



the
Lowitja
Institute

Australia's National Institute for Aboriginal and
Torres Strait Islander Health Research

15 July 2016

Medical Research Future Fund - Health and Medical Research Branch
Australian Government Department of Health

Via: MRFF@health.gov.au

The Lowitja Institute applauds the Government's commitment to health and medical research through the Medical Research Future Fund (MRFF). Continued health and medical research and innovation will be fundamental to Closing the Gap in a generation for Aboriginal and Torres Strait Islander peoples, a commitment made by COAG in 2008. ¹

The health disparity of Aboriginal and Torres Strait Islander peoples is largely preventable illness. We would expect that there is focus of the MRFF, and funding directed towards the co-ordination of the social and cultural determinants of health, systemic racism and discrimination, and increased access to quality health services. The development of the Aboriginal and Torres Strait Islander health research workforce is a further requirement and, without focus and investment, a potential barrier to fully realising any research benefits.

The National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (Health Plan) provides a vision of a health system that is free of racism and inequality, it does so clearly and specifically identifying culture as being central to Aboriginal and Torres Strait Islander peoples' health and wellbeing. ²

The Lowitja Institute reinforces the importance of the "centrality of culture". Although culture as a determinant of health has yet to be widely acknowledged within the Australian health system. This limited understanding of culture as a strength, rather than as a barrier to health, reflects a dominant deficit model of public health inquiry and policy. Freedom from discrimination, being empowered to have control over one's life, practise one's culture and being part of supportive communities and networks are protective factors for the health and wellbeing of Aboriginal and Torres Strait Islander peoples. There has been a developing body of international work around the link between culture and health but a strong evidence base in the Australian context, for Aboriginal and Torres Strait Islander people, is only beginning to emerge. This is a key part of the Lowitja Institute's current research agenda.

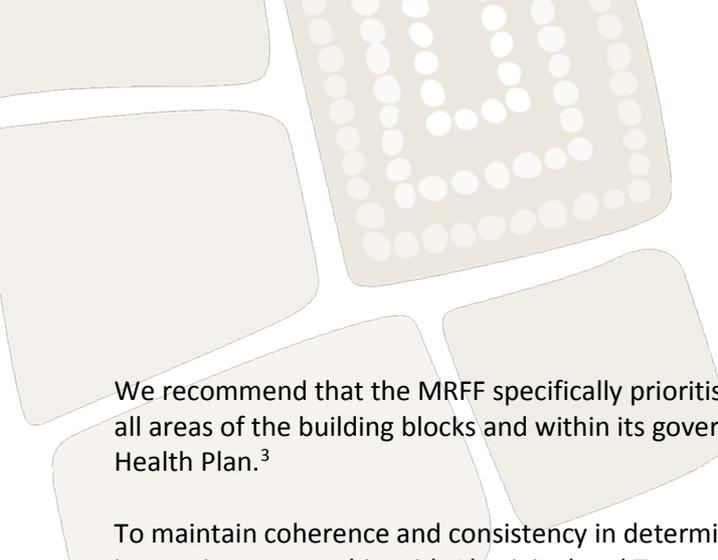
In the absence of Aboriginal and Torres Strait Islander representation on the Advisory Board, we call on the Board, in setting the priorities and strategies of the MRFF, to acknowledge health equity, and the role of prevention and early intervention in improving health for all people.

¹ Closing the Gap, Commonwealth of Australia, URL:

http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/BriefingBook44p/ClosingGap

² National Aboriginal and Torres Strait Islander Health Plan 2013-2023, Commonwealth Government of Australia. URL:

[http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/\\$File/health-plan.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf)



We recommend that the MRFF specifically prioritise the needs of Aboriginal and Torres Strait Islander peoples in all areas of the building blocks and within its governance processes, as specified in the Implementation Plan of the Health Plan.³

To maintain coherence and consistency in determining priorities and disbursing funding, it is essential to engage in genuine partnership with Aboriginal and Torres Strait Islander leaders and support multi-level governance processes.

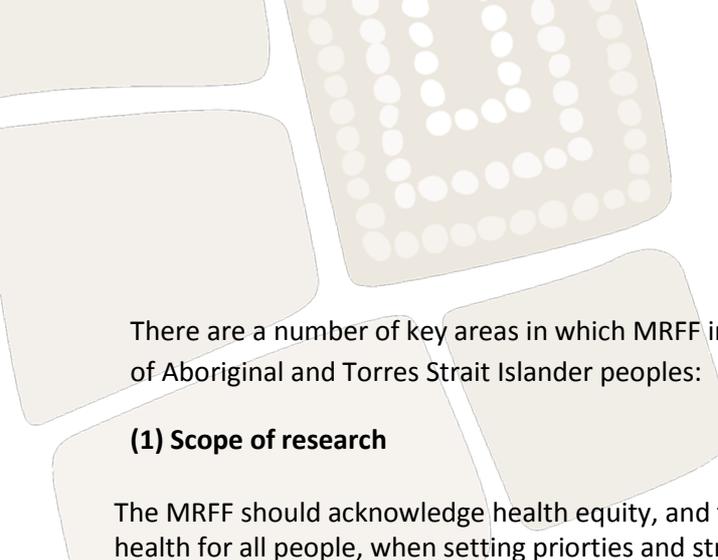
A successful model of engagement for Aboriginal and Torres Strait Islander policy development for the Health Plan has been developed with the National Health Leadership Forum (NHLF). The NHLF is a collective of national Aboriginal and Torres Strait Islander health organisations and leaders, and an invaluable source of experts with a shared goal.

The Health Plan itself identifies that it is essential that governments work together across all building blocks that relate to health, and we would see this extending to the MRFF. To be truly effective for all Australians, the MRFF needs to partner with and support agencies dedicated to the delivery of improved health care for Aboriginal and Torres Strait Islander peoples.

The Lowitja Institute is one such organisation and we have identified five key principles to underpin our approach to research, research translation and knowledge exchange, to make a positive difference to Aboriginal and Torres Strait Islander peoples' health and wellbeing.

1. Beneficence – to act for the benefit of Aboriginal and Torres Strait Islander people in the conduct of our research
2. Leadership by Aboriginal and Torres Strait Islander people
3. Engagement of research end users (Aboriginal and Torres Strait Islander organisations and communities, policymakers, other potential research users)
4. Development of the Aboriginal and Torres Strait Islander research workforce
5. Measurement of impact in improving Aboriginal and Torres Strait Islander people's health.

³ Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023, Commonwealth Government of Australia. p 15, URL: [http://www.health.gov.au/internet/main/publishing.nsf/Content/AC51639D3C8CD4ECCA257E8B00007AC5/\\$File/DOH_ImplementationPlan](http://www.health.gov.au/internet/main/publishing.nsf/Content/AC51639D3C8CD4ECCA257E8B00007AC5/$File/DOH_ImplementationPlan)



There are a number of key areas in which MRFF investment could make a valuable contribution to the health of Aboriginal and Torres Strait Islander peoples:

(1) Scope of research

The MRFF should acknowledge health equity, and the role of prevention and early intervention in improving health for all people, when setting priorities and strategies for funding research.

The broader frame of Aboriginal and Torres Strait Islander health is underpinned by social and economic factors that sustain healthy lives, including education, employment, housing and other integrated social systems. This is consistent with the definitions of Aboriginal and Torres Strait Islander health and policy instruments such as the Health Plan. A taskforce, or similar, could be funded to assist in further developing Aboriginal and Torres Strait Islander health research priorities, and to encompass this definition of health and wellbeing for Aboriginal and Torres Strait Islander peoples across the building blocks of the MRFF.

(2) Engagement with Aboriginal and Torres Strait Islander health leaders

Since 1997, the Lowitja Institute has led a substantial reform agenda in Aboriginal and Torres Strait Islander health research by working with communities, researchers and policymakers, with Aboriginal and Torres Strait Islander peoples setting the agenda and driving the outcomes.

We have realised a \$3.40 economic benefit created for every \$1 invested.⁴

To ensure benefits from medical research, innovation and translation for Aboriginal and Torres Strait Islander peoples we recommend genuine partnership and engagement with Aboriginal and Torres Strait Islander peoples, through the NHLF, in the governance of the MRFF. The MRFF should ensure that funding for basic biomedical science, clinical and blue sky research takes account of Aboriginal and Torres Strait Islander peoples needs, priorities and processes for discussing and defining benefit.

In doing so, the MRFF commits to effectively engaging with Aboriginal and Torres Strait Islander peoples, organisations and researchers. It is important that more immediately the NHLF and other Aboriginal and Torres Strait Islander people and organisations be consulted, as part of the proposed targeted consultations to take place in most capital cities from July 2016.

⁴ Deloitte Access Economics (n.p.), Recommendations for update of the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health benefit cost ratio calculation, December 2015 report to the Lowitja Institute.

(3) Research training

We recommend identifying a long-term commitment and investment in capacity building for the Aboriginal and Torres Strait Islander health research workforce.

Continued investment, specific targets and incentives are required in Higher Degree Research (HDR) training to significantly increase the capacity of the Aboriginal and Torres Strait Islander health research workforce, for the benefit of our people. There is a range of programs, both past and current, including initiatives offered by the Lowitja Institute, which support the recruitment, retention and development of Aboriginal and Torres Strait Islander people as health researchers.

In March 2016, the Australian Council of Learned Academies (ACOLA) reported the low levels of participation in HDR training by Aboriginal and Torres Strait Islander peoples, as a “significant concern within the sector” and in decline. Aboriginal and Torres Strait Islander peoples account for less than 1.4 per cent of HDR enrolments, and only 0.55 per cent of HDR completions. Aboriginal and Torres Strait Islander candidates are significantly underrepresented in the research training system, and the gap is widening between HDR commencements and completions.

Yours sincerely



Romlie Mokak
Chief Executive Officer