ACTION PLAN
2019 - 2021

Australian Health Research Alliance
National Indigenous Research(er) Capacity Building Project
The National Indigenous Research(er) Capacity Building Network (IRNet) is an initiative of the Australian Health Research Alliance (AHRA). Representatives from all National Health and Medical Research Council (NHMRC) accredited Health Translation Centres have provided input into the IRNet Action Plan 2019-2021. AHRA recognises the importance of prioritising the voices and needs of Aboriginal and Torres Strait Islander peoples in the research and research translation space if the gap in health status and life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians is to be significantly reduced.

The Action Plan will be endorsed by the IRNet Steering Committee and the AHRA Council.

The IRNet Coordination team, based at SAHMRI in Adelaide will work with IRNet to support and enable the implementation of the Plan and will report against this Action Plan to AHRA annually and funders as required. This project was supported by the Australian Government’s Medical Research Future Fund (MRFF) as part of the Rapid Applied Research Translation program.

For further information on the progress of the IRNet Action Plan, please contact Enquiries@healthtranslationsa.org.au

All information in this publication is correct as at September 2019.
Introduction

Across Australia there are seven Advanced Health Research and Translation Centres and two Centres for Innovation in Regional Health accredited by the National Health and Medical Research Council (NHMRC). Together they comprise the Australian Health Research Alliance (AHRA) whose purpose is to expedite the translation of research into health benefits for patients. AHRA identifies and coordinates their priorities and ‘across centre’ initiatives through the AHRA Council. The Centres have come together to collaborate on several national initiatives that will enable all Australians have access to world class, evidence-based patient care in the right place, at the right time. One such initiative is the establishment of a National Indigenous Research(er) Capacity Building Network (IRNet).

While most AHRA Centres and their partners are already progressing significant strengths-based capacity building activities there is the need to ‘join the dots’ across bodies of work and measure success across the AHRA. Capacity building initiatives must build on the strengths of Aboriginal and Torres Strait Islander researchers and identify clear and robust pathways to careers and stable employment in the health researcher workforce.¹

The aim of the IRNet initiative is to build on and add value to existing connections in Aboriginal and Torres Strait Islander health across AHRA, through strengthening and sustaining the national IRNet and co-creation of opportunities to connect researchers, projects, training, evaluation and knowledge translation to improve the health and wellbeing of Australia’s First Peoples. The vision of the IRNet is to upscale and accelerate a free-flowing Indigenous research(er) network founded on mutually accountable relationships and systems that supports the growth and maintenance of Aboriginal and Torres Strait Islander researcher leadership.

Health Translation SA (HTSA), as a member of AHRA, is funded by the Medical Research Future Fund (MRFF) to co-ordinate this national initiative. Professor Alex Brown, HTSA Board member and Director of the Wardliparingga Aboriginal Health Equity Theme, South Australian Health and Medical Research Institute (SAHMRI), leads the IRNet initiative and is guided by a Steering Committee comprising of 2 representatives (of which, at least one is Indigenous) from each of the nine Translation Centres. (See Appendix A - Translation Centre Map)

The IRNet is committed to fulfilling our shared ethical obligations to conduct Aboriginal and Torres Strait Islander research the ‘right way’. There are several documents that guide this concept, such as the NHMRC Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities². Furthermore, each jurisdiction may have specific protocols or processes in place through their Aboriginal Health peak bodies or research institutes, such as the South Australian Aboriginal Health Research Accord³ developed by the Wardliparingga Aboriginal Health Equity Theme (SAHMRI).

The 2019-2021 AHRA IRNet Action Plan was developed to further the priorities of the IRNet. The Action Plan was informed by a desktop review of current national activities and the literature and an environmental scan of Indigenous researcher capacity building initiatives across the 118 AHRA Centre Partner Organisations that was undertaken by the network in 2018.

This data was analysed and presented at a 2019 National Forum held in Adelaide – Yarning Up and Strengthening an Indigenous Research(er) Workforce (see Appendix B – Communique).

² National Health and Medical Research Council, Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders (2018). Commonwealth of Australia: Canberra.
**PRIORITY 1:** Progress and strengthen a robust Indigenous Research(er) Network

**Strategy 1.1:** Establish and maintain Indigenous Research(er) Network functions

**Actions:**
- Invest in and employ an IRNet Coordination Officer whose role is to:
  1. Coordinate regular meetings with IRNet Steering Group (including quarterly teleconferences and a yearly forum);
  2. Facilitate and coordinate opportunities across the Network (including an annual national showcase of Aboriginal and Torres Strait Islander Health research projects);
  3. Connect IRNet members across research, training, translation, and methodological development;
  4. Support Centres and Partner Organisations’ to implement IRNet strategies;
  5. Advocate for Centre and Partner Organisation investment into IRNet activities; and
  6. Report to AHRA on IRNet activities.

- Establish methods to celebrate success in Aboriginal and Torres Strait Islander health research across AHRA. Examples include:
  - monthly newsletters listing achievements of IRNet and individual researchers.
  - a social media presence involving connections with major Aboriginal and Torres Strait Islander social media accounts (e.g., Indigenous X, Koori Mail).

- Link with and promote collaborations with other national networks, such as NHMRC, Poche Centres and Lowitja to address priorities that have a shared interest in strengthening the Aboriginal and Torres Strait Islander health research(er) workforce.

**Strategy 1.2:** Advocate for systematic changes to include the participation of Aboriginal and Torres Strait Islander leaders within AHRA structures

**Actions:**
- Each Centre and Partner Organisation to advocate for an increased focus on Aboriginal and Torres Strait Islander health activity in their respective jurisdictions.
- IRNet to advocate for Aboriginal and Torres Strait Islander representative/s on AHRA initiatives or Action Groups.
- IRNet to nominate Aboriginal and Torres Strait Islander representative/s to the AHRA Council.
- AHRA Council to advocate for NHMRC reaccreditation to include agreed Aboriginal and Torres Strait Islander performance indicators.

**Strategy 1.3:** Promote the use of and development of principles and cultural protocols that guide Aboriginal and Torres Strait Islander research and translation

**Actions:**
- Advocate for greater commitment to the development of Reconciliation Action Plans (RAP) across AHRA Centres and Partner Organisations.
- Provide AHRA Centres and Partner Organisations with best practice documents to support research practices and/or develop their own documents including RAPs, cultural protocols and other relevant publications.
PRIORITY 2: Invest and develop the Aboriginal and Torres Strait Islander Workforce

Strategy 2.1: Identify and unlock Aboriginal and Torres Strait Islander Research expertise within each Translation Centre

Actions:
- Create opportunities across AHRA for the acknowledgement and facilitation of non-academic roles that contribute to Aboriginal and Torres Strait Islander health research.
- Evaluate and capture best practice examples of non-academic Aboriginal and Torres Strait Islander workforce contribution to research. For example, acknowledging community relationships, knowledge and expertise contributed by health workers/liaison officers/support workers and project officers in research projects.
- Encourage the participation of postgraduate, and early-mid career researchers within IRNet research, training, translation, and methodological activities.
- Support leadership training to strengthen the development of our next generation of Aboriginal and Torres Strait Islander research workforce.
- Develop and support opportunities across AHRA for health research(er) training, translation, and methodological activities.

Strategy 2.2: Better define and understand the Aboriginal and Torres Strait Islander health workforce in a way that reflects Indigenous knowledges

Actions:
- Develop a guiding document for understanding and acknowledging Aboriginal and Torres Strait Islander health professional’s contribution to the research process. For example, during co-design, data collection, interpretation, data analysis and translation activities. The guide will include recommendations on the appropriate acknowledgement of such contributions including co-presenting findings and co-authorship of publications.

Strategy 2.3: Ensure AHRA research projects that impact on Aboriginal and Torres Strait Islander health include Indigenous researchers, local community organisations and community representatives

Actions:
- Advocate for the development of a formal agreement of AHRA Centres and Partner Organisations to reaffirm their commitment to conducting research that is aligned to the ‘NHRMC: Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples’ and communities and other locally relevant documents such as the South Australian Aboriginal Health Research Accord.
- Develop a repository of Aboriginal and Torres Strait Islander health professionals/researchers (outlining areas of interest, skills and shared knowledges).
PRIORITY 3: Enhance Aboriginal and Torres Strait Islander research(er) capabilities

Strategy 3.1: Develop and deliver masterclasses which aim to enhance knowledges on Aboriginal and Torres Strait Islander health research methodologies

**Actions:**
- Develop a suite of Aboriginal and Torres Strait Islander methodologies and knowledge system masterclasses to be implemented in partnership with AHRA Centres and Partner Organisations.

  Example curriculum could include:
  - Applications and values in Aboriginal and Torres Strait Islander health research
  - Aboriginal and Torres Strait Islander Methodologies (such as Indigenous knowledges, Implementation, Data, and Health Equity)
  - Ethical considerations in diverse Aboriginal and Torres Strait Islander communities

- Advocate for AHRA Centres and partners to allow for provisions for their Aboriginal and Torres Strait Islander workforce to have supported capacity development time to participate in professional development and community advisory groups.

Strategy 3.2: Develop across all AHRA partner organisations exchange and placement initiatives

**Actions:**
- Develop and implement tailored exchange and placement programs between AHRA partner organisations.
- Source funding opportunities and promote seed grants (postgraduate, Early Career Researcher) and travel/exchange scholarships.
- Hold yearly IRNet forums to meet and share knowledges across research settings.

Strategy 3.3: Establish IRNet mentoring and support programs

**Actions:**
- Establish an IRNet mentorship program, through:
  - Creating formalised mentorship processes, including program guidelines, objectives, and expectations;
  - Developing a registry of available mentors and mentees;
  - Providing mentoring training (including Cultural training);
  - Enabling networking/engagement sessions activities; and
  - Evaluating mentee/mentor program participation.

- Establish an IRNet Researcher Cohort, through:
  - Developing IRNet Researcher Cohort program and activities;
  - Identifying Aboriginal and Torres Strait Islander participants across all stages of research career to participate in a cohort;
  - Creating formalised Cohort membership processes, including guidelines, objectives, and expectations; and
  - Enabling and supporting Cohort participation.
Appendix A

Translation Centre Map

1. West Australia Health Translation Network
2. Central Australia Academic Health Science Network
3. Health Translation SA
4. Melbourne Academic Centre for Health
5. Monash Partners Melbourne
6. Maridulu Budyari Gumal (SPHERE) Sydney
7. Sydney Health Partners
8. NSW Regional Health Partners Newcastle
9. Brisbane Diamantina Health Partners
Communique
Yarning up and building an Indigenous research(er) workforce

On 14 February 2019 the Australia Health Research Alliance (AHRA) Indigenous Researcher and Capacity Building Network Steering Committee hosted a National Forum in Adelaide – Yarning Up and Building an Indigenous Research(er) Workforce. The purpose of the National Forum was to:

• extend working relationships and build on our strengths and expertise;
• listen, hear and share ideas about how we can strategically work across AHRA and beyond (internationally) to grow and support Indigenous researchers and colleagues working to improve the health of Australia’s First Peoples;
• seek agreement on a vision and tangible actions to guide AHRA to upscale and accelerate research capacity building strategies centred on the strengths of Aboriginal and Torres Strait Islander people; and
• determine the next steps to progress this work.

The forum was funded by the Medical Research Future Fund Rapid Applied Research Translation Program and hosted by Health Translation SA at the South Australian Health and Medical Research Institute.

Why build the capacity of the Aboriginal and Torres Strait Islander health research workforce?
National-level research on capacity building strategies is needed to support the continued success and sustainability of the Australian Aboriginal and Torres Strait Islander health researcher workforce. This research needs to build on the strengths of Aboriginal and Torres Strait Islander researchers. It also needs to identify clear and robust pathways to careers and stable employment in the health workforce, and health researcher workforce more specifically.4

Most AHRA Centres are already progressing significant strengths-based capacity building activities. However, there is the need to ‘join the dots’ across bodies of work and measure success across the AHRA. A National Forum was facilitated to conceptualise and determine the way forward.

What happened at the National Forum?
A Welcome to Country was given by Kaurna custodian Trevor-Tirritpa Ritchie (see inset with daughter Kakirra). The National Forum included representatives from the Steering Committee, Centre Operations Managers and Centre Project Officers.

The workshop plan included outlines of the landscape for supporting and building on the strengths of Aboriginal and Torres Strait Islander health researchers (see Figure 1).

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In-principle recommendations that were agreed on by participants

- Progress the Indigenous Research(er) Capacity Building Network to build and maintain a robust network that:
  - Coordinates activities across AHRA;
  - Celebrates Aboriginal and Torres Strait Islander health successes;
  - Integrates Indigenous knowledges into AHRA projects and platforms (e.g., data sovereignty);
  - Reinforces the need for AHRA to support and enable Aboriginal business across Centres and their Partner organisations.

- Identify and unlock Indigenous Research expertise within each Centre and facilitate the development of a repository for shared knowledge (People, Projects and Networks).

- Increase individual Indigenous Researcher capacity through the development of the following initiatives:
  - Leadership Training
  - Research Methodology Masterclasses
  - Mentorship and Supporting Career Pathways
  - Exchanges and Placements
  - Advocacy
  - Seed grants and Travel Scholarships

- Establish principles and cultural protocols to intersect Aboriginal and Torres Strait Islander health research and translation across and within AHRA Centres.

An Action Plan will be drafted based on these recommendations from the National Forum.

Workshop attendees:

- Central Australia Academic Health Science Network: Heather D’Antoine, Chips Mackinoltzy
- Zoom: Leisa McCarthy, Lorna Murakami-Gold
- Health Translation SA: Prof Alex Brown, Kim O’Donnell, Kim Morey, Wendy Keech, Kate Schwartzkopff, Dr Natasha Howard, Ecushla Linedale
- Maridulu Budyari Gumal (SPHERE): Kerrie Doyle, Stephanie Wrightman
- Brisbane Diamantina Health Partners
- Melbourne Academic Centre for Health: Sandra Eades, Luke Burchill, Heather Whipps
- Monash Partners: Jacinta Elston, Angela Jones, Jacqueline Boyle
- NSW Regional Health Partners: Ellen Newman, Tameka Rae-Small
- Sydney Health Partners: Juanita Sherwood, Aisling Forrest
- West Australia Health Translation Network: Glenn Pearson, Debra Turner

For further information on the progress of the IRNet Action Plan, please contact Enquiries@healthtranslationsa.org.au
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