

# POLICY OPTIONS

## Knowledge exchange and capacity building in urban Aboriginal health

December 2016

Sherriff S, Kalucy D, Fernando P, Muthayya S, Nixon J, Burgess L, Wright D, Gordon R, Carr D, Eades SJ, Redman S, Craig JC and Banks E

### Policy context

Australian Aboriginal people are one of the most researched populations in the world. In the past, research has been conducted on Aboriginal people by external non-Aboriginal organisations with little or no partnership with the community. More often than not, the findings from research are not brought back to the participating Aboriginal community. For research to make a change in the long-term the knowledge needs to be disseminated back to the Aboriginal community in a meaningful way that allows them to make proper use of the findings.

### KNOWLEDGE EXCHANGE (KE)

The CRE was developed and implemented with Aboriginal leadership and with the Aboriginal community involved in the conceptualisation of the research, its implementation and the interpretation of its findings. One of the core aims of the CRE was to contribute substantially to the knowledge of urban Aboriginal child health through data generated from the Study of Environment on Aboriginal Resilience and Child Health (SEARCH), enable ACCHSs to effectively use the information emerging from SEARCH to improve the quality of primary care.. Knowledge exchange in an Aboriginal context is a dynamic and iterative process which brings together researchers, primary care providers and wider groups and communities to exchange ideas, evidence and expertise. This allows researchers to learn from Aboriginal primary care providers and primary care providers to learn from researchers, together continuously improving the research and informing health care provision.

The Centre shared findings from the research in urban Aboriginal child health through a Knowledge Exchange (KE) program, led by an Aboriginal Knowledge Broker with experience in research and health service provision in the participating Aboriginal Community Controlled Health Services (ACCHSs). The sharing process enabled the ACCHSs to use the data to guide new or enhanced programs and services based on their extensive knowledge of their Communities as detailed below.

- > In one ACCHS, a submission for funding resulted in a grant of \$1 million for smoking cessation programs
- > In two other services, the data were instrumental in attracting funds for a speech pathologist
- > Another service designed a program to empower women, particularly the Elders, to provide leadership to children and young girls in their communities in health; including discussions about breastfeeding, healthy eating, exercising and reducing smoking.

### CAPACITY BUILDING

Capacity building for many Aboriginal people and communities is often a one-way process that involves non-Aboriginal people developing training programs for Aboriginal people but without any consultation with Aboriginal people. The involvement of Aboriginal people in decision-making about their own development is critical and it is important that capacity building is planned around

Aboriginal Community priorities. For capacity building to be successful, there needs to be a model that allows for two-way sharing that assists in building partnerships to facilitate the sharing of knowledge and skills of both Aboriginal and non-Aboriginal people.

The CRE was designed to build a group of Aboriginal researchers who can lead research in partnership with communities into the future. The program has trained 15 Aboriginal staff, supported six Aboriginal researchers to undertake formal higher education and six Aboriginal Research Officers to present at conferences. The Centre has also developed a number of research training sessions for SEARCH ACCHS partners based on qualitative work with ACCHS staff.

## Policy options

- > Priorities for the research should be determined early in the program by health providers to ensure that the findings are relevant (in this case the Aboriginal Community determined the priorities areas for the research)
- > Strong and sustained partnerships between Aboriginal primary care providers (ACCHSs) and researchers, robust governance and leadership by Aboriginal researchers, AH&MRC and ACCHSs can lead to positive changes for the communities
- > A model that uses trained Aboriginal researchers leading knowledge sharing and research training activities in a culturally effective manner can lead to greater knowledge dissemination and uptake
- > Research data that is shared in a two-way process between researchers and ACCHSs can drive new programs that improve health
- > A clear commitment by researchers to using data to drive health improvements is essential if research is going to affect change at the program or policy level
- > A formal process through which data and findings are disseminated and discussed is necessary for research findings to be translated into new programs and policies at the primary care level. A key element of this is making sure the findings are presented in a way that is understandable and usable
- > Building research skills of Aboriginal staff at ACCHS through formal and informal training methods and simultaneously providing opportunities to use, interpret and present data can result in sustainable changes in Aboriginal research capacity.

## Key outcomes

- > Providing higher education to future leaders in Aboriginal research
  - 11 staff are currently completing or have completed higher education (6 of these staff were Aboriginal): 1 post-doctoral fellowship, 5 PhD, 1 Biostatistics trainee, 1 Masters, 3 Graduate Diplomas and 1 Diploma
- > Training and support for Aboriginal Research Officers
  - 15 Aboriginal Research Officers have received training in research methods and 6 have been supported to present baseline findings at national conferences
  - Across the CRE, 38 presentations were made by Aboriginal researchers
  - SEARCH ran a workshop on Aboriginal cohort data collection methods with 30 attendees
  - 2 Aboriginal Research Officers were supported to complete the Poche Centre for Indigenous Health research scholarship course

- A workshop on how to effectively evaluate programs was run at 1 ACCHS for 9 staff, another 2 program evaluation workshops are planned in early 2017
- Workshops on other key areas of interest of ACCHS staff; the research cycle, qualitative research and conducting literature reviews are planned for early 2017
- Of the 30 papers produced under the Centre, 19 had a least 1 Aboriginal author
- > Better understanding the usage of data in ACCHSs and where further research training is desired
  - A qualitative study was conducted with a range of ACCHS staff at 3 partner sites, ranging from high level management to Aboriginal Health Workers. This work enabled us to better understand how ACCHS staff use and access data, and identified areas staff would like further research training in
  - There was a desire to gain a better understanding of the research cycle, program evaluation, qualitative research and conducting literature reviews
  - We were able to determine which data from SEARCH most interested the staff and where there thought there was a current gap in data. This was used to inform the KE sessions at each site
- > Knowledge exchange
  - Four KE meetings took place in 2015 with presentations on the key topic areas staff identified in the qualitative interviews
  - The Knowledge Broker facilitated discussions with key ACCHS staff on how SEARCH data could be used to complement their current medical data and helped identify ways in which the data could be used for service improvement
  - A number of new and enhanced programs to improve the health of Aboriginal children at the sites were implemented based on the data provided at the KE sessions
- > Disseminating baseline findings back to the Aboriginal community
  - A SEARCH promotional video was developed and will be ready for use in early 2017
  - Findings were successfully disseminated to the community through; stalls each year at local community events, posters and through the distribution of newsletters and flyers
  - ACCHS staff and board members engaged strongly with the KE sessions, identifying areas where data could be used and voicing their continued support for the program
- > Strong governance supported the KE process
  - Chief investigators on SEARCH include a number of leaders in Aboriginal health including ACCHS CEO's
  - A quarterly CEO forum was held to discuss the progress of the study, publication of the data, dissemination of findings and new directions for the study
  - An Aboriginal-led data access and publication committee met to review all applications
  - An annual decision making forum was held every year where ACCHS staff, chief investigators, SEARCH staff, policy makers and leaders in Aboriginal health came together to determine future priorities

The research reported in this paper is a project of the Australian Primary Health Care Research Institute, which is supported by a grant from the Australian Government Department of Health and Ageing under the Primary Health Care Research, Evaluation and Development Strategy. The information and opinions contained in it do not necessarily reflect the views or policies of the Australian Government Department of Health and Ageing.