Indigenous Research Reform Agenda

Promoting the use of health research

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1. Key implications for health research organizations[1]

Health research is more likely to contribute to improved health if it is **used**. The following approaches seek to guide research institutions wanting to promote the uptake of Indigenous health research into health services policy, practice, service delivery and people's behaviour. The recommended approaches have been developed from a selected literature review.

- Institutional support for the broadly-based Indigenous Research Reform Agenda including:

  - Fundamental re-positioning of Indigenous people to have control over research, to become partners and collaborators in research activity, and key potential 'users' of research;

  - Development of processes for research priority setting guided by the interests of Indigenous people as potential beneficiaries of the research; and

  - Strong professional development systems for Indigenous researchers.

- Institutional support for stakeholder 'buy-in' to research through developing and supporting strong collaborative partnerships between researchers and a range of potential research users.

- Institutional focus on facilitating the involvement by potential *users* of research in the development and implementation of research proposals. In the Indigenous health context, major potential *users* of research include Aboriginal communities and community-controlled organizations, politicians, health policy makers, planners and managers, health care service providers and practitioners, the general public, and other researchers and academics.

- Catering for the preferred/most effective information formats for each identified audience when preparing information about the research. Possible formats include ministerial briefings, academic papers and reports, media launches/releases/interviews, Plain English reports, local language materials, workshops, inclusion in academic courses, electronic dissemination, flip charts, newsletters, opportunistic promotion etc.

- The inclusion of a realistic budget to support effective transfer and dissemination activities *during* and *after* the research project.

- Provision of specialist communications support (editing, summarising, resource preparation, media and political promotion) within the research institution.

- Adopting pro-active approaches to ensuring that research findings are considered by policy makers and key opinion-leaders.

- Institutional support for the development of appropriate processes for cross-cultural communication between Indigenous and non-Indigenous researchers and research participants.

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1 This summary of the broader implications of the findings of the literature review aims to assist the transfer and use of this work in planning and managing research organisations.

2. Summary of the literature review

Context of the literature review

The Cooperative Research Centre for Aboriginal and Tropical Health (CRCATH) is a collaborative research organisation, with an Aboriginal Chairperson, and a majority Aboriginal board. The Centre is committed to conducting research that contributes to improved health outcomes for Aboriginal and other people living in the Tropics.

By identifying 'health outcomes' from research as an important strategic concern, the CRCATH has grappled with the complex and nebulous issues around supporting the uptake of research through evidence-based changes to health services management, clinical practice and individual behaviour.

This literature review aims to inform the CRCATH's transfer and dissemination processes and practices by:

- identifying major barriers to the uptake of health research findings as they are represented in international and Australian health research literature, with a particular focus on writing by Indigenous researchers or commentators; and

- clarifying best practice approaches to overcoming the barriers and to promoting the uptake of Indigenous health research into health policy, practice, service delivery and people's behaviour.

Major barriers to the uptake of Indigenous health research

The general health literature overwhelmingly acknowledges that processes associated with the transfer of research findings into health policy, clinical practice, service delivery systems and changed human behaviour, are ad hoc, unpredictable, difficult, and subject to a range of complex and multi-dimensional barriers. Indigenous health research literature strongly supports this notion.

Analysis of the general health literature revealed six major barriers to the uptake of health research. These barriers were also found to exist in the Indigenous health arena.

Fundamentally different world views between researchers and research 'users'

Several writers (Rothman, 1980, Ryan, 1992, Petasnick, 1989) propose that the worlds of the researcher and of the potential 'users' of research are fundamentally different, resulting in numerous barriers to knowledge transfer. Indigenous commentators and researchers repeatedly emphasise the chasms between the research community and Indigenous peoples (Dodson, 1994, Anderson, 1996, Winch and Hayward, 1999). This chasm has resulted in active debate about what constitutes 'good' science in the Indigenous context, and what are the necessary skills required by Indigenous health researchers.

Failure to differentiate between potential research 'users'

Lomas (1997) argues that a major barrier to the utilisation of research is the failure of researchers to differentiate between various potential 'users' of research, and their distinct information needs. This results in most researchers taking a 'one-size-fits-all' approach to dissemination through concentrating solely on academic publishing.

In the Indigenous health arena, attempts to identify and differentiate between the major potential users of Indigenous health research have only become evident over the last few years. Indigenous commentators mount a strong case to position the Indigenous people experiencing health problems as key potential beneficiaries (and therefore key 'users') of research. Hunter (1992) found that most researchers do not identify the Indigenous 'researched' as major users of research findings. Anderson (1996) emphasised that the Indigenous subjects of research have the greatest potential stake in the research outcomes. The CRCATH (1999, 2002) has identified five key 'user' groups of Indigenous health research: Aboriginal communities and community organizations; politicians, health policy makers, planners and managers; health care service providers and practitioners; the general public; and other researchers and academics. Potential key users vary according to the nature of each research project.

Failure to provide research findings in user-friendly format

Since the early 1980s, commentators have argued that failure to provide research findings in 'user-friendly' formats is a significant impediment to research transfer. (Rothman, 1980, Davies, 1992, Jennett, 1994, Stocking, 1995, Lomas, 1997, Baum, 1996, Saywell and Cotton 1999, NHMRC 2000) .

In the Indigenous health context, researchers are frequently accused of writing in dense, academic styles which can be difficult to read. A study of 40 Aboriginal and Torres Strait Islander research projects (ARC 1999) found that most research outcomes were 'conventional academic products', and largely a response to institutional requirements. Feedback to Indigenous communities was not planned, and was ad hoc and intermittent.

Failure to communicate and collaborate appropriately with potential research users

Lomas (1997), Himmelman (1996), Huberman (1994), Tsey (2001) suggest that a major barrier to the uptake of research is lack of 'buy-in' by research participants or users. Fleischer (1998) and Baum (1996) argue that effective collaboration with potential users could improve the uptake of research, but that the development of partnerships is difficult and time consuming. In the Indigenous research arena, O'Donoghue (1997), Tuhiwai Smith (1999), and CRCATH (2001) remark on the suspicion and lack of trust many Indigenous people feel towards research, and the need for on-going dialogue and the development of collaborative partnerships (eg Government and community-controlled health service providers, Indigenous and non-Indigenous researchers) when undertaking Indigenous research. Anderson (2000) argues that even the highest priority research will have limited outcomes if the communication and collaboration processes used in the research are underdeveloped.

Poor researcher understanding of policy development and decision-making processes

Lomas (1997) Ryan (1992), Petasnick (1989), Stocking (1995) argue that lack of researcher understanding of policy development and decision-making processes is a significant barrier to research use. A tendency by researchers to see policy development and decision-making as a distinct 'act' rather than an evolving process can result in researchers failing to influence how health issues are framed, or even to ensure that a health issue makes it onto the policy agenda. Anderson (2000) suggests that key decision-makers rely on evidence, and unless research questions are driven at the local Indigenous community level, what appears on the policy development agenda will continue to fail to match with Indigenous interests.

Lack of decision-maker understanding of research methodology and processes

Many commentators argue that senior health administrators often lack the skills to assess and utilize evidence. (Stocking, 1995, Ryan, 1996, Muir Gray, 1997, Nyden and Wiewel, 1992, Petasnick, 1999). Decision-makers are also frequently subject to information overload and extreme time constraints, and can see health researchers as out of touch, unresponsive and prone to using jargon. Stocking and Lomas both argue that decision makers need access reliable and valid research in a synthesised and easily understood form.

Approaches to promoting the use of Indigenous health research

For more than forty years, Indigenous people have questioned approaches to research. This broad-based critique of research, generally known as the 'Indigenous Research Reform Agenda' provides a broad framework for reform of research and research management practice. The literature reveals a number of specific elements of the reform agenda with the potential for significant impact on the uptake and use of health research in the Indigenous health arena.

At a systems level, the repositioning of Indigenous people from being passive 'subjects' of research to having control over, and involvement throughout, the research process is seen as a critical element of the Indigenous Research Reform Agenda. The need for strong and effective collaborative partnerships between Indigenous and non-Indigenous researchers and research users is another critical issue with the potential to impact on uptake of research.

Research institutions involved in Indigenous health research need to focus on identifying key knowledge gaps so that research is relevant to Indigenous needs and therefore more likely to be used. Health researchers must be encouraged to 'think beyond the project' to the policy processes and uptake issues around their project. This may require researchers to become more reflexive in their practice (Anderson, 1996, 2000).

The quality of communication and collaboration throughout the research process can have significant impact on the uptake of Indigenous health research (O'Donoghue, 2000, Tsey, 1999, Matthews et al 2001). Communication and transfer should be seen as integral throughout the research process (Anderson 2000, Hunter, 1992, ARC, 1999).

The mainstream health literature emphasises the need to identify potential users of the research, and to prepare information in formats appropriate for each user group. This approach also applies in the Indigenous health arena, where commentators tend to emphasise the need to communicate findings appropriately with Indigenous communities and organisations (Anderson 1996, 2000, ARC 1999, Baume 1992).

However, in addition to Indigenous communities and organisations, the CRCATH (2001, 2002) identifies a number of other potential 'users' of Indigenous health research, and encourages researchers to prepare research findings in formats appropriate to each user group.

Whilst the CRCATH and other organisations undertaking research of interest to Indigenous peoples are developing systems and approaches to support the uptake of Indigenous health research, these systems will continue to evolve. This review indicates particular need for further work in approaches to feeding back research findings to Aboriginal communities or organisations, and careful research on the effectiveness of transfer and dissemination activities. There is also a need for training for researchers on policy development processes and on writing for various research user groups.

3. Introduction

Background

The Cooperative Research Centre for Aboriginal and Tropical Health (CRCATH) is a collaborative research organisation, with an Aboriginal Chairperson, and a majority Aboriginal board. The Centre is committed to conducting research that contributes to **improved health outcomes** for its major stakeholders: Indigenous and other people living in tropical Australia and its regional neighbours.

The Centre's 1999-2004 Strategic Plan focuses on bridging the traditional gap between the 'producers' of knowledge and the 'users' of knowledge. The Strategic Plan nominates *'Strengthening research, policy and services links'* as a critical philosophical direction. The rationale and the challenges of this focus in the Indigenous health context are implied in the introduction to the plan:

> *"Many Aboriginal people are justifiably wary of research, and speak of being the subject of research, which does not result in clear health benefits. Research reports are often criticised for not being accessible, and for failing to draw out the implications for changed policy and health practice."* (CRCATH 1999 p.3)

By positioning 'health outcomes' from research as an important strategic concern, the CRCATH has been forced to grapple with the complex, often nebulous, issues associated with supporting evidence-based changes to health services management, clinical practice and individual behaviour. The issue of effective transfer, dissemination and use of research is therefore a central and major challenge for the CRCATH as it attempts to align its research activity with broader agendas for reform associated with Indigenous health research.

The CRCATH is not alone in grappling with these issues. The past decade has seen increasing support for evidence-based changes to health policy, planning and practice across the entire health sector. This has led to examination of the nature and effectiveness of processes for the dissemination and transfer of health research findings.

While there is recognition that site-specific factors affect the level of uptake of health research findings into policy and practice, it is also possible that some identified barriers are generalisable across the health sector. This paper aims to explore this proposition by providing an overview of key barriers to the use of health research findings in the broader health arena, as represented in international and Australian health research literature, and assessing whether these barriers also apply within the Indigenous health context. The paper then outlines broad approaches to increasing the use of Indigenous health research. The paper concludes by describing the CRCATH's evolving approach to promoting the use of Indigenous health research.

Whilst the primary purpose of the paper is to inform the further development of CRCATH dissemination and transfer processes, the barriers and principles identified in this paper are also relevant to other institutions seeking to commission research, or to increase the use of Indigenous health research.

This review of the literature involved relevant project reports, books, academic papers, websites and 'grey' literature. Electronic and bibliographic searches were undertaken using the following key words: research management, research dissemination, research transfer, commercialisation, collaboration, outcomes, knowledge management, evidence-base, information management, research utilization models, feedback, research priorities, research capacity, communication theory, Indigenous research.

Scope of this review

The review drew heavily on a 1999 literature review commissioned by the United Kingdom's Department for International Development. The report, *'Spreading the Word: Enhancing Research Dissemination Strategies'*, summarised current approaches to research dissemination in the international development sector.

Although this review may provide direction for research on the **effectiveness** of dissemination and transfer of Indigenous health research, possible topics or questions for such research are **not** presented[2]. However, given the increasing levels of time and resources being spent on largely untested strategies to facilitate the use of research, it is both timely and important for careful and well-designed research examining the effectiveness of transfer efforts be undertaken.

Finally, this review has been fundamentally informed by discussions within the CRCATH's 'Links' Research project team, and the comprehensive literature review auspiced within this project.

Terminology

The literature identifies three main ways in which health research evidence is currently applied:

- to improve health service management (ie. policy and administrative decision making, including health resource allocation decisions);

- to improve clinical practice; and

- to facilitate positive health-related changes in people's behaviour.

The following terms are frequently referred to in the relevant literature.

Research transfer is defined by the National Public Health Partnerships as 'the synthesis of bodies of knowledge and their dissemination and uptake into practice, management and policy' (1998a, p. 16).

'Research transfer' is predicated on the use of research results and processes to inform policy, practice and behaviour, and vice versa. It therefore entails people whether they are researchers or decision-makers or members of a community doing something with the information arising from the research' (Matthews. et.al. 2001, p. 16).

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[2] *Anderson (2000) argues that there is a need for more research into the effectiveness of strategies aimed at facilitating the uptake of research in Indigenous communities.*

A frequently cited definition of **dissemination** is that made by Rogers (1983), which refers to dissemination and diffusion interchangeably, and differentiates between both '*intended*' and '*unintended*' consequences resulting from the '*dispersion of novel information*'. He states that diffusion is '*the process by which an innovation is communicated through certain channels over time amongst members of a social system*' (1983 p.11).

Research **dissemination** has been defined more recently by the Agency for Health Care Policy and Research (AHPR) as:

> "…*the process through which target groups become aware of, receive, accept and utilise disseminated information*" (AHPR 1992 p.2).

The relationship between dissemination and the *uptake* of research is also underlined by the AHPR (1992). They state that the goal of dissemination is the improvement of '*patient care, patient outcomes and quality of life*' (1992 p.2).

The National Health Service Centre for Reviews and Dissemination (2001) defines dissemination broadly:

> "… *a spectrum of activity by which target groups become aware of, receive, accept and use disseminated information*" (2001 p.1).

All three definitions allude to the importance of the *outcomes* from the dissemination process. Dissemination is not an end in itself. Dissemination seeks to increase the '**uptake**' of research, ***in order to improve health outcomes.*** The centrality of dissemination and transfer as mechanisms to support improved health and societal outcomes is a key theme in the literature (Commission on Health Research and Development, 1990, Muir Gray, 1997, World Bank, 1998, Stone, 1999, Saywell and Cotton, 1999).

Australia's Chief Scientist, Dr Robin Batterham (2000) also emphasises the potential benefits and connections between ideas (research), translation and outcomes:

> "*Ideas have the potential to dramatically change the way we live. Ideas, when translated, can improve our health, sustain our environment, and help us communicate quicker and better*" (2000, p. 10).

However, the literature clearly acknowledges that the uptake of research does not always result in improved health outcomes. Research is seen as only one of many factors which can combine to influence health outcomes.

4. Major barriers to the use of non-Indigenous and Indigenous health research

The literature overwhelmingly acknowledges that processes associated with transfer of research findings into health policy, clinical practice, service delivery systems and changed human behaviour are ad hoc, unpredictable and difficult, and subject to a range of complex, multi-dimensional barriers. (Rothman, 1980, Petasnick, 1989, Dunn et al., 1994, Lomas, 1997, Saywell and Cotton, 1999). Grimshaw and Thomson (1998) report that 'Despite the considerable resources devoted to biomedical science, a consistent finding from the literature is that the transfer of research findings into practice is a slow and haphazard process' (p.1).

Saywell and Cotton (1999) go so far as to say 'the difficult process of knowledge sharing means that it is often neglected, and a significant amount of research is never communicated beyond its immediate circle of interest' (p.2).

Barrier 1: Fundamentally different world views of researchers and research users

In his seminal 1980 book, Rothman proposes that the worlds of the researcher, and the worlds of the potential 'users' of research have 'essential differences in language, values, methods and points of view'. He concludes that:

> *"On the basis of an extensive review of pertinent literature, the following appear to be important areas of dissonance between the knowledge producers and the knowledge appliers: conflicting values, orientations towards clients, languages, methodological assumptions, role perceptions, focal objectives and concerns, definitions of professional ethics and identifications…the space between researcher and applier represents a gap comprised of intellectual, social, emotional, and (usually) physical distance, with numerous barriers to knowledge transfer and few facilitating linkages" (1980 p.2).*

Ryan (1992), in a paper exploring the interrelationships between research, policy and practice, also emphasises the different priorities, needs, values and expertise of researchers, policy makers and practitioners. Ryan argues that:

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

Indigenous commentators point out that there is what amounts to a 'chasm' between the world-views of many researchers and of Indigenous people or groups being studied. Dodson (1994), for instance, comments that mainstream knowledge of Aboriginal communities has primarily been the product of people who do not live in them, but who, nevertheless, 'have had a preoccupation with observing, analysing, studying, classifying and labelling Aborigines and Aboriginality'. This process has, he argues, resulted in Aboriginal people being reduced to the status of 'inert objects, who are spoken for by others, by Aboriginalists, who claim this knowledge is a representation of the real' (p.3).

Anderson (1996) supports this view by alluding to the problems stemming from the different worldviews of Indigenous peoples and health researchers:

> *"As Aboriginal people, our values, which have their own cultural and historical logic, shape the potential of all forms of inquiry….An essential research skill in this arena is the ability of the researcher to work in a cross-cultural context, balancing the demands of institution and community, defining commonalities and negotiating differences" (1996 p.156).*

This position is reinforced by Indigenous researchers, Joan Winch and Ken Hayward (1999). In a commentary on the contradictions between Indigenous cultural traditions and the culture of research in higher education institutions, they suggest that:

> *"..the differences between the Indigenous and western culture at times appear to be striking and the lessons of this appear to be ignored by non-Aboriginal people. Different concepts of time, ways of questioning, protocols, different standards for judging the worth of something. Together with other variables, suggest there are important issues to be taken into account at all points where the cultures intersect" (1999 p.26).*

Barrier 2: Failure to differentiate between potential research 'users'

Lomas (1997) argues that a major barrier to the utilisation of research is the failure of researchers to differentiate between various potential 'users' of the research:

> *"When asked about the principal audience for their work, most health researchers include their academic colleagues at the top of the list followed, perhaps, by some vague reference to 'society' or 'decision-makers'. A necessary condition for improving the linkage between health research and decision-making is for researchers to better discriminate between the four potential audiences for their findings and to understand their varying needs. Different solutions will likely exist for each audience to improve the links between them and research" (1997 p.15).*

Lomas (1997) identifies four key audience groups for health research: legislators, administrative, clinical and industrial (p.8). While Jenkins et. al. (2001) identifies five key groups which may be involved in Indigenous research transfer: researchers, policy-makers, practitioners, communities and consumers. Each group, it is argued, has very different needs, aspirations, imperatives, expectations and modes of communication. (p17)

Key potential research user groups in the Australian Indigenous health arena are further identified by the Cooperative Research Centre for Aboriginal Health in 2002 as: Aboriginal communities and organisations, politicians, health policy makers, planners and managers, health care providers and practitioners, the general public and other researchers and academics. (refer appendix 1)

Anderson (1996) argues that, historically, research institutions have been the primary beneficiaries of research. He emphasises the need for focussing on the Indigenous 'researched' who have the greatest potential stake in the research outcomes:

> "…the researched, and not the researchers, should be the primary beneficiaries. It is the researched whose privacy is being invaded, who give their time and who allow themselves to be subjected to the critical gaze of the academy. If, in return, this process does not offer any potential better quality of life now or in the future, then research subjects are being unfairly exploited to the gain of the researcher" (1996 p.159).

It could be argued that failure to identify Indigenous peoples as primary 'users' of Indigenous health research findings is not only a significant barrier to research translation, but is a highly revealing indicator of the continuing framing of Indigenous peoples as passive 'subjects' of research. This is indicative of the challenges ahead in effectively addressing issues arising in the Indigenous Research Reform Agenda.

Barrier 3: Failure to provide research findings in user-friendly format

Failure to provide research findings in appropriate and 'user-friendly' formats has been identified as one of the most significant impediments to health research transfer. Since the 1980s commentators have argued that, in addition to formal academic publishing, research information should be provided in formats and styles appropriate to the roles and needs of the various user audiences. (Rothman 1980, Davies 1992, Jennett, 1994, Stocking, 1995, Lomas, 1997, Baum, 1996, Saywell and Cotton, 1999, NHMRC, 2000).

Lomas (1997) contends that there is a tendency for researchers to use a 'one-size-fits all' approach to dissemination and transfer through publishing findings in academic journals.

Rothman (1980) frames formal written dissemination of research findings as only one aspect of the broader issue of on-going communication between the researcher and potential users of research. He also argues that written dissemination products should include transformations, summaries and interpretations to meet various user needs.

Nyden and Wiewel (1992) identify the writing and communication style of researchers as a barrier to research translation:

> "Academics need to speak and write in English (or in Spanish or in whatever language needed to communicate with community-based consumers of their information). Disciplinary jargon, of questionable value even within disciplines, has no place in action-oriented research. A related function of academic research is to translate existing research into a form and language which can be understood by all" (1992 p.51).

Commentators in the Indigenous health context speak strongly about the failure to present research in ways which can be easily understood by Indigenous people or representative bodies.

A 1999 study undertaken by the Australian Institute of Aboriginal and Torres Strait Islander Studies examined 40 research projects considered to be 'of interest' to Indigenous peoples (ARC, 1999). The study aimed to discover any 'significant gaps, discrepancies and anomalies in research…' and analysed research processes and findings in the domains of anthropology, linguistics and the arts. A major conclusion of the study was that:

> *"Most of the research projects were initiated within the academic community and reflected the theoretical interests of the disciplines concerned….This academic orientation was reflected also in the methods adopted, most of which being strongly entrenched in particular disciplines….Most outcomes are conventional academic products (reports, articles, theses, books), probably a response to institutional requirements. For most research projects, Indigenous feedback was not planned or specifically facilitated by the researcher. Indirect, ad hoc, or intermittent Indigenous feedback is not likely to result in meaningful evaluation by those with most at stake in the research…" (1999 p.65).*

The study made a strong case for providing research findings in more 'user-friendly' formats to Indigenous people:

> *"Indigenous communities and organisations desire more control over the dissemination of research outcomes, including the most appropriate means of communication, that is in written Plain English, native language, verbal, audio-visual, via meetings at community level, or via a more traditional means of disseminating research results. They suggested that the dissemination of research results might need to involve one or more of these methods to meet the needs of varying audiences" (1999 p.95).*

Hunter (1992) also notes the failure to feed back research findings in appropriate formats for Indigenous participants in or users of research.:

> *"In the past, there has been little feedback of the findings of Aboriginal health research, and certainly too few studies that have provided information in a form that could be easily understood by Aboriginal people" (1992, p.17).*

Writing styles in academic theses, many research reports and journal articles can be frustrating to some potential users of research who may not read highly scientific or technical English. One community-based Indigenous researcher from Arnhem Land recently sought research about petrol sniffing. Several doctoral theses on the subject, one of which had been undertaken in Arnhem Land, were found, along with several other academic publications.

The researcher commented:

"We are the people dealing with this (petrol sniffing) problem. We need the information in these big books. But they're too big and too hard to read. It's sad. All that work, all that research…and we can't use it to help our people" (personal communication, 2001)[3].

Barrier 4: Failure to communicate and collaborate appropriately with potential research users

Rothman (1980), Huberman (1994), Lomas (1996) and Tsey (2001) suggest that a key barrier to the uptake of research by potential users occurs when there is a lack of 'buy-in' or 'ownership' by research participants This issue centres on appropriate processes for communication, consultation, negotiation and collaboration within the construction of research. Stakeholders in these process include institutional representatives, researchers and research participants.

It is argued that the establishment of ongoing communication and collaborative relationships between researchers and potential users of research can encourage 'buy-in' of research users, resulting in increased uptake of the research. For instance, Fleisher et. al. (1998) contends that:

> "The key to successful partnership lies in the development of a truly collaborative relationship between the partners…research will be more easily accepted if there is benefit to the participating service delivery organisation" (1998 p. 589).

According to Fleisher, collaborative processes aimed at improving the level of uptake of research require time, the careful fostering and maintenance of communication, the development of Memorandums Of Understanding between researchers and research participants and frequent opportunities for stakeholders to meet face-to-face to develop a shared vision about the research. Himmelman (1996) defined collaboration as:

> "…a relationship in which each organisation wants to help its partners become better at what they do. This definition also assumes that when organisations collaborate, they share risks, responsibilities and rewards, each of which contributes to enhancing each other's capacity to achieve a common purpose" (cited in Fleisher,1998 p.585).

Lomas (1997) sees communication between researchers and key research user groups as the most pivotal issue impacting on uptake of research:

> "Research dissemination and uptake is more usefully viewed as a communication process between relevant researchers and decision makers. The current failings of dissemination and uptake are more to do with miscommunication - inappropriate dissemination, limited commitment to uptake, lack of understanding and unrealistic expectations of each other's environment - than they are to do with the unavailability of research…." (1997 p.15).

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[3] *The same researcher was very enthusiastic about some Plain English publications and materials which included photographs and graphic art work.*

Within the Australian public health research context, Baum (1996) warns that building bridges between academic and health provider worlds is not easy. It requires ongoing attention to communication, and continuity of funding in order to build trusting networks and alliances. Whilst Baum emphasises the importance of good relationships between researchers and service managers, she comments that few of the research texts even mention the importance of such relationship-building.

Tsey, (1999) provides support for this position by arguing that the development of collaborative partnerships is central to overcoming barriers between researchers and Indigenous research participants. He also cautions that effective collaboration is difficult, resource intensive and time consuming:

> "If research organisations are to become more relevant to the needs and aspirations of Indigenous Australians, then there is a need to enter into collaborative partnerships with Indigenous organisations and communities. Genuine collaborative research involving several organisations and individuals, each with their own interests and agendas, however, requires a lot of time, commitment and hard work. It requires that the roles, responsibilities as well as the potential benefits for all parties concerned are clarified and made as transparent as possible from the outset. Of particular interest is the need to identify and prioritise research capacity building - through training, mentoring, and other support - as essential elements in such partnerships" (1999 p.23).

This may be due to the suspicion and lack of trust felt by many Indigenous people towards research activity, and point to the need for ongoing dialogue and the development of collaborative partnerships when undertaking research. (O'Donoghue, 1997, Tuhiwai Smith, 1999, CRCATH April 2001).

According to Anderson (2000) the most relevant, high priority research will have limited outcomes if research processes are not collaborative, or if communication with Indigenous groups involved in the research are underdeveloped:

> "It is also critical that we ask questions about the processes we use in our research...you can address the most critical issue in Aboriginal health policy, but if the only person who understands the problem is the researcher…then we may as well address another issue."

Barrier 5: Poor researcher understanding of policy development and decision making processes

The lack of understanding by researchers about policy development processes is a critical barrier to effective transfer and dissemination of research findings (Petasnick, 1989, Stocking, 1995). Dunn et. al. (1994) concludes that there is a 'serious training deficiency' for researchers in the area of policy development, and recommend training 'oriented to preparing health services researchers who can pinpoint the gaps between research evidence and practice patterns' (1994 p. 209).

Lomas suggests that researchers tend to see policy making as a distinct product rather than as an extended process, resulting in their frequent failure to influence how issues are framed, or even to ensure that issues of significance make it onto the policy development agenda.

However, he goes on to describe how this ideal world is far from reality. He argues for significant change in institutional settings in order to encourage policy and research dialogue and interaction. In doing so, Ryan alludes to systemic barriers to utilisation and uptake of research at both the individual and institutional levels.

Ryan (1992) describes the ideal relationship between research, policy and practice:

> "In principle, the interrelationships between research, policy and practice are simple, direct and mutually supportive: research advances knowledge and understanding, thereby illuminating policy choices and guiding practice; policy-making, in turn, draws on the insights deriving from research and the experience gained through practice in order to formulate more effective strategies and approaches; and improved practice is the consequence of research and policy as well as being their testing ground" (1992 p. 37).

Lomas (1997) alludes to another aspect that frequently causies misunderstanding and conflict between researchers and health systems decision-makers who constitute a major research user group. Researchers frequently accuse decision makers of:

" • imposing unrealistic timelines;

• being unaware of what is a researchable question;

• being unable to distinguish between good and bad research;

• expecting instrumental aid from enlightenment research;

• ignoring research findings because of 'political considerations'; and

• being generally unprepared to adopt the fixed costs of monitoring, influencing and incorporating research for decision-making" (1997 p.2).

Anderson (2000) identifies a related problem within the Aboriginal health arena. He argues that key decision-makers rely on evidence, and unless the evidence coming out of research is driven by questions framed at the local Indigenous community level, then there will continue to be a mismatch between policy development agendas, and interests of significance to Indigenous peoples. Anderson points out that this lack of synchronisation between the development of policy and the interests of Indigenous peoples is exacerbated when curiosity or investigator-driven research is privileged over research that is responsive to priorities set by Indigenous peoples.

Barrier 6: Lack of decision-maker understanding of research methodology and processes

Commentators argue that health services managers and policy makers often lack the skills and training to assess and utilize research evidence. Lomas (1997) describes how decision-makers frequently accuse researchers of:

" • *lack of responsiveness to priorities,*

• *measuring time-lines in years instead of weeks,*

• *favouring jargon to transparent communication,*

• *preferring equivocation to conviction when faced with real decisions, and*

• *over-reliance on written tomes instead of succinct person-to-person debate*" (1997 p.2).

Ryan (1996) describes how policy makers are often confronted with decisions or choices which are essentially ethical or political, requiring 'averaging out' of different situations and circumstances in order to formulate broadly applicable public policies.

"The researcher's endless categories…seem to the policy maker a pointless obfuscation - an inability to see the forest for the trees - which needlessly complicates and potentially enfeebles the formulation of policies and the action that ensues from them." (1997 p.38)

Muir Gray (1997) argues that a lack of understanding by decision-makers of the research process has led to a focus on cost and quality or 'doing things right' rather than doing the 'right things' based on research evidence. He concludes that:

"All chief executives should be able to distinguish between a good and a bad systematic review; directors of finance should be able to find and appraise studies on health service cost-effectiveness; any medical director should be able to determine whether a randomised controlled trial in a speciality other than their own is biased. These are the management skills necessary for the provision of health care in the 21st century." (1997 p.3)

Nyden and Wiewel (1992), in a paper suggesting ways of usefully harnessing the inherent tensions between researchers and the community-based users of research, state that user misunderstanding about the nature of research can be a source of considerable frustration:

"Academic research also follows various rules of inquiry that may seem cumbersome to some community leaders in need of quick, clear answers to very pressing problems. Models of 'scientific inquiry', the development of hypotheses to be proved or disproved, and the fact that the 'desired' or 'expected' results are not always guaranteed may be unnerving to grassroots organisations in the midst of policy debates…' (1992 p.47)

Petasnick (1989) outlines his early experience as a health administrator to demonstrate the point:

> "…Like most students, I had difficulty understanding how I would ever apply this information in the real world of management…research is something not fundamentally within the purview of 'real managers.'… health services research continues to be the exclusive preserve of the academic community. The strong perception persists that management theory and practice are very different entities." (1989 p.567)

Stocking (1999) and Lomas (1997) both argue that decision-makers are increasingly subject to 'information overload', and need reliable and valid research in a synthesised and easy-to-read form, rather than be expected to understand the research itself or to assess its validity.

Scougall (1997) nominates the influence of research funding bodies as a problem within Indigenous research contexts. In particular, he argues that the lack of flexibility in responding to emerging issues of concern within Indigenous communities is problematic for the long-term achievement of research transfer. This lack of flexibility includes pressures from research funding bodies to adopt unaccustomed modes of rapid decision-making and processes for accountability.

5. Approaches to increasing the use of non-Indigenous health research

There is developing consensus that health research institutions and other health-related organizations have important reformist roles to play in developing systematic approaches to support the uptake of non-Indigenous health research into policy and practice. It is now generally accepted that institutional reform and intervention is required in order to facilitate:

- involvement of potential users of research in developing the question/s and methodology and in undertaking the research (Rothman 1980, Stocking 1995);

- effective planning and management of research by the commissioners of research (Harries 1999);

- careful selection and targeting of research products and reports (Lomas 1997, Stocking 1995);

- the adoption of pro-active approaches to ensuring that research findings are considered by policy makers (eg. briefing of key policy makers and political advisors, and providing research findings in summary form);

- the development of collaborative partnerships between researchers and research participants aimed at increasing the level of 'buy-in' by potential users of research findings;

- brokerage between researchers and potential users or beneficiaries of research; and

- research capacity-building opportunities

The National Public Health Partnership (1998a) nominates research transfer as an important future area of concentration in Public Health research in Australia. The NPHP proposes that systems to support the uptake of research should involve:

> "… a cultural shift in approaches to health and medical research, sustained support for the systematic synthesis of research results through initiatives such as the Cochrane Collaboration, and the development of a capacity for brokerage between researchers on the one hand and practitioners, managers and policy-makers on the other''(1998 a p.16).

The NHMRC (2000) guidelines, *How to put the evidence into practice: implementation and dissemination strategies*, state that the transfer of research evidence into clinical practice requires '*skill, determination, time, money and planning*', along with integration of the following desired elements:

> '**Good information** - research results that stand up to critical scrutiny and are synthesised and presented in forms that can be used to solve practical problems;

> **Good access to information** - dissemination mechanisms and systems that make it easy for users (practitioners, managers, policy makers and consumers) to access information;

Supportive environments - physical and intellectual environments in which research is valued, and uptake of evidence-based knowledge is supported and encouraged; and

Evidence-based promotion of knowledge uptake - interventions that demonstrably promote the uptake of knowledge and lead to behaviour change.' (2000 p.2)

The NHMRC guidelines describe a range of specific dissemination and transfer activities that can be undertaken to support research uptake into clinical systems. These include educational outreach visits, decision-support systems, interactive educational meetings, multi-faceted interventions, mass media campaigns, audit and feedback systems and the use of local opinion leaders. However, the guidelines warn that literature on the effectiveness of each activity is 'imperfect', and that a strategy which works in one context may not work in another.

Clearly, a research institution aiming to promote the uptake of research with potential user groups requires supportive policies and systems around transfer and dissemination activities. For example, the provision of synthesised information in forms that can be used to solve problems may require specialist expertise in areas such as analysing and interpreting scientific information, systematic reviews, Plain English writing, structural and copy editing and high level policy development experience. Whilst some researchers may have this expertise, the research institution cannot assume this is the case, and may need to institute mechanisms to provide (or fund) appropriate expertise as required.

The processes by which health research organisations determine research priorities and develop research proposals may also be important in determining whether the research is used. Research institutions failing to involve potential users of research in developing research priorities and proposals run the risk of being perceived as alien, out-of-touch and irrelevant to potential user groups. Conversely, research institutions supporting and fostering collaboration and consultation are more likely to achieve the support and 'buy-in' of potential research users.

Even a cursory examination of the possible approaches and strategies to support the uptake of research indicates a probable need for realigning priorities and budgets within research institutions and research funding bodies. The approaches and activities recommended in the literature are not inexpensive. They require expertise, careful planning and effort. For many researchers, such activities can be seen as a diversion from their primary role[4]. The role of the research institution and of research funding bodies in providing an environment which is supportive of effective approaches to the transfer and dissemination of research is paramount.

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[4] *Although research funding bodies are gradually broadening the scope of experience that can be taken into account in assessing track records, the fundamental need for publications as evidence for academic track record makes it difficult for researchers to undertake broader dissemination and transfer activities without compromising their ability to attract future grants.*

6. Approaches to increasing the use of Indigenous health research

The previously outlined approaches to facilitate the use of research have been developed within the general (non-Indigenous) health and medical research context.

In Australia, a broadly-based critique of Indigenous research history and practice is contributing to the evolution of philosophies, principles and practices to reform and guide Indigenous health research activity. An overview of the origins and nature of this Indigenous critique of research, with particular reference to Indigenous health research in Australia, can be found in 'CRCATH Links Monograph Series 2 (2002): *Indigenous Research Reform Agenda: Positioning the Cooperative Research Centre for Aboriginal and Tropical Health'*. Within the framework of the Indigenous Research Reform Agenda, improved processes for transfer and dissemination of research findings are identified as a priority area for action.

At a systems level, several commentators suggest that effective collaboration and consultation in proposal development and management is even more critical within the Indigenous context. (O'Donoghue 2000, Tsey, 1999, Matthews *et al*, 2001). It is argued that the sad history of intrusive research, imposed on Indigenous people (with little or no perceived return), has led to high levels of mistrust and suspicion about research amongst Indigenous peoples. Effective collaborative and consultative processes in the Indigenous context are time consuming and resource intensive, and may require significant reallocation of resources.

Prominent Aboriginal doctor, academic and researcher, and founding CRCATH Board member, Prof Ian Anderson has had significant influence on the Indigenous Research Reform agenda. In a key note address to the Year 2000 CRCATH Learning Conference in Darwin, Prof Anderson identifies two systemic issues with the potential to significantly impact on the uptake of research.

Firstly, Anderson observes that the research community has a tendency to be sidetracked by arguments about the relative merits of research methodologies and models, rather than concentrating on identifying the most critical gaps in available Indigenous health knowledge, from the perspective of Indigenous communities dealing with the health issue. This tendency may result in research seen as irrelevant to potential research users, and therefore with less chance of being used.

Secondly, Anderson promotes the need for researchers to 'think beyond the project'. By encouraging researchers to consider their work within the context of broader policy and uptake systems, Anderson is essentially advocating a major shift in thinking by all of those involved in Indigenous health research:

> "…Most of our thinking around better ways to do Aboriginal health research has focused on the project. It has tended to focus on participatory action research and models for working effectively with Indigenous communities. I argue that we need to think about the broader environment in which we do the research. It is the policy process and issues around uptake of the research that are important. We need to move beyond good ways of doing projects to thinking about research within broader systems…" (2000).

Anderson contends that 'thinking beyond the project' will require research institutions involved in Indigenous health research to foster an 'ethos of reflexive research practice'.

> "We need to build an approach which is critically reflexive. That is, a scientific approach where scientists ask questions not only about their area of expertise, but also about the cultural and political circumstances shaping their world view, that have them thinking about problems in a particular way. What are the ways, for example, in which colonial history has given me a set of blinkers about my understanding about Aboriginal and Torres Strait Islander health issues?...Finally, how does this change the way in which I do my research practice? These questions are not just questions for 'soft and fuzzy' social scientists. These are questions for every scientist, from the laboratory, to public health, through to health services research" (2000).

Anderson concludes by encouraging research organisations involved in Indigenous health research to identify and address systemic barriers arising from current institutional arrangements which lessen the impact of health research findings.

These calls for systemic reform of research management systems and research processes amplify comments in an earlier Anderson paper (1996) in which he observes that there is a distinct lack of analysis about barriers to the achievement of improved Indigenous health research transfer and dissemination outcomes in Australia. He recommends that more research be done in order to determine what works and does not work in promoting the uptake of research, particularly in feeding back research to Aboriginal communities and community organizations.

In the same paper, Anderson argues for a substantial shift in thinking about the importance of communication and dissemination of Aboriginal health research findings. He contends that communication and dissemination need to be seen as integral throughout the life of the research project. Anderson also points to the importance of tailoring dissemination processes with Indigenous people and communities to the type of research being conducted.

In his year 2000 address, Anderson extends these earlier points by arguing that Indigenous health dissemination and transfer activities need to be grounded in ongoing reciprocal relationships, requiring a number of strategies including oral communication and relationship building, network development, capacity building, educational program delivery, written communication and formal feedback mechanisms.

A concern frequently expressed by other Indigenous commentators is that research findings are not usually presented to Indigenous communities in an accessible form, and that even when this does occur, feedback is often delayed (Miller and Rainow 1997, Kimberley Aboriginal Health Workers 1992, ARC 1999). It is argued that this situation reduces the potential for research findings to impact positively on the health behaviours of Indigenous peoples, and reinforces the perception that the main beneficiaries of research are researchers themselves.

In a critical examination of the effectiveness of efforts to feedback health research findings to Indigenous communities in Australia, Hunter argues that:

> *"The same scientific rigour that is applied to the research process itself should be encouraged in disseminating research findings to the subjects of research"* (1992, p21).

The Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) review (ARC, 1999) recommends principles to guide research and management practices involving research of interest to Indigenous peoples. The principles recognize the importance of disseminating research findings through a process of ongoing communication during the research process, and through the dissemination of Plain English and other non-academically oriented research products to Indigenous people with an interest in the research. The report argues strongly that researchers be held accountable for returning research results to Indigenous communities involved in the research:

> *"Initial negotiations with the community should determine who receives the results, how many copies, and in what format. In addition to formal results which are usually in written form, it may be appropriate to return results in more accessible forms which may include a Plain English Report , audio-visual material and possibly using the internet. It is often appropriate to run a workshop for the community to explain the results"* (1999 p.86).

The review argues that the additional expense associated with ensuring ongoing communication with Indigenous peoples, and in the preparation and delivery of results in an appropriate format, should be fully factored into all research funding. It should be noted that the review positions Indigenous research participants as the main potential users of the research, but does **not** examine issues around the use of research by other potential user groups.

A 1992 report by Peter Baume examines the relations between Aboriginal people and the Menzies School of Health Research in Darwin, and makes similar recommendations:

> *"Results of research should be returned to communities by an active and planned process which might involve workshops in each language group involved, and which would be sensitive to the different educational levels and to different cultural backgrounds of different groups of Aboriginal people. Such a process should precede any public release of the information"* (1992 p.7).

Several research institutions involved in research 'of interest' to Indigenous peoples have developed policies and guidelines relevant to research transfer and dissemination. These policies and guidelines attempt to address many of the issues which have been identified within the Indigenous Research Reform Agenda.

The Australian Housing and Urban Research Institute (AHURI), for instance, has developed 'Ethical Principles and Guidelines for Indigenous Research'. The Guidelines outline approaches to overcome many of the barriers to research uptake outlined earlier in this paper, and also include a section relating specifically to dissemination processes and protocols:

> *"AHURI gives high priority to effective dissemination of research findings and works closely with research teams to ensure that findings are of value to policy makers and practitioners. With respect to research with Indigenous people, AHURI is committed to ensure that the (Indigenous people) from the relevant community or group receive the results of the research delivered in a form which can be understood by them.*

> *"This may require the use of alternative reporting formats including poster presentations, focus groups, meetings with individuals or small groups or community forums. Publishing research findings in Indigenous newspapers, newsletters, or through Koorinet or Indigenous Online Networks (ION) at the University of South Australia, will ensure a broader coverage within the Indigenous academic and community arena" (AHURI 2002).*

The principles acknowledge that AHURI does not usually fund broader dissemination activities, but where the research involves working with Indigenous peoples, a more interventionist institutional role is adopted. AHURI requires that research proposals involving Indigenous participation include a costed dissemination strategy.
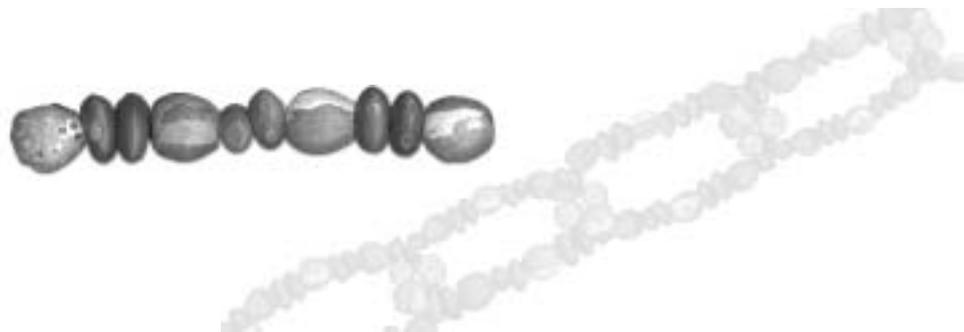
7. CRCATH's approach to promoting the use of Indigenous health research

In 1998 the CRCATH commissioned a report addressing issues around Aboriginal health research priority setting. The report (Jenkin et al 2001) suggests that successful research transfer depends upon a number of factors including:

> "… the choice of research themes and topics that have significant implications for Aboriginal health. It depends on the acceptability of the research to individuals and communities, and upon professional and community recognition of the competence of the research process" (2001, p. 24).

Jenkin, et al, also argue that strategies to improve transfer from research should be:

> "…developed with regard to the history of Aboriginal peoples and the impact of socio-economic factors that contribute to the disadvantage faced by Aboriginal communities….The achievement of health research transfer in Aboriginal community contexts relies on:
>
> • an understanding of the possible uses for, and types of, research; and
>
> • an understanding of how these differ for the different user groups and for the stages of research transfer (awareness, adoption and institutionalisation) and their relative importance for different user groups." (2001, p. 22).

In this analysis, institutional processes for research priority setting are framed as central to the ultimate achievement of effective transfer of research findings into policy and practice.

In response to this report, the CRCATH has gradually implemented a range of strategies aimed at maximising the use of research findings. The strategies have built on approaches and efforts which have been developed and promoted by Indigenous researchers across Australia over several years.

The broader approach is firmly embedded within the Indigenous Research Reform Agenda, and operates at both institutional and project levels. At an institutional level, the CRCATH acknowledges that ongoing and effective communication, collaboration and partnerships are central to successful uptake of research into policy and practice. Pro-active support for dissemination and transfer initiatives are therefore only important elements of an **ongoing process** of developing and supporting fruitful collaborations and partnerships between researchers and Indigenous and non-Indigenous stakeholders in the research process.

The approach acknowledges that each research project may need to activate and engage a range of individuals and systems (audiences) if research findings are to be effectively utilized. Other strategies include:

- A strong focus on consultation and collaboration with potential users of the research in the development and implementation of research proposals.

- Identification of key 'audiences' for each research project, and each audience's information needs. Project leaders are encouraged to select the most appropriate dissemination/transfer 'products' according to the information needs of the major audiences. Possible products include: ministerial briefings, academic papers and reports, media launches/releases/interviews, Plain English reports, local language materials, workshops, inclusion in academic courses, electronic dissemination, flip charts, newsletter promotion, opportunistic promotion etc.

- The inclusion of a costed research transfer and dissemination plan in each project proposal.

- Where Indigenous communities or community groups are identified as a key audience for the research, costs of community feedback sessions and other appropriate products are specifically included in total project budget.[5]

- The provision of advice and assistance with approaches to communication whilst the research is being undertaken (eg preparation of educational materials, briefings, consultation meetings, videos etc, locating and briefing interpreters).

- Meetings between project leaders and dedicated research transfer and communication staff about six months prior to the conclusion of each project, The purpose of the meeting is to revisit the initial transfer and dissemination plan in the light of emerging findings and conclusions, and to finalise a coherent research transfer and dissemination plan for each project.

- The provision of specialist editing, summarizing, resource preparation and media assistance to assist researchers with transfer and dissemination activities as outlined in the plan.

- The maintenance and promotion of a Plain English website and relevant links, to increase accessibility of research reports and other products.

- Ongoing advocacy and opportunistic promotion of research products when political or media issues have the potential to generate or renew interest in the research.

- The establishment of a Transfer Committee to oversee research transfer and dissemination processes, and to promote research with potential user groups.

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[5] CRCATH experience has been that the budget required for sound community feedback processes is frequently underestimated. Travel, interpreters, local language written and audio visual material and other transfer and dissemination activities can, if done well, easily cost more than the actual research project.

A new series of CRCATH publications, the "Yarning" series, is currently in press. The series will provide an overview of the experiences and expertise of Indigenous researchers in promoting the use of research with Aboriginal communities and organisations. The series will also examine ways of doing research with Indigenous people. It is expected that the series will demonstrate both the long history of Indigenous leadership in exploring and promoting more effective efforts in this area and a candid assessment of some of the institutional barriers experienced by Indigenous researchers working in this area.

CRCATH's efforts to facilitate the use of Indigenous health research are also underpinned by systemic approaches to Indigenous research capacity strengthening. The CRCATH is actively pursuing mentoring and training of Indigenous researchers within research activity and through the development of methodological approaches which support community development. Institutional arrangements in this area include the provision of vocational level traineeships for Indigenous students and development of professional and career development plans for Indigenous researchers. A focus on professional development for Indigenous researchers is a critical element in promoting the use of uptake of research by Indigenous people.

The CRCATH's approach to transfer and dissemination is still evolving, and will continue to do so. The draft guidelines for researchers (as at attachment 1) attempt to draw out the implications of this review for institutional reform, and for practices within specific projects.

Whilst the CRCATH's current approaches to research reform and research practice attempt to address elements of the major barriers to research transfer identified in this review, a number of issues clearly require further exploration:

- approaches to feeding back research findings to Aboriginal community groups or organisations;

- research on the effectiveness of transfer and dissemination activities;

- training for researchers on policy development and decision making processes; and

- training for researchers on writing for various research user groups.

Guidelines issued by the CRCATH in 2002 aim to operationalise this broad approach by encouraging researchers to differentiate between various research user groups. Importantly in addition to Aboriginal communities and Aboriginal organisations, the guidelines identify five other major Aboriginal health research user groups as follows:

- politicians

- health policy makers, planners and managers

- health care providers and practitioners

- the general public (including opinion leaders)

- other researchers and academics

The guidelines encourage researchers to consider various information formats for each user group, and to ensure that realistic transfer and dissemination processes and costs are built into the original project proposal (see appendices) with the aim of bringing about effective systemic change. (see appendices) Aboriginal communities or community organisations, although potential **beneficiaries** of Aboriginal health research, are not always seen as the most critical potential **research user** groups.

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9. Appendices

1. CRCATH (2002) Thinking beyond the project...1
"Promoting the Use of Research"

2. CRCATH (2002) Thinking beyond the project...2
"Budgeting for Research Transfer and Dissemination"

3. CRCATH (2002) Thinking beyond the project...3
"Writing for health policy makers, planners and managers"

Thinking beyond the project.... 1

Promoting the Use of Research

n 2000, founding Board member for the Cooperative Research Centre for Aboriginal and Tropical Health, Prof. Ian Anderson said:

"...Most of our thinking around better ways to do Aboriginal health research has focused on the project. It has tended to focus on participatory action research and models for working effectively with Indigenous communities. I argue that we need to think about the broader environment in which we do the research. It is the **policy process** and issues around **uptake** of the research that are important. We need to move beyond good ways of doing projects, to thinking about **research within broader systems** ..."

The Cooperative Research Centre is committed to doing research that is used, so that it will contribute to improved Aboriginal health. This requires CRCATH researchers "**thinking beyond the project**" in order to promote the use of their research. Researchers need to think about how to promote the use of their research **before, during** and **after** the research project.

Research User Groups

The potential "users" of research vary according to the research question and the type of research. There are several key research user groups in the Aboriginal health arena. These are:

- Aboriginal communities and organisations
- Politicians
- Health policy makers, planners and managers
- Health care providers and practitioners
- General public (including opinion leaders)
- Other researchers/academics

Differing Information Formats

Most researchers work hard at publishing their work in academic journals. Journals are an excellent way of reaching other researchers and academics. However, research has shown that other major audiences often prefer to receive their information about research in different formats.

www.ath.crc.org.au

Research User Group	Preferred Formats for Research Information
Aboriginal communities and organisations	• Workshops • Plain English reports and summaries • Local Language reports • Videos • Flip charts • Community meetings
Politicians	• Personal briefings • Media • Overview in brief memo
Health policy makers, planners and managers	• Short Plain English report with policy implications highlighted • Briefings • Seminars • Personal contact
Health care providers and practitioners	• Standard Treatment manuals • Professional education • Colleagues • Professional journals • Specialist e-lists • Systematic reviews
General public (including opinion leaders)	• Media (radio, television, newspapers and magazines) • Internet (including clearing houses)
Other researchers/academics	• academic journals • conferences • seminars

Tips for thinking beyond the project......to promote the use of research

Before the research begins:

- work in partnership with potential users of the research to clarify and design the research question and methodology

- encourage potential research users to be involved in the research

- clarify preferred formats for delivering research findings

- be realistic about the costs and time involved in effective transfer and dissemination

During and after the research:

- challenge yourself to think about the policy and practice implications of your research for each potential user group

- as the findings emerge, challenge yourself to refine your thinking on groups which may use the research

- take every opportunity to speak about the research with potential research users and public opinion leaders

- view transfer and dissemination activities as integral parts of your research - not optional extras - and give them time and effort

- meet with CRCATH transfer staff PRIOR to commencing writing about your research

- work with CRCATH transfer staff to:

  - develop a full transfer and dissemination plan for your project

  - capitalise on relevant media or political interest

  - develop Plain English writing skills

- give potential users drafts of your research writing and ask for comments

- let CRCATH transfer staff know when you know people are using your research (eg in policy development)

- provide CRCATH transfer staff with copies of all transfer and dissemination materials

Thinking beyond
the project....2

Budgeting for Research Transfer and Dissemination

The Cooperative Research Centre is committed to doing research that is used, so that it will contribute to improved Aboriginal health. This requires CRCATH researchers "**thinking beyond the project**" in order to promote the use of their research. Researchers may increase the chance of their research being used if they do certain things **before, during** and **after** the research project.

The promotion and dissemination of Aboriginal health research is not cheap. It requires planning, time, commitment and dedicated funding. Experience within the CRCATH is that researchers routinely underestimate the costs and time involved in the active promotion of their research.

CRCATH Approaches to Research Transfer

The CRCATH research application form asks researchers to identify and prioritise user groups, and to include a budget for research dissemination, communication and transfer.

About six months prior to the conclusion of the project, a meeting takes place between the Project Leader, the Program Leader and Research Transfer staff. The aim of this meeting is to develop a coherent transfer and dissemination plan for the project in the light of the emerging findings and conclusions.

These guidelines provide broad estimates of the costs and time involved in preparing various research outputs. They should be read in conjunction with *Thinking Beyond the Project 1: Promoting the Use of Research*, which lists the key research user groups within the Aboriginal health domain, along with preferred dissemination formats for each group.

Experience within the CRCATH is that researchers routinely underestimate the costs and time involved in the active promotion of their research.

Research Report

A research report is the main document on a research project. Most research reports cover:

- Summary
- Introduction and background
- Method of Investigation
- Findings
- Discussion and Conclusions
- Recommendations

Where a report is aimed at health policy makers, planners and makers, additional effort needs to be made to draw out possible policy and practice implications of the research.

With concern for detail and validity, many researchers write reports of more than 100 pages. In today's world of information overload, it is unlikely that such long reports will be read in detail by most potential users. The CRCATH strongly recommends that researchers consult with research transfer staff and guidelines **BEFORE** commencing writing their research report.

www.ath.crc.org.au

Thinking beyond the project

The review and production of research reports is normally managed by the CRCATH research transfer team. Although reviewers are asked to provide reviews within 6 weeks, it usually takes longer than this. Authors then have the opportunity to edit their work in the light of reviewer comments. Sometimes substantial structural editing of the document can be undertaken at this stage. This can be time consuming.

Once the final document has been approved by the program leader and development committee, internal copy editing, design and layout and printing processes should take no more than a month. Printing costs vary according to the length of the report and the size of the print run. A research report of 30 pages, with a print run of 500, costs approximately $3500 with a colour cover. A research report of 100 pages, with a print run of 500, costs approximately $5000.

Local Language Materials

Interpreters should be properly paid in accordance with standard interpreter rates with a daily minimum of $40.00 for up to 2 hours of work. Experience has shown that local language materials are best developed with skilled interpreters working with local groups in their own language. The development process for local language materials is complex and active; it involves much more than simply translating existing materials. Interpreters for many NT Aboriginal language groups can be accessed through the Aboriginal Interpreter Service, Ph: (08) 89244300. This service requires that the requesting organisation also pays travel and travel allowance costs for interpreters.

Flip Charts

Drawings and diagrams for flip charts can be produced in-house. A full colour and laminated flip chart of 20 pages costs approximately $1400 for a production run of approximately only 30.

Community Meetings

Successful research meetings about research may require the payment of local language translators. Travel and TA costs for key participants need to be taken into account. Depending on participants, a community meeting can cost up to $5000.

Videos

Video production work can be undertaken in-house through the MSHR multimedia unit. If a video is being considered as a way of communicating research findings to user groups, it is essential that detailed discussion with experienced staff begins early in the planning process. The time and costs involved in high quality video production are frequently underestimated by researchers, particularly if the video is to be culturally appropriate. Experience has shown that a 10 minute video produced in-house, but filmed in a remote community, can take as long as 6 months and costs up to $5000. This cost includes travel associated with pre-production research, location and filming expenses and post-production expenses. Extra copies of the release print on VHS are NOT included. If the video is to be promoted in academic institutions and BRACS, it is possible that more than 100 copies of the master may be necessary. Copy costs are approximately $20 per video.

Official publication launch

Planning for successful launches of publications with associated media coverage is managed by the CRCATH research transfer function, and can take several weeks. Costs are usually borne by the transfer function.

CRCATH Occasional Papers

Occasional paper covers are standardised and pre-printed. A 30 page occasional paper with a print run of 500 costs approximately $2500.

Workshops

A paid external facilitator can charge up to $1500 per day, and payment for planning and consultation time may also be necessary. Other costs include venue and audio-visual equipment hire, and travel and TA for participants. A one-day workshop can cost up to $20000, and can take several weeks to prepare.

Conference Presentations

Presentations on CRCATH research at relevant professional conferences may be funded by the CRCATH Education and Training function. (Refer Application for Studies Assistance guidelines on CRCATH website.) Funding priority is given to researchers who are presenting a paper or poster on their work at the conference.

Roadshow Briefings

Research projects with findings which have the potential to contribute significantly to important funding and policy decisions may sometimes require a carefully designed regional or national tour to discuss/present to key stakeholders. Costs vary according to the location and number of key stakeholders.

Thinking beyond the project....3

Writing for health policy makers, planners and managers

Introduction by CRCATH

Canadian Health Services Research Foundation Guidelines 1:3:25

Main Messages

www.ath.crc.org.au

COOPERATIVE RESEARCH CENTRE FOR
ABORIGINAL & TROPICAL HEALTH

Executive Summary

The Report

Context:

Implications:

Approach:

Results:

> Writing a research summary
> for decision makers is not the
> same as writing an article for
> an academic journal. It has
> a different objective, and it
> takes a different approach.

Further Research:

References and Bibliography: