



the
Lowitja
Institute

Australia's National Institute for Aboriginal and
Torres Strait Islander Health Research

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National Health and Medical Research Council

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Submission to the Public Consultation for the NHMRC's Draft Road Map 3: A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health through Research.

The Lowitja Institute is pleased to provide the National Health and Medical Research Council (NHMRC) with this submission to inform the development of Draft Road Map 3 and its associated Action Plan. As Australia's national institute for Aboriginal and Torres Strait Islander health research, we recognise the need for a framework and action plan for health research that will act for the benefit of Aboriginal and Torres Strait Islander people. We have welcomed the range of opportunities to participate in the development of the Draft Road Map 3, through early interviews, the workshops, our partnership with the NHMRC to co-host the recent Research Translation Symposium, and this submission.

Our submission is based on the extent to which we believe the Draft Road Map 3 will respond to and enable the work needed to achieve its objective. Two principles have informed our assessment of this:

1. That Road Map 3 should have all the critical components of successful strategic framework.
2. That Road Map 3 should be a product of its extensive consultations.

Our overall feedback against these two principles is outlined on the following page. In Section 2, we identify areas for improvement and recommend ways forward that draw on our own Lowitja Institute research principles. Our principles underpin our approach to research and knowledge translation and state that we will act for the benefit of Aboriginal and Torres Strait Islander people in the conduct of our research. This is achieved through Aboriginal and Torres Strait Islander leadership and by engaging research end-users, developing the Aboriginal and Torres Strait Islander research workforce, and measuring impact.

1. Overall feedback on the Draft Road Map

The strengths of the current Draft Road Map 3 lie in its high level strategic purpose, objectives, and by naming Aboriginal and Torres Strait Islander research workforce as an area to focus more energy and resources. Improvements can be made to strengthen its utility as a strategic framework. This includes greater inclusion of racism and evaluation as named priorities from the community consultation process, and mapping all focus areas to the Action Plan with success measures, timeframes and accountabilities. The Lowitja Institute has listed more detailed recommendations in Section 2 which we believe would bring the Draft Road Map 3 greater success as a strategic framework, to improve the health of Aboriginal and Torres Strait Islander people through research.

The Draft Road Map 3 states (page 2) that it seeks to address the key themes that emerged from the consultation process, which are:

- Recognise the evolving context within which it is framed
- Build on the fundamental concepts of Road Maps 1 and 2
- Support Aboriginal and Torres Strait Islander representation and leadership in internal processes and structures
- Address the challenge of measuring effort and impact.

Figure 1 below outlines the Lowitja Institute’s assessment of the extent to which the Draft Road Map 3 meets these consultation themes.

Figure 1: The Lowitja Institute's assessment of key themes in Road Map 3

<p>Recognise the evolving context</p>	<p>The Draft Road Map 3 has a clear focus on supporting the expanding workforce. More content is needed on collaboration, racism, evaluation, and alignment with the ethics guidelines that are under review.</p>
<p>Build on Road Maps 1 and 2</p>	<p>There is no meaningful focus on racism and this does not reflect the cultural safety themes in past Road Maps. Prior inclusion of evaluation in past Road Maps has also been dropped in this Road Map.</p>
<p>Support Aboriginal and Torres Strait Islander representation and leadership</p>	<p>More content and detail is needed on representation and leadership from communities and research end-users.</p>
<p>Measure effort and impact</p>	<p>While there is recognition that input and outcomes measures are important, there are no success measures, timeframes and accountabilities.</p>

2. Suggested additions to strengthen Road Map 3

To succeed as a strategic framework, the Lowitja Institute recommends that Draft Road Map 3 define a clearer vision, clarify the audience, map where there are links to the Action Plan, and outline measures of success (which could be listed in more detail as tangible outcomes and targets within the Action Plan). The Lowitja Institute also recommends changes across the five key focus areas of Road Map 3:

1. The objective
2. The Action Plan
3. Strengthening the Aboriginal and Torres Strait Islander research workforce
4. Engaging with Aboriginal and Torres Strait Islander communities
5. Supporting research in high priority areas
6. Supporting research excellence

Each of these are discussed in turn below.

2.1 The objective

The objective of Draft Road Map 3 would be clearer with structural changes at the beginning of the sentence so that it reads:

Guide the NHMRC to improve health, social and wellbeing outcomes for Aboriginal and Torres Strait Islander people *'by ensuring research excellence and integrity – highlighting research priorities driven by Aboriginal and Torres Strait Islander communities'*.

We also suggest that the primary functions of the NHMRC (under the Strategic Direction¹) are embedded within the objective. This should also include the references to investment, translation of health and medical research, and integrity through community trust. The addition of the word 'investment', was also recommended by participants during the consultation period, as outlined on page 9 of the Community Consultation Report. While the word 'integrity' is mentioned in the Road Map, it could be enhanced further by the inclusion of terms such as 'relevant and appropriate to the community and/or participants of the research. A more comprehensive understanding and definition of integrity was also called for through the consultations (as noted on page 9 of the Community Consultation Report).

During the community consultation phase, participants noted that the Road Map 3 had the opportunity to consider the definition of the purpose and audience of the document (pg.5). However, the current Draft Road Map 3 could be clearer on who its intended audience is. Within the overall objective, it states that it is to guide the NHMRC, and therefore suggests the organisation itself, is the audience. However, the elements within the document suggest the audience is wider, and should include researchers, and communities. There is potentially opportunity to further clarify the audience within the overall objective, or in the introductory sections of the Draft Road Map 3.

¹ NHMRC, 2017, 'NHMRC's mission and functions', <https://www.nhmrc.gov.au/about/nhmrcs-mission-and-functions>.

2.2 Link the Road Map to the Action Plan

The proposed 3-yearly Action Plan is a positive addition to the Draft Road Map 3, as it could enable regular review and updates to the priorities and direction for the NHMRC to take regarding Aboriginal and Torres Strait Islander health. However, the current process for any action is unclear across the Draft Road Map. Ideally there would be cross-references throughout and across both documents. Further information and detail about the Action Plan, its governance, and the measurement criteria and/or scope, are essential to making the Draft Road Map 3 a successful strategic plan.

The Lowitja Institute recommends:

- That more clarity be added to the connection between the Action Plan and Road Map 3, including cross-references in both documents.
- That the Draft Action Plan set out a clear governance structure, measurement criteria and/or scope, outlined within the document.

This will significantly increase the authority of the Draft Road Map 3 by ensuring that it can, and will be translated or actioned in the internal processes of the NHMRC. During the community consultation, there was a recurrent strong theme that this document must have direct impact and correlation to the internal processes and decision-making of the NHMRC (pg.6).

2.3 Strengthening the Aboriginal and Torres Strait Islander research workforce

More Aboriginal and Torres Strait Islander people leading research are essential if we are to make a positive impact on the health of Australia's First Peoples. Last year, 16% of the NHMRC's Indigenous health research funding was awarded to projects that were led by the Aboriginal and Torres Strait Islander researchers. This figure has increased around 3% over six years since 2010².

By comparison, in both 2016 and 2017, 87.5% of the Lowitja Institute's grant funding was awarded to projects led by Aboriginal and Torres Strait Islander researchers. We have achieved this through continual consultation with Aboriginal and Torres Strait Islander communities, organisations and researchers to ensure our research processes, a business model that privileges Aboriginal and Torres Strait Islander voices, and by offering solutions and leadership that is grounded in our cultures and knowledges.

The NHMRC Research Translation Symposium co-hosted with the Lowitja Institute was a landmark in recognising, valuing and utilising the skills of the Aboriginal and Torres Strait Islander researchers.

[REDACTED], that "*this is a lesson for the whole health system. Indigenous health research can lead the way*". It is now critical to build on this achievement by enabling the voices, leadership and expertise of this workforce to make a positive impact on health. It is therefore promising to see that a key priority of Draft Road Map 3 is to '*strengthen the Aboriginal and Torres Strait Islander health and research workforce*'. Under this priority, initiatives such as strengthening workforce capacity, supporting

² NHMRC, 2016, *Developing Road Map 3, Workshop pre-reading*. Page 11.

community based researchers, and monitoring Aboriginal and Torres Strait Islander researchers' participation in NHMRC programs are included.

It is also promising to note the Draft Road Map 3's recognition of external efforts to grow the Aboriginal and Torres Strait Islander research workforce, and its statement that it will 'build on the efforts of other research bodies and organisations that support the Aboriginal and Torres Strait Islander health research sector and Aboriginal and Torres Strait Islander researchers'. This reference to building on the efforts of other organisations has not yet been embedded formally in the Draft Road Map 3, nor is it listed as an activity that will be released as part of the three-year Action Plan. Ideally this would specifically name organisations and representative bodies such as the Lowitja Institute and the National Health Leadership Forum (NHLF).

The Lowitja Institute recommends:

- That the Road Map 3 and Action Plan include the details, timeframe and accountabilities for activities that 'build on the efforts' of other organisations that support Aboriginal and Torres Strait Islander researchers, and
- That Road Map 3 set measures of success that are monitored and reported on the number of Aboriginal and Torres Strait Islander researchers and Chief Investigators.

This will improve Road Map 3 through recognising the evolving context of growing numbers and leadership of Aboriginal and Torres Strait Islander researchers. It will also build on Road Map 1 and 2 through addressing the past areas where achievements have plateaued such as the proportion of Aboriginal and Torres Strait Islander Chief Investigators. There will be greater transparency and guidance around what success looks like for the NHMRC, particularly around supporting Aboriginal and Torres Strait Islander representation and leadership. Finally, these amendments will add more measures of effort and impact that strengthen its utility as a strategic framework.

2.4 Engaging with Aboriginal and Torres Strait Islander communities

The commitment to engage with Aboriginal and Torres Strait Islander communities builds on both Road Map 1 and 2, and is reflected through the Draft Road Map 3's second priority. Establishing this as a priority provides clearer accountability to prioritise this fundamental element of research with Aboriginal and Torres Strait Islander people.

There is a need for the Draft Road Map 3 to reflect a greater emphasis on community engagement throughout all stages of funding, assessing, delivering and translating research projects. The purpose of the NHMRC's engagement with communities regarding research themes, conduct and outcomes, need to be better communicated in the Draft Road Map 3 and/or the Action Plan. Engagement with Aboriginal and Torres Strait Islander community can only be meaningful with a clear, consistent and transparent approach. The Lowitja Institute approach is outlined below as an example of such an approach.

The Lowitja Institute approach to working with and for Aboriginal and Torres Strait Islander communities

The Lowitja Institute considers community engagement, input, and leadership as a critical and high priority input, process and outcome. The Lowitja Institute patron Dr Lowitja O’Donoghue reinforced this in an address earlier this year in August:

“In order to empower our capabilities, Aboriginal and Torres Strait Islander people must be at the centre of the decision and properly resourced. We must work with government to get the job done; we want our non-Aboriginal and Torres Strait Islander friends and colleagues to work with us”

The Lowitja Institute embeds community engagement throughout the development of research questions and/or themes, the assessment of research proposals, the duration, and completion stage of all projects. This promotes values and best-practice advice, which could be adopted by the NHMRC in their internal processes for setting and assessing Aboriginal and Torres Strait Islander health research.

The Lowitja Institute engages the community from the beginning, by funding research after a thorough process of community and expert engagement. This process has evolved from our initial Facilitated Development Approach, which allowed priorities to be identified by Aboriginal and Torres Strait Islander people, for research to have an emphasis on translating the acquired knowledge and information to communities, for research end-users to be involved from the beginning, and for the skills of Aboriginal and Torres Strait Islander people to be further developed.

Currently, at the Lowitja Institute, the themes and priorities identified for funding calls are the result of extensive consultations through expert roundtables and workshops, as well as the work of our research program committees, and are consistent with our three research programs and key principles.

The Program Committees have been established to ensure the Lowitja Institute has high level advice from individuals with significant expertise in each of our research program areas. These Committees are a critical part of the Institute’s research governance. The three research program committees promote high quality research through partnerships with key stakeholders in the Aboriginal and Torres Strait Islander health sector, government agencies and research institutions. The committees are:

- Community capability and the social determinants of health
- Needs and opportunities for a workforce to address Aboriginal and Torres Strait Islander health
- Health policy and systems

Further to this, the Lowitja Institute assesses all research proposals through a transparent process that includes Aboriginal and Torres Strait Islander assessors, and Aboriginal and Torres Strait Islander Chairs whom review the assessments, and merit of the proposals, based on our five guiding research principles:

- **Beneficence** – to act for the benefit of Aboriginal and Torres Strait Islander people in the conduct of our research
- **Leadership** by Aboriginal and Torres Strait Islander people
- **Engagement of research end users** (Aboriginal and Torres Strait Islander organisations and communities, policymakers, other potential research users)
- **Development** of the Aboriginal and Torres Strait Islander **research workforce**
- **Measurement of impact** in improving Aboriginal and Torres Strait Islander peoples’ health

The way that the Draft Road Map 3 commits to engagement with communities should also demonstrate the standard set in the draft Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Research (Values and Ethics: Guidelines). The timing for finalising both these documents will be complementary, and this presents an opportunity to Road Map 3 and the Values and Ethics: Guidelines to be mutually reinforcing. An example of an area that can be improved is on page 7 of the Draft Road Map 3, where it states that communities will be able to contribute to the development of research priorities, through the Targeted Calls for Research which “will support this process by communicating community-identified research priorities for health researchers to pursue”. While this statement does provide a link to the internal decision-making processes, in terms of setting research priorities, there is no clear direction about how communities will be (or currently are) involved in this process.

It would be ideal to adopt an approach that we use at the Lowitja Institute in the opening section of all our calls for research applications. We include descriptions on the way that our research themes and questions have been both set and shaped by our engagement with Aboriginal and Torres Strait Islander communities. This allows clarity, transparency and accountability about how the research priorities are relevant to Aboriginal and Torres Strait Islander communities, by detailing the processes engaged prior to the final call.

During the assessment phases all members of NHMRC panels should be assessed for cultural competency and understanding of the processes involved in engaging with Aboriginal and Torres Strait Islander people for research purposes. It is important that these understandings include an appreciation of why it can be a difficult and long process in development of community relationships, even with existing expert Aboriginal and Torres Strait Islander researchers involved in projects.

The Draft Road Map 3 also makes no reference to actions that engage with communities before, during and at the completion of research (i.e. translating the knowledge gained). This is an important element of ethical and beneficial research, and should be a precondition of any research project. This is also reflected in the NHMRC’s Values and Ethics: Guidelines, and the Draft Road Map 3 should align with this.

The draft Road Map states NHMRC will implement an Indigenous Engagement Strategy to guide engagement with Aboriginal and Torres Strait Islander people, communities and organisations. Further clarification is needed as to whether this is a guideline or investment of resources. More information is also needed on the structure and processes to monitor the Indigenous Engagement Strategy.

The Community Consultation report highlights that there is a desire for the NHMRC to focus on research, particularly by embracing Aboriginal and Torres Strait Islander methodologies and approaches to research translation. Page 8 of the Community Consultation Report states that participants thought Road Map 3 would be a success if it promoted the need for research projects to reflect “a commitment to share findings with community members”. The interconnection between ethical research, and research that is shared with communities and end-users is incredibly important. It was highlighted at the NHMRC and Lowitja Institute Research Translation Symposium in November, where [REDACTED] [REDACTED] [REDACTED] stated that “if you don’t have ethically engaged research, you don’t have Indigenous knowledge translation”.

The Lowitja Institute recommends:

- That the mechanisms for Aboriginal and Torres Strait Islander people and communities to be involved in the development of Targeted Calls for Research are clarified and explained further, or a link to further information is provided.
- That community engagement is clearer and more transparent throughout all stages of the research project – including developing priorities, assessing proposals during the project, and upon completion when measuring effectiveness.
- That NHMRC calls for applications for Aboriginal and Torres Strait Islander health research, include a summary about how the research question were developed.
- That the Action Plan includes more accountability for all research projects to reflect “*a commitment to share findings with community members*”. The interconnection between ethical research, and research that is shared with communities and end-users is incredibly important.

Draft Road Map 3 would benefit significantly by noting the revised NHMRC Values and Ethics: Guidelines that are currently under review. Attention should be focused on the reporting of outcomes from community engagement, at both the call for research level, as well as the research project conduct and translation level. This would ensure that the Draft Road Map 3 sufficiently reflects the internal context of ethical engagement with Aboriginal and Torres Strait Islander communities and continues to build on Road Map 1 and 2. It would also improve transparency and accountability around efforts to support Aboriginal and Torres Strait Islander representation and leadership, particularly at the community level.

2.5 Supporting research in high priority areas

Systemic and individual racism in health, and evaluation of research projects are two key priority areas that are well-recognised as fundamental to a responsive and impactful approach to research in Aboriginal and Torres Strait Islander health. These two significant themes were not, however, recognised and dealt with as high priority areas within the Draft Road Map 3. Our rationale for this assessment and suggested amendments are outlined below in further detail.

2.5.1 Racism

Addressing racism as a high priority for Aboriginal and Torres Strait Islander research is fundamental to achieving positive health outcomes. There is a strong need for the Draft Road Map 3 to acknowledge systemic racism beyond a concept, and to go further by recognising racism as a critical issue that needs to be addressed across the health and health research landscape. There is an increasing and growing body of work from Aboriginal and Torres Strait Islander led organisations, government initiatives, and mainstream organisations who have been reporting on the reality of systematic racism within the health sector by setting directions for the future. The vision for the Commonwealth Government’s National Aboriginal and Torres Strait Islander Health Plan 2013-2023 specifically names racism:

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

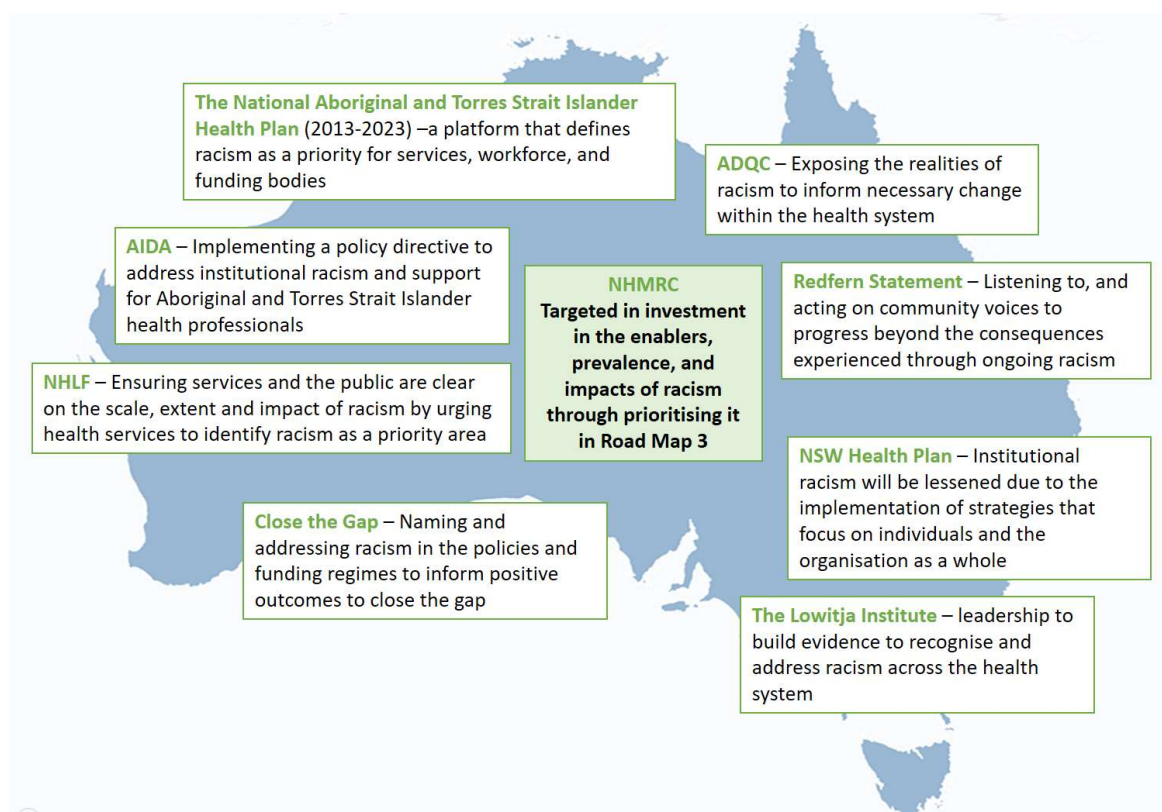
affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031³.

Further, the most recent Close the Gap priorities and Progress Report noted that racism is:

‘encoded in the policies and funding regimes, healthcare practices and prejudices that affect Aboriginal and Torres Strait Islander peoples’ access to good care differentially⁴.

The reality and existence of systemic racism in health systems, and the impact that that can have on the health of Aboriginal and Torres Strait Islander people has been increasingly recognised. There is a growing and evolving context across Aboriginal and Torres Strait Islander led organisations, multiple state and federal government initiatives, and mainstream organisations, who have all acknowledged the existence of, and set directions to address, racism. Figure 2 outlines how these bodies are addressing racism, and encourages the NHMRC to build on this work through Draft Road Map 3 by naming racism as a stand-alone priority. This is illustrated further below in Figure 2.

Figure 2: Recognition of racism across the health sector and the role that the NHMRC could play



As it currently stands, the NHMRC Draft Road Map 3 is deficient in reflecting the Community Consultation Report’s finding that racism is regarded as an area of priority. The community consultation report showed that *“there was a particular focus on systemic and institutionalised racism and the lack of cultural responsiveness of health professionals, and the subsequent impact this has on health outcomes⁵”* however, this focus was not represented in Draft Road Map 3, rather listed briefly on two occasions – once – naming racism as a guiding concept in the Background and

³[http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/\\$File/health-plan.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/B92E980680486C3BCA257BF0001BAF01/$File/health-plan.pdf)

⁴ The Close the Gap Campaign Steering Committee, 2017. www.humanrights.gov.au/social_justice/health/index.html. Pg. 17.

⁵ Community Consultation Report, 2017, pg. 17.

context – then – listed briefly as one of many issues under social and cultural determinants of health. Placing racism within the broader list of social and cultural determinants of health, without more detail, minimises the priority area that was so clearly articulated during community consultation.

As ██████████ stated at the recent NHMRC Research Translation Symposium co-hosted by the NHMRC and the Lowitja Institute:

“We can’t fix anything until we fix racism. There is a policy that states racism is a priority, but there is no scholarship about it. This is a curious contradiction. We need to build a body of work. It is about naming racism, and not hiding behind culture.”

This is particularly relevant, because the NHMRC is one of the research organisations in Australia that has the capability to focus large scale investments to address this shortfall of research, by naming racism as a priority in its Road Map 3, and encouraging the development of the body of work. Addressing racism is evidently fundamental to making achievements in all other elements of Aboriginal and Torres Strait Islander health.

Whilst the Draft Road Map 3 states that “the recognition of institutional racism as a factor that impacts on health service delivery is increasingly examined and better understood in Australia”, there was no inclusion of racism as a main priority.

The Lowitja Institute recommends:

- Identify racism clearly as a stand-alone priority of Road Map 3, and ensure that is more than just a concept by using evidence to acknowledge its significance.
- Establish a sub-committee of the PCIC, to continually review the work NHMRC is doing to address racism in the health research space.

By including the Lowitja Institute’s recommendations regarding racism in the Draft Road Map 3, it will recognise the growing context of evidence and organisations, governments and initiatives that are naming and addressing racism. It will also build on Road Maps 1 and 2’s inclusion of efforts to support cultural safety. Road Map 3 would also invest in building the evidence on ways that racism and health intersects, and findings that will minimise negative impacts. Collectively, these are critical in supporting the Aboriginal and Torres Strait Islander representation and leadership and responding to the community consultation process.

2.5.2 Evaluations

Evaluation of programs, policies and projects is an important element of ensuring Aboriginal and Torres Strait Islander health services, policies and programs are appropriate and achieving the intended outcomes. Thorough evaluation mechanisms are those that are developed by sound processes and with the relevant questions and criteria determined by Aboriginal and Torres Strait Islander people. This type of evaluation should commence in the planning stage for research proposals, during the project, and upon completion to assess the effects it had on Aboriginal and Torres Strait Islander people and communities.

The Draft Road Map 3 does not have any specific section or reference to evaluations. The elements associated with evaluation are alluded to in some parts of the Draft Road Map 3, however they are not substantiated, emphasised, nor clearly articulated. The importance of supporting evaluation research is significant, and Road Map 3 should acknowledge the need for sound evaluation and monitoring processes of individual research projects.

The Lowitja Institute recommends:

- Road Map 3 to acknowledge and address the need for evaluation and monitoring processes of individual research projects

The Draft Road Map 3 would be enhanced if our recommendations regarding evaluation or research projects are adopted, as it would better build on the previous two Road Maps' strong emphasis on evaluation, and the need for appropriate mechanisms embedded within the application and progress update reports of all research projects. This is still an essential requirement, and the Draft Road Map 3 would be enhanced with the inclusion of these principles, and an outline for how (and by whom) the evaluation processes would be conducted. The inclusion and focus on evaluation in Draft Road Map 3 would significantly improve its capacity to measure effort and impact.

2.6 Supporting research excellence

The Draft Road Map covers multiple facets within the umbrella term 'research excellence', including the quality of the research, the ethical features of legitimacy and accountability, its appropriateness, benefit for end-users, and its position within the broader field. This section looks at the higher-level features of research excellence, which should be applied directly by the NHMRC when setting, overseeing, shaping, and funding a research agenda. There are two elements of research excellence explored in this section:

1. The legitimacy of the categorisation of Aboriginal and Torres Strait Islander health research
2. Involving Aboriginal and Torres Strait Islander people, through the PCIC and beyond, in the accountability mechanism of evaluation and review of the research priorities and aims.

2.6.1 Legitimacy of the 5% Funding Target

The NHMRC has a target of 5% of its funding for Aboriginal and Torres Strait Islander health research. Since 2010 this proportion represents over \$331 million. This large-scale investment is a significant lever to make real and positive change to the health of Aboriginal and Torres Strait Islander people. It is therefore essential that the NHMRC definition of what constitutes 'Aboriginal and Torres Strait Islander health research' is legitimate, accurate and accountable. For example, if the NHMRC makes the claim that they have exceeded their target of directing at least 5% of their funds towards Aboriginal and Torres Strait Islander research, then it is essential that number be supported and be open to scrutiny. The Lowitja Institute's position on this is supported by the

statements from the consultation phase, where there was a strong call for the NHMRC to enhance the legitimacy of the 5% funding target⁶.

The Draft Road Map 3 notes that for Aboriginal and Torres Strait Islander health research to be considered, “at least 20% of the research effort and/or capacity building must relate to Aboriginal and/or Torres Strait Islander health”⁷.

The credibility of this funding target is significantly weakened with the low 20% threshold.

Similarly, the Draft Action Plan has also failed to adequately address the required changes. The Action Plan does not state the 20% threshold, but instead says that research will be counted towards the 5% if they are “projects that are predominantly focused on Aboriginal and Torres Strait Islander health and medical research and researchers”⁸. In this context, the term ‘predominately focused’ is unclear, and does not clarify whether it is equivalent to the 20% or whether it is perhaps equivalent to a majority (i.e. 50%). Therefore, it is unclear whether the legitimacy of the 5% target has been enhanced at all (compared to the low 20% threshold). The current definition and threshold for what constitutes Aboriginal and Torres Strait Islander health research is unclear, and is a barrier to appropriate accountability mechanisms to be applied to it.

2.6.2 Accountability and engaging with Aboriginal and Torres Strait Islander people

The second element of research excellence is the monitoring the broader priorities of a research agenda through a review process. Research excellence in the Aboriginal and Torres Strait Islander health space, is achieved through an appropriate evaluation mechanism that actively involves Aboriginal and Torres Strait Islander people at all stages, including its development, assessment and final report. Such a process would ensure that the NHMRC is accountable to its wider role and functions in prioritising and supporting the research agenda.

The Draft Road Map 3 includes a 3-yearly Draft Action Plan, which is a positive step towards good mechanisms for evaluating and monitoring the progress of the Road Map and its research priorities. However, there is no clear design of the evaluation process or review mechanisms within either the Draft Road Map 3 or the Draft Action Plan. The Draft Road Map 3 suggests that there will be Aboriginal and Torres Strait Islander leadership in the accountability processes of evaluation, by stating that the remit of the PCIC will expand to “include monitoring and review of progress against key milestones against Road Map 3” (pg. 7). However, those processes are not elaborated or established within either of the documents. There needs to be more clarity about what the PCIC’s involvement will be, or whether they will have governance over each Action Plan, or be part of setting the evaluation criteria.

The Draft Road Map 3, and its Draft Action Plan counterpart, could be clearer on what role the PCIC will play in ensuring the NHMRC is accountable, and ensuring these higher-level features of research excellence. It is essential that an Aboriginal and Torres Strait Islander body (jointly with the PCIC) is responsible for the development of evaluation and monitoring criteria and questions, as they underpin the entire accountability process. This sentiment was echoed by ██████████ at the Research Translation Symposium in November, when he stated that “*institutional Indigenous*

⁶ Draft Community Consultation Report, pg.7, pg.9.

⁷ Draft Road Map 3, pg. 11.

⁸ Draft Road Map 3, pg. 15.

governance processes, and proactive planning of research priorities” were two ways to help address the challenges involved when working the Aboriginal and Torres Strait Islander health research sector.

The Lowitja Institute recommends that the NHMRC:

- Increase the 20% definitional threshold for what constitutes Aboriginal and Torres Strait Islander health research to 50%.
- Clearly define and explain, ‘predominantly focused’.
- Ensure consistency in the definition of what constitutes Aboriginal and Torres Strait Islander health research across the Draft Road Map 3, the Draft Action Plan, and all other NHMRC documents and frameworks.
- That the PCIC, or some form of that committee, be responsible for the development of key targets, objectives and priorities for the Draft Action Plan and its future counterparts.

If the above recommendations were adopted, the Draft Road Map 3 would be enhanced across all four criteria. The Draft Road Map 3 would be stronger and more comprehensive in the way that it:

- **Builds on Road Map 1 & 2:** The 5% funding target for Aboriginal and Torres Strait Islander health was also included in Road Map 2. To appropriately build on Road Map 2, then the Draft Road Map 3 must act upon the advice of the community consultations, by enhancing and expanding the definition of what constitutes the 5%.
- **Supports Aboriginal and Torres Strait Islander representation and leadership:** If the 20% threshold was increased, there is a greater chance that the NHMRC’s funded research could include more Aboriginal and Torres Strait Islander researchers, leaders, communities and community members.
- **Measures effort and impact:** By making the definition of what constitutes Aboriginal and Torres Strait Islander health is appropriate (i.e. greater than 20%), transparent and consistent across NHMRC documents and processes, the Draft Road Map 3 will provide a stronger foundation for measuring effort and impact.

Similarly, by adopting the recommendations on the role of the PCIC in reviewing, monitoring and oversight, the Draft Road Map 3 would be stronger and more comprehensive in the way that it will:

- **Recognise the evolving context:** There is currently a strong focus and emphasis on evaluation in government departments, funding bodies, and research institutions. If the Draft Road Map 3 included a comprehensive evaluation plan, it would be more in line with the evolving context.
- **Build on Road Maps 1 and 2:** The previous Road Maps 1 and 2, both had a strong focus on evaluation. By making further additions to the evaluation methodologies, such as enshrining the role of the PCIC in the process, the Draft Road Map 3 would better build on the previous two.
- **Support Aboriginal and Torres Strait Islander representation and leadership:** Appropriate mechanisms and processes for the PCIC to lead evaluation design and process it would support Aboriginal and Torres Strait Islander representation and leadership within the NHMRC’s internal processes.

- **Measure effort and impact:** It is important that the NHMRC set up processes which allow them to review and consider the impact that they are having compared to the effort they are putting in.

We look forward to working with you and continuing to learn from each other, so we can achieve greater benefit for Aboriginal and Torres Strait Islander people. If you have any questions regarding our submission, please contact me on [REDACTED].

Yours sincerely

[REDACTED]

[REDACTED]

Chief Executive Officer