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# Building Research Capacity for Indigenous Health

## A case study of the National Health and Medical Research Council—The evolution and impact of policy and capacity building strategies for Indigenous health research over a decade from 1996 to 2006

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# Declaration

I hereby declare that this thesis and the work described herein is original and my own, except where due acknowledgement has been made to the work of others. This work was completed while enrolled in the Department of Medicine at the University of Sydney, under the supervision of Professor Sally Redman and Professor Sandra Eades at the Sax Institute in Sydney. I certify that this thesis has not already been submitted, wholly or in part, for a higher degree to any other university or institution; all help received in preparing this thesis, all material from published sources, and all material copied from the work of others have been properly acknowledged and referenced.

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**Sophia Leon de la Barra** **30th August, 2007**

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# Abstract

**Introduction**

As Australia's leading agency for funding health research (expending over $400 million in 2006), the National Health and Medical Research Council (NHMRC) has a major responsibility to improve the evidence base for health policy and practice. There is an urgent need for better evidence to guide policy and programs that improve the health of Indigenous peoples. In 2002, NHMRC endorsed a series of landmark policy changes to acknowledge its ongoing role and responsibilities in Indigenous health research—adopting a strategic Road Map for research, improving Indigenous representation across NHMRC Council and Principal Committees, and committing 5% of its annual budget to Indigenous health research. This thesis examines how these policies evolved, the extent to which they have been implemented, and their impact on agency expenditure in relation to People Support. Additionally, this thesis describes the impact of NHMRC policies in reshaping research practices among Indigenous populations.

**Methods**

Three sub-studies were conducted:

***(i) Examination of the policy changes:***

To examine the evolution and impact of the 2002 NHMRC policy decisions, semi-structured interviews were conducted with seven key informants who were members of Council and Principal Committees at the time. Interview participants were asked to identify influential factors that drove the change in policy, barriers to change, and key issues for future consideration in policy-making. Transcripts from the interviews were analysed to identify and code common themes. Themes identified in the data were compared with those in contemporary policy literature.

***(ii) Examination of research funding to support the principles of best practice for Indigenous health research***

A case study benchmarking the quality of successful People Support applications in 2005 and 2006 evaluates the extent to which currently funded research meets the principles of good practice for Indigenous health research. Original applications for these awards were reviewed, and 14 items were double-coded to assess compliance with three principles for best-practice research in Indigenous communities:

- Focus on intervention research
- Engagement of Indigenous community members and organisations
- Building research capacity among Indigenous people

***(iii) Study the impact of the policy changes on agency expenditure for Indigenous health through People Support***

To evaluate the impact of the 2002 policy changes on agency expenditure, the NHMRC Research Management Information System was used to capture information about all People Support recipients studying Indigenous health between 1996 and 2006. The distribution of annual NHMRC People Support grants and expenditure was examined by broad research area, state/territory, administering institution, and Indigenous status (as self-identified by award recipients in their applications). The distribution of Capacity Building Grants in Population Health Research was also examined to evaluate the efficacy of this strategy in building research capacity for Indigenous health.

## Results

***(i) Examination of the policy changes***

Interview participants identified three catalysts for driving policy change. First, there has been increasing pressure from Indigenous communities to ensure real health gains are conferred from any research. Second, there has been mounting evidence that the health needs of Indigenous Australians are not being met, and a series of evaluations that suggest a need for new approaches to policy and programs for Indigenous health. Third, the Health is Life report that was produced after a Senate Inquiry into Indigenous Health generated external governmental pressure to earmark funding for Indigenous health research. These three developments stimulated a series of policy responses from NHMRC. The policy process was facilitated by a growing recognition of NHMRC's role in improving Indigenous health, and leadership from key committee members. Indigenous representatives across Council and Principal Committees were particularly influential in driving policy change.

Seven policy changes were identified:

- NHMRC adoption of the Darwin Criteria as guidelines for Indigenous health research
- Establishment of Indigenous Health Review Panels
- Establishment of the NHMRC Indigenous Research Agenda Working Group
- Endorsement of the NHMRC Road Map: a strategic framework for improving Indigenous health through research
- Formal acknowledgement of Indigenous health research as a priority area for development
- Commitment to 5% target of annual expenditure
- Increase Indigenous representation across all NHMRC Principal Committees and Council

Most interview participants reported that NHMRC career pathways need to be strengthened to support greater numbers of researchers who self-identify as Indigenous.

### *(ii) Extent to which research meets principles of good practice for Indigenous health research*

In 2005 and 2006, 31 People Support Awards and 7 Capacity Building Grants in Population Health Research were allocated to advance Indigenous health research. The three principles of good practice for Indigenous health research previously outlined were used as three key criteria for assessing applications. About a quarter of People Support recipients included an intervention in project design; almost all Capacity Building Grants in Population Health Research included one or more intervention-based studies. Among successful People Support applicants, about half of them indicated that they were engaging Indigenous community members and organisations through project advisory groups, and as members of a research team. In 2005 and 2006, two (6%) People Support recipients and 34 (59%) *team investigators* for Capacity Building Grants in Population Health Research self-identified as Indigenous. Almost all applications for capacity building grants described an Indigenous project advisory group in research design.

### *(iii) Impact of the policy changes on agency expenditure*

Between 1996 and 2006, a total of 134 People Support awards were made to researchers studying Indigenous health; 27 awards were to researchers who self-identify as Aboriginal or Torres Strait Islander. In 2006, approximately 3.3% of all NHMRC People Support funding was for Indigenous health research—representing an increase over previous years, but still short of the 5% target. There has not been an increase in the number of Indigenous people funded by People Support; however, NHMRC Capacity Building Grants in Population Health Research have increased the numbers of researchers from Indigenous backgrounds.

**Discussion**

Based on interviews with key informants, the most influential factors for stimulating policy change in Indigenous health research were consistent external pressure, and mounting evidence that the poor state of health for Indigenous people is not improving. Since NHMRC adopted major policy changes in 2002, funding to support Indigenous health research has increased, but has not reached targeted expenditure (5% of agency allocations). Increases in expenditure have been primarily among non-Indigenous researchers, indicating the need to strengthen career pathways for Indigenous scholars in health research.

**Conclusion**

Over the past two decades, gradual shifts in the policy climate enabled NHMRC to adopt a new approach to Indigenous health research. A series of landmark policy changes were adopted between 1997 and 2002 that outlined NHMRC's role and commitment to improving Indigenous health through research. There have been increases in agency expenditure for Indigenous health over time; however, within People Support, funding has only increased among researchers who self-identify as non-Indigenous. There is room for future improvement with respect to research practice and project design among researchers who study Indigenous health in Australia. Evidence from this thesis suggests that the policy changes have made some impact on increasing funding for researchers who study Indigenous health. To improve funding mechanisms for researchers who self-identify as Indigenous and good-practice research, further development of existing NHMRC policies is required. These policies require detailed implementation plans and monitoring strategies. A series of hard and fast targets for meeting policy objectives within a measurable time frame will facilitate review and evaluation of agency strategies to build research capacity for Indigenous health.