to measure outcomes must be tempered with:

> "…a recognition that research and development outcomes range from research results or findings to the incorporation of research results in policy or practice to changes in health outcomes or health status. Research outcomes also include the outcomes of dissemination processes and the development of interventions. The impact of research and development on health status is at one end of a spectrum of potential outcomes" (NPHP 1998b p, 18).

This position aligns with that of Indigenous health research reform proponents who argue that research has historically delivered insubstantial benefit to Indigenous peoples and that the focus for evaluation of research must extend beyond a narrow focus on research results. Consideration of dissemination processes and processes for the achievement of uptake of findings into policy and practice are also important.

Smith (2001) proposed that under an 'investigator-driven' research model, quality control operates as a 'front end' process. In this situation, peer review of project proposals is the main way funding institutions assess the quality of research proposals. After funding has been granted, quality control is minimal. In contrast, Smith suggests that under a 'priority-driven' research model, it is more common for quality control to be ongoing throughout the life of a research project and for research activity to be monitored to assess the extent of alignment with institutional objectives. Monitoring groups (made up of researchers, community members and others) can maintain a perspective on a range of agreed research elements, including for example ethics and professional development. In this way, research projects may be better supported, better connected with community, better able to adapt to project needs and better able to deliver findings to relevant service providers.

Transfer and dissemination

Relevant and unresolved issues from the IRRA include:

- the adoption of effective mechanisms for the dissemination and transfer of research findings.

- ownership and control of research findings by Aboriginal communities.

Successful dissemination of research findings to effect uptake into policy and practice is required if the full benefit of research is to be realised. Increasingly, it is proposed that institutions should play a more pro-active role in the development of improved processes for the dissemination of research findings.

Partnership development and the institution of collaborative research approaches are regularly cited as key elements of practice associated with achieving better outcomes from research 'of interest to Indigenous peoples'. Similarly, in non-Indigenous health research contexts, the formalisation of collaborative partnerships between researchers, research participants and managers of research is being promoted as an important way of achieving 'buy-in' by potential users of research: the logic being that when people have a stake in the research process they are more likely to be committed to ensuring that the outcomes of that research are translated into policy, practice and changed human behaviour.

The link between research capacity building and the development of collaborative research partnerships is important when considering the development of effective processes for achieving transfer of research findings into policy, practice and changed human behaviour. As Tsey (2001) suggests, research capacity building is an essential element of partnership development in Indigenous research contexts. If improved processes for the transfer and dissemination of research findings rely on the achievement of 'buy-in' by Indigenous participants in research, then opportunities for research capacity building must be made available.

Failure to provide research findings in a user-friendly format is a regularly cited reason for ineffective transfer of research findings within Indigenous health research contexts. The development and evaluation of culturally appropriate processes for feeding back the findings of research to Indigenous peoples is identified as a priority issue. In addition, it is recommended that processes for dissemination of research findings should be framed as a central activity within the construction of research. Anderson (1996) contends that the potential benefits from Indigenous health research can be maximised if the communication and dissemination of research findings is seen as integral throughout the life of the research project. The actualisation of these key principles is achievable within the construction of a 'priority-driven' research model. Under this model, institutions are well placed to build in processes for priority setting that ensure a substantial level of user 'buy-in' and which mandate for ongoing and appropriate dissemination of research findings during and after the completion of research projects.

4. Institutional support for reform

Research institutions are becoming more conscious of the demands from their stakeholders and funding sponsors for the need to better target their research efforts. Fragmentation of the research effort occurs in an environment where research priorities are not well defined. In addition, research institutions are under increasing pressure to be more accountable for meeting research targets while addressing budget constraints. Over the past decade in Australia, a number of research institutions have attempted to address these problems through the adoption of priority driven approaches to the organisation and management of research.

Two examples of research institutions that have moved to adopt priority driven research models are the National Centre for Vocational and Education Research (NCVER) and the Australian Housing and Urban Research Institute (AHURI).

National Centre for Vocational and Education Research

Andy Smith (2001), General Manager of the NCVER , described the process associated with reforming Vocational Education and Training (VET) research in Australia over the past ten tears that involved a substantial institutional commitment to the principles of priority driven research. In 1993 a commissioned report described VET research as "a fragmented activity that was under funded and had little or no relevance to policy or practice" (p. 1). According to Smith, a reversal of this situation has been achieved through a large increase in Commonwealth funding within the VET research sector and through the adoption of a priority driven research framework. Smith describes investigator driven research as 'supply-side' research and priority driven research as 'demand-side' research. In this analysis he proposed that 'supply-side' research:

- is investigator driven,

- is characterised by a lack of responsiveness to priorities

- includes quality control only at the proposal stage

- provides opportunities for upfront peer review but does not necessarily include provisions for the dissemination of research findings.

In contrast, Smith proposed that 'demand-side' research:

- is user driven

- responds to priorities set through a national strategy

- includes opportunities for quality control throughout the research process

- includes a high emphasis on dissemination of research findings.

The adoption of a National VET research agenda is cited as a key aspect of the successful implementation of a priority driven research strategy within the VET sector. Currently, a National VET research and evaluation strategy is developed on a three-year rolling basis. This strategy includes extensive consultation with nominated stakeholders and the proposal of jointly agreed research priority areas for the next triennium. The National Centre for Vocational Education and Research then formulates 'research themes' around these agreed priority areas and tenders from interested researchers are called for. The National Research and Evaluation Committee (NREC) assesses submissions from researchers through a process of 'peer review'. Support is awarded to those projects which are considered most likely to address agreed priority issues.

> *"In addition, NREC also run a large open category for 'investigator driven proposals, which regularly attract around 25% of the available funding in each round" (Smith, 2001 p. 4).*

The Australian Housing and Urban Research Institute

AHURI (2001 a, b) has adopted a framework for priority-driven research similar to the NCVER model. In collaboration with key stakeholders, the Institute develops an annual research agenda that is organized around nine main themes. Within these nominated themes, specific research areas are identified. For each research area a description of the policy issues and an indication of the 'funding priority status' is indicated on the organisation's website. This status reflects AHURI's view of the relative importance of the research area and the extent to which the topic is addressed by research underway. AHURI gives high priority to effective dissemination of research findings and is active in ensuring that research outputs are of value to policy makers and practitioners. To this end specific outputs are nominated by AHURI as being required, and staged payments are made to researchers on the basis of their completion. These outputs include:

- a positioning paper (up to 15,0000 words to be published on the AHURI website) comprising a review of the academic and policy literature, a methodological statement, identification of knowledge gaps and an outline of proposed dissemination processes

- a work in progress report including a brief management report and a written paper to support a seminar or conference presentation

- a research and policy bulletin (2000 words published in hard copy and posted on the AHURI website) setting out the main findings from the research project.

- a final report (up to 15,000 words) detailing what has been found out, the emphasis of which is to identify the contribution of the findings to housing and urban studies, rather than to be a descriptive account of what the project has done.

5. Conclusion

In the field of Indigenous health research there are increasing demands for research institutions to operationalise key aspects of the Indigenous Research Reform Agenda. This agenda focuses on promoting research that engages Indigenous community concerns, and represents a potential for impacting positively on Indigenous health outcomes. The achievement of reform is dependent on Institutional intervention in the following key areas:

- the promotion of methodological approaches that are reflexive, participative and collaborative

- the adoption of a priority-driven research model

- the development of priority setting processes that reflect the interests and concerns of Indigenous peoples

- adequate resourcing to facillitate an extension of the roles and functions of Indigenous ethics committees and sub-committees

- support for the development of effective processes for the dissemination and transfer of research findings

- the development of management systems that support negotiated decision-making with Indigenous community controlled organisations and/or Indigenous communities

- the development of public health research capacity

- professional development that promotes formal training of Indigenous researchers and knowledge exchange between Indigenous and non-Indigenous peoples.

A range of research institutions in Australia is looking at ways of rebalancing and repositioning research to achieve an alignment between sponsored research activity and institutional strategic objectives. The adoption of a priority-driven model of research provides a structure and a logic supporting institutional intervention at key points throughout the research process. Within the Indigenous health research sector it is proposed that the adoption of a priority driven research model will provide the basis for a more engaged IRRA. Under this model it is possible that institutions will be better positioned to mandate for fundamental changes to the way research is planned, monitored, conducted and its findings disseminated. By adopting this approach, research institutions can work towards research activity that responds more directly to local Indigenous community interests.

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