Draft Road Map 3: A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health through Research

Closes on Sunday 10 December 2017, 11:59pm (AEST)

About this consultation

The National Health and Medical Research Council (NHMRC) has released the draft Road Map 3: A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health through Research (Road Map 3) for public consultation.

The aims of public consultation are to:

1. Seek feedback on the draft Road Map 3, including comments on the objective and priority areas
2. Identify any gaps in Road Map 3, and

Background

The NHMRC has committed to develop Road Map 3 to guide and communicate its objectives and investment in Aboriginal and Torres Strait Islander health research for the next decade. Road Map 3 builds on the previous documents, Road Map I (2002) and Road Map II (2010).

From March to July 2017, the NHMRC and its Principal Committee Indigenous Caucus (PCIC) worked with Nous Group (Nous) to conduct a national consultation process for the development of Road Map 3.

The consultation process for Road Map 3 began with a series of interviews with nine leaders from Aboriginal and Torres Strait Islander health and research peak bodies. This was followed by seven workshops across Australia attended by researchers, health workers, government officials and community leaders. An online survey was also made available for those who could not attend the workshops.

Artwork: Jordan Lovegrove, Indigenous Artist
The artwork (top of page) for the National Health and Medical Research Council's work with Indigenous health and medical research communicates empowerment of people over their health and the progression of learning and knowledge out from the meeting place (NHMRC—bottom left corner), where many people are gathered. In the streams there are the sources of nutrition and health—ants, berry bush and fish, as well as stars, which symbolise new ideas.
Scope of this public consultation

NHMRC is seeking responses to a series of questions related to the development of Road Map 3. The consultation document and supporting documents can be accessed on the NHMRC website here: www.nhmrc.gov.au/health-topics/indigenous-health/draft-road-map-3-public-consultation

Consultation document:

- Draft - NHMRC Road Map 3: A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health through Research

Supporting documents:

Please note: These documents are for information only and are not open for public consultation.

- Road Map 3: A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health through Research - Community Consultation report (PDF)
- Draft Action Plan (PDF)
- Timeline of Achievements (PDF)
- Infographic on Indigenous health research expenditure and grants (PDF)

How NHMRC will consider submissions

Due consideration will be given to submissions that address the public consultation questions and provide additional evidence that meets the inclusion criteria. NHMRC’s Principal Committee Indigenous Caucus (PCIC) will provide advice to NHMRC on responses received.

Submissions may be uploaded and made available on the NHMRC public consultation website at https://consultations.nhmrc.gov.au/public_consultations, unless you do not give consent for your submission to be published using the form below.

How to make your submission

Provide a submission by response to the below questions and email through to NHMRCroadmap3@nousgroup.com.au
Draft Road Map 3: A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health through Research

Public consultation

Email Submission Form

Completed forms are to be emailed to NHMRCroadmap3@nousgroup.com.au by 10 December 2017 at 11.59pm (AEST). Extensions will not be provided.

The NHMRC will only consider submissions that address the consultation questions using the template provided.

Demographic Questions

*Denotes a required response

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<th>This submission reflects the views of: *</th>
<th>X An organisation</th>
<th>No An individual</th>
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Please indicate your Organisation Name (if applicable): *

Public Health Association of Australia

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<tr>
<th>Personal Details</th>
<th>First Name: *Michael</th>
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<td>Last Name: *Moore</td>
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<td>Email: *<a href="mailto:phaa@phaa.net.au">phaa@phaa.net.au</a></td>
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Do you identify as an Aboriginal and/or Torres Strait Islander person?

- On behalf of an organisation, co-authored by Carmen Parter, Aboriginal and Torres Strait Islander Vice President, Public Health Association of Australia

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*Note: Any submission made to the NHMRC may be subject to the requirements of the Commonwealth Freedom of Information Act 1982. NHMRC retains the right to determine which submissions it will publish. All personal information should be removed from your submission if permission to publish has been granted. Submissions may not be made public if personal information is included in the submission.

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I am aware that if I agree to release information from my submission, it will be widely available, e.g. it may be placed on NHMRC’s website and made available in hard copy. I am also aware that the information may be further referenced in later publications. I consent to NHMRC contacting me in regards to this submission for clarification purposes. You should be aware that any submission made to the NHMRC may be subject to the requirements of the Commonwealth Freedom of Information Act 1982. By checking this box you agree to the above conditions and agree that you have read and understood the “Submission Guidelines” page at https://consultations.nhmrc.gov.au/submission-guidelines.

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By checking the above box and signing below you agree that your submission has been finalised and is ready for review by NHMRC.

Michael Moore

[print name] *

Date: 9 December 2017

[signature] *

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Questions

**Question 1.A:**

1. Is the proposed objective of Road Map 3 relevant?  
(Please circle one)

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<th>Agree</th>
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**Question 1.B:**

Why/why not? Please provide further comments to support your response to Question 1.A.

PHAA welcomes the opportunity to provide input to the National Health and Medical Research Council (NHMRC) Draft Road Map 3: A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health through Research. The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. Aboriginal and Torres Strait Islander people have a 10-year lower life expectancy than non-Indigenous Australians\(^1\) and therefore should be a priority target group for culturally appropriate research to improve health and social outcomes.

PHAA agrees with the strong community-driven focus outlined in the overall objective, and supports the undertaking of research driven by community rather than external priorities.

The objective currently is to “guide NHMRC to improve Aboriginal and Torres Strait Islander health, social and wellbeing outcomes…”. PHAA suggests that cultural outcomes be added to this list rather than being encompassed within the social determinants. Separating out cultural outcomes would better reflect the meaning and importance of culture, which is different to recognised social determinants of health which are the conditions in which people are born, grow, live, work and age.\(^2\)

The component of ‘research excellence and integrity’ under the overall objective notes the importance of adhering to key NHMRC ethical protocols and guidelines. PHAA suggests that in addition to this, the component should also specifically note the importance of strong representation of and genuine partnership with Aboriginal and Torres Strait Islander researchers, rather than just ‘involvement’.

**Question 2.A:**

2. Are the three priority areas of Road Map 3 accurate?  
(Please circle one)

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**Question 2.B:**

Why/why not? Please provide further comments to support your response to Question 2.A:

The 3 priority areas that have been identified in the draft Road Map 3 are supported by PHAA, as being important and complimentary to each other. The 3-year Action Plan timelines will provide a mechanism for developing strategies to achieve these targets.

We are pleased to note the increased focus on research into the social and cultural determinants of health, and public health research as compared with more biomedical research, which has dominated NHMRC research programs in the past. Community focused research initiatives are likely to be better supported by this new focus. Crucial to the success of this new approach will be the systems for categories, criteria,
applications, assessment and allocations to ensure that the new focus is operationalised. For example, community-led research does not always fit within a framework which measures against academic success.

In both research areas 1 and 2, public policy intervention research should be specifically included. In research area 1, PHAA suggests the second last example of specific research topics listed be amended to “public health, public policy and preventative disease programs”. In research area 2, PHAA suggests the second dot point of attributes for the research be amended to “…including health system improvement research, public policy research, implementation research and program evaluation research”.

In priority area 3, PHAA suggests in order for the Road Map 3 to really progress these important issues, the focus should be on knowledge translation research and solutions-based research rather than disease description or prevalence studies.

PHAA would also like to see issues around workforce and capacity building included in the priority areas, in line with the Lowitja Institute research programs. This would include both a workforce of Aboriginal and Torres Strait Islander people in health, and a culturally safe workforce for Aboriginal and Torres Strait Islander people.

Question 3.A:

Are there any further priority areas to add? Please provide further details.

The National Aboriginal and Torres Strait Islander Health Plan 2013-2023 has a vision where “the Australian health system is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable. Together with strategies to address social inequality and determinants of health, this provides the necessary platform to realise health equity by 2031”. To better align the Road Map 3 with this vision, the PHAA recommends the addition of systemic racism in the health system as a priority area, as previously recommended by the Lowitja Institute for targeted research.

Question 4:

Is there anything missing from Road Map 3? Please provide further details.

The Road Map 3 currently lacks a specific definition of Indigenous-led research. It is recommended that there be a clear definition of Indigenous-led research and examples. This definition would then need to be included in the assessment for NHMRC funded projects.

As both the Road Map 3 and the revision of the Values and Ethics – Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research are completed, there should be close alignment between these documents. For example, the principles of respect, responsibility and cultural continuity should be demonstrated by researchers when applying for funding for Aboriginal and Torres Strait Islander health research as part of the assessment criteria.
**Question 5:**

Are there any other comments you would like to make regarding Road Map 3? Please provide details.

**Indigenous-led research**

The Road Map states that in 2010-16 there were 546 Indigenous health research grants, and 50 NHMRC grants led by Indigenous researchers. This indicates about 9% of grants for Aboriginal and Torres Strait Islander health research were led by Aboriginal and Torres Strait Islander health researchers. With dedicated funding opportunities for Indigenous health researchers through PhD scholarships and early career fellowships, and a critical mass building of Aboriginal and Torres Strait Islander health researchers, this proportion may be expected to be higher. As mentioned above, the focus on community-driven research may not easily fit within the framework measuring against academic success. PHAA recommends that researchers also be scored on their record of engaging with and working with communities, to better reflect the needs of community-driven research. A thorough review of the scoring criteria for grants may assist in highlighting reasons for the current low rates, and the proportion of Aboriginal and Torres Strait Islander led proposals that are funded or not funded, compared with non-Indigenous led research. PHAA supports calls for increased capacity building through Indigenous led research.6

**Complementary medicines**

The holistic nature of alternative and complementary therapies means that they may be closer to traditional Aboriginal and Torres Strait Islander healing methods than more Western medicine, and there may be benefits in combining western and traditional medicine.7 PHAA recommends that NHMRC invest in research into how Aboriginal and Torres Strait Islander people respond to different types of therapies, and the value of those which honour spirit as part of a holistic view.

**Spirituality**

The specific recognition of and inclusion of Aboriginal and Torres Strait Islander spirituality and spiritual aspects to health should be highlighted in the Road Map 3. Enhancing spiritual involvement in health can benefit the whole community, learning from Aboriginal and Torres Strait Islander health.

**Funding allocation**

The PHAA notes that the allocation of funding under the Medical Research Endowment Account to Aboriginal and Torres Strait Islander health has been set at 5% for a number of years now in Road Maps 1 and 2, and that the current draft Road Map 3 does not alter that allocation. Given the continuing gap in health between Indigenous and non-Indigenous people in Australia, and the contribution that research can make to reducing that gap, PHAA suggests that the allocation be increased.

The PHAA also notes that there is a difference between funding being allocated to research on Aboriginal and Torres Strait Islander health, and support for Aboriginal and Torres Strait Islander researchers and research organisations. In order for this translation to occur, appropriate structures and regulations need to be in place. Funding security for the Lowitja Institute is a good example of the translations required.8

The draft Road Map 3 notes that “to qualify as Aboriginal and/or Torres Strait Islander health research, NHMRC Funding Rules state that ‘at least 20% of the research effort and/or capacity building must relate to Aboriginal and/or Torres Strait Islander health’”. While it is helpful to have a criterion for this, the burden of disease and gaps in health mentioned above suggest that it should be set higher than 20%.
Conclusion

PHAA supports the broad directions of the Road Map 3. However, we are keen to ensure the framework is of greatest benefit to Aboriginal and Torres Strait Islander health, in line with this submission. We are particularly keen that the following points are highlighted:

- Indigenous led research must be the priority with Aboriginal and Torres Strait Islander researchers more than just ‘involved’
- The addition of systematic racism in the health system would more closely align this Framework with the Aboriginal and Torres Strait Islander Health Plan
- The focus on social determinants of health is strongly supported and would be further strengthened by the inclusion of cultural determinants

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to the NHMRC Strategic Framework for Improving Aboriginal and Torres Strait Islander Health Through Research.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

Michael Moore BA, Dip Ed, MPH
Chief Executive Officer
Public Health Association of Australia

Carmen Parter
Aboriginal and Torres Strait Islander Vice President
Public Health Association of Australia

References