

# KEY MESSAGES

## Building better research partnerships by understanding how Aboriginal health communities perceive and use data: a semi structured interview study

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### Policy context

Historically, Aboriginal health research has originated from 'outside' the Aboriginal community, often conducted in a manner that is insensitive, inconsequential, or without explanation to Aboriginal people. This practice has left many Aboriginal people wary of research, prompting a call for more Aboriginal involvement, and control, over health research practices in order to empower the Aboriginal community in building research capacity, and instilling ownership over research data.

Aboriginal Community Controlled Health Services (ACCHSs) are in a strategic position to facilitate research using data from their own and external sources. Effective collaborations between the ACCHSs and non-Aboriginal researchers provides an impetus for mutual knowledge sharing that has potential to 'close the gap', not only in health outcomes but in research capacity as well. However, effective capacity-building relies on a solid grasp of the importance of, and ability to use data.

### Key messages

This study explored the perspectives of ACCHS staff towards data, including: potential strategies to maximise the efficient transfer and usage of data collected; collaborative research; and enhancement of staff capacity to effectively use research data to improve healthcare, including through advocacy. The main findings were:

- > Health professionals serving the Aboriginal community viewed data as a resource that is crucial to the effective and efficient provision of health services, and to the funding processes by which these services are sustained
- > Data collected from the participant's own ACCHS, or from the local area, were often trusted more than data derived from more distal sources
- > Data is viewed not only as a tool to sustain and deliver services, but also as a source of motivation, pride and empowerment
- > Data collected at the ACCHSs were often under-utilised. Participants felt that further training to enhance their ability to conduct analyses and to use data to drive service improvement would be helpful, though lack of time was cited as a common barrier to additional training and data usage
- > Aboriginal health professionals believed that data collected from the ACCHS belong to the Aboriginal community. They urged that the results of data should be fed back in a meaningful way and translated into services that would benefit Aboriginal people

- > ACCHS staff were concerned about the lack of timely feedback and often unclear purpose of data collection, whether collecting data for researchers, funding bodies or for their own internal reporting.