Over the last 10 years, the Aboriginal and Torres Strait Islander Health Program at The George Institute has evolved from a few projects and staff, to a formalised and broad-reaching program that is centred in Aboriginal and Torres Strait Islander research methodologies and practice. Today, the program continues to expand its delivery of meaningful and ethical research, transforming the health and well-being of First Nations peoples and communities.

In Australia, it is crucial that Aboriginal and Torres Strait Islander peoples and knowledges are considered, included and respected. Central to this is embedding Aboriginal and Torres Strait Islander ways of knowing, being and doing into research.

Prior to 2009, The George Institute had been undertaking various Aboriginal and Torres Strait Islander health research projects. In late 2009, in response to the need for a more coordinated and culturally considered approach, a committee was formed to bring together researchers across the Institute working in Aboriginal and Torres Strait Islander health. The committee workshoped policies and processes to ensure research could be as culturally appropriate and impactful as possible.

In 2017, an Aboriginal Senior Research Fellow, Dr Tamara Mackean, and a Torres Strait Islander Program Lead, Keziah Bennett-Brook, were appointed to formally establish the Aboriginal and Torres Strait Islander Health Program as central to the strategic priorities of The George Institute.

“There was a real leap when the Institute dedicated strategic funding to the program,” said Dr Kate Hunter, Senior Research Fellow in the Injury Division and Aboriginal and Torres Strait Islander Health Program.

Program leads Keziah and Tamara, in consultation with The George Institute’s Research Committee for Indigenous research methodologies

Indigenous research methodologies use a framework that acknowledges and centres the cultural practices, knowledge and values of the community within which the research is conducted. Examples include:

- **Yarning**: A conversational process that involves the sharing of stories and the development of knowledge.
- **Dadirri**: From the Ngan’gikurunggurr and Ngen’giwumirri languages, a concept and spiritual practice of inner, deep listening and quiet, still awareness.
- **Weaving methodology**: A conceptual process of interweaving two knowledge systems together at the interface of Indigenous and Western knowledge systems.
- **Aboriginal patient journey mapping**: Mapping the experience of an Aboriginal person’s journey at different points of contact with the healthcare system.
involved in Aboriginal and Torres Strait Islander projects to be fully embedded within the program, rather than dispersed across the Institute. The program now operates within a collective and relational team dynamic that places Aboriginal and Torres Strait Islander voices and knowledge at the centre of the research process. This decolonised space involves unpacking colonial practices that have created inequalities and racism. Within the research space, this means questioning whose knowledge counts, and by extension, research practices, program design and policy formation.

"It’s not just about focusing on the research, but also understanding the work environment and how it allows us to self-determine success through our own research paradigm," said Keziah.

Conducting culturally appropriate research

From the earliest periods of colonisation, views on Aboriginal and Torres Strait Islander cultures and social organisation have been based on ill-informed perceptions and assumptions, using empirical knowledge that is organised around professional disciplines grounded in Western science.

For Aboriginal and Torres Strait Islander research to be meaningful, it must be conducted through an Indigenous research paradigm centred in Aboriginal and Torres Strait Islander ways of knowing (ontology), being (epistemology) and doing (axiology). Culturally safe research is essential because it prevents the misinterpretation of Indigenous Knowledges and gives Aboriginal and Torres Strait Islander peoples self-determination over research within communities. This includes understanding and centring the importance of connection to Country and relationality of families and communities, and understanding the holistic nature of Aboriginal and Torres Strait Islander people’s paradigm of health, which encompasses the physical, social, emotional and spiritual wellbeing of not just an individual but the whole community.
Inappropriate use of Western methodologies can and has undermined Indigenous Knowledges, and contributes to research bias, harm to communities and the reinforcing of colonial practices. The Aboriginal and Torres Strait Islander Program ensures that any research methodologies used are for the empowerment of Aboriginal and Torres Strait Islander peoples and communities.

“We are working in what is often perceived as a disruptive research space that challenges the dominant biomedical framing of a lot of health and medical research,” said Tamara. “Our way of working is situated in our cultural integrity and focussed on equity and decolonising research, which places the voices of Aboriginal and Torres Strait Islander peoples at the centre of the process.”

Since the establishment of the program, Aboriginal and Torres Strait Islander research and decolonising methods have become more commonly used. Examples of such methodologies include yarning, dadirri, weaving, cyclical methods, patient journeys, photovoice, storytelling, working at the interface and two-way learning.

“There’s definitely a lot more research happening now at The George Institute that includes Indigenous research methods,” said Dr Julieann Coombes, Research Fellow in the Aboriginal and Torres Strait Islander Health Program. “People are actually asking our program for help with writing up their protocols or grants and really embedding Aboriginal and Torres Strait Islander research into their studies - that’s a huge step forward.”

Cross-collaborative work with other research areas at the Institute has seen the program impact the development of a research register, contribute to the development of a national awareness campaign and influence consent processes for clinical trials research. This has enabled projects in these areas to appropriately embed Aboriginal and Torres Strait Islander research practices into their design, governance and delivery.

**Impacting the workplace**

In addition to its impact on research carried out at The George Institute, the Aboriginal and Torres Strait Islander Health Program has played a key role in implementing organisational changes to create a culturally safe working environment for Aboriginal and Torres Strait Islander staff and students, thereby building capacity for the next generation. Measures include:

- establishing a NAIDOC award to recognise research excellence in Aboriginal and Torres Strait Islander health;
- establishing a Welcome to Country and Acknowledgement of Country policy for all meetings and events;
- installing an Acknowledgement of Country plaque at the entry of the office; and
- proudly and prominently displaying the Aboriginal and Torres Strait Islander flags.

These actions have positively impacted recruiting, retaining and supporting Aboriginal and Torres Strait Islander staff and students. Since putting these measures in place, the program has increased its number of Aboriginal and Torres Strait Islander staff, grant success and Aboriginal PhD completions.

“The Aboriginal and Torres Strait Islander cultural competency training and terminology guide were adopted Institute-wide and have been crucial in raising the collective awareness of staff and students,” said Keziah. “These resources have already facilitated better understandings of Aboriginal and Torres Strait Islander cultural knowledges and experiences.”
Working with communities, ensuring cultural safety

The Aboriginal and Torres Strait Islander Program is committed to conducting research that is driven by community priorities and built on genuine partnerships with communities. Research governance of projects are led through RCATSIIH and each project that works within Aboriginal and Torres Strait Islander health research, or is advised by the program, has their own specific governance structures. These structures can include an Aboriginal and Torres Strait Islander Reference, Advisory or Steering Committee that are predominantly comprised of Aboriginal and Torres Strait Islander people, communities and organisations.

“We need more than just one Aboriginal person involved,” said Julieann. “We need Aboriginal and Torres Strait Islander people involved in leading our research from inception through to governance and dissemination. I think that is strengthening our research.”

Evolution of the Aboriginal and Torres Strait Islander Health Research Program

Advocacy, partnerships and research

Islander culture and improved communication between Aboriginal and Torres Strait Islander staff and non-Indigenous staff.*

The program has also engaged more widely, both within The George Institute and externally, to mentor and supervise non-Indigenous researchers working within this field. Collaborations with the program now exist across Australia and increasingly with First Nations groups internationally.

The program also works with staff and students to help them understand that by working in the Aboriginal and Torres Strait Islander health research space, they are in an influential position of receiving privileged cultural knowledge. With this comes a responsibility to ensure that the collection, interpretation and dissemination of research centres on and extends the knowledge base of Aboriginal and Torres Strait Islander strength and resilience, rather than perpetuate a narrative of deficit, disadvantage and misunderstanding.

“We support staff in understanding Aboriginal and Torres Strait Islander knowledges and research practices to ensure they appropriately consider their responsibility when working within an organisation that conducts this type of research,” said Keziah. “This responsibility is not just about generating knowledge but more importantly is about the people and communities the research is responsible to.”

Developed with strong Aboriginal community oversight, the IronBark program helps to prevent falls amongst the elderly.

Dr Tamara Mackean

The Aboriginal and Torres Strait Islander competency training and terminology guide were adopted Institute-wide and have been crucial in raising the collective awareness of staff and students.”

Dr Tamara Mackean
Improving burns treatment among children

The Coolamon Study is one example of how the use of Indigenous research methodologies and governance mechanisms produce ethical and impactful results. Burns in children can cause devastating injuries, lifelong scarring, severe psychological trauma and loss of function. Aboriginal and Torres Strait Islander children experience burns at least double the rate of other Australian children and mortality is five times as high.

The Coolamon Study engaged with a group of Aboriginal and Torres Strait Islander families with children aged 0-16 years in NSW, Queensland, South Australia and the Northern Territory to understand the impact of burns in Aboriginal and Torres Strait Islander children.

“A PhD project embedded within the study by Julieann led to the development of the Safe Pathways project, focusing on the development, implementation and evaluation of a culturally appropriate hospital discharge model of care for Aboriginal children after sustaining a burn injury.”

Talking to the families and hearing about what they were going through with the barriers and facilitators to aftercare is what led to a new study following my PhD work,” said Julieann. “The need for the Safe Pathways program really came from the families.”

In addition to the research findings, the Coolamon Study has also impacted service delivery and the design of future programs. Another PhD from the study looked at models of culturally safe care and patient journey mapping.

“It is a privilege to work on the Coolamon Study,” said Courtney Ryder, Coolamon PhD student and Senior Lecturer at Flinders University. “For me, a significant opportunity was bringing Indigenous Knowledges and Quantitative Knowledge together to examine health inequity manifestations in Aboriginal and Torres Strait Islander children with a burn injury.”

Generating new knowledge that will influence future research in a culturally appropriate way is a key driver of the program.

“The power and strength of The Coolamon Study comes from each of the PhD students who have been, and continue to, work on the project.”

Dr Kate Hunter

The power and strength of The Coolamon Study comes from each of the PhD students who have been, and continue to, work on the project.

Dr Kate Hunter

The Coolamon Study
• Developed a culturally appropriate and relevant burn-specific patient journey mapping tool
• 200 families participated, 76 burn injury staff interviewed
• Produced greater understanding of patient experience and care delivery
• Produced four PhD candidates – three of which are Aboriginal students who applied Indigenous research methodologies throughout their studies
• The study has been recognised through awards at conferences and nominations for thesis prizes

Dr Tamara Mackean and Keziah Bennett-Brook with the Hon Ken Wyatt AM MP, Minister for Indigenous Health at Parliament House, Canberra in 2018
Bourke, Research Officer in the Aboriginal and Torres Strait Islander Health Program. “I’ve run into him and he still doesn’t use his walking stick.”

The program was well-accepted by communities and resulted in significant gains in balance and strength for participants. It also led to researchers being awarded additional funding to conduct further trials of the program in other parts of Australia. An economic analysis is underway to establish the cost-effectiveness and cost-utility of the program. Ironbark is also providing a model for an integrated falls and chronic disease self-management program that could be directly implemented within Aboriginal Medical Services or community organisations.

Preventing falls among the elderly

The Ironbark Falls Prevention Program (Ironbark) is another project that has worked in partnership with Aboriginal communities to investigate falls prevention in the elderly. Falls are the leading cause of injury-related hospitalisation in Aboriginal people in NSW and contribute to a significant number of deaths each year. The program facilitated yarning sessions combined with balance and strength training, and was developed with strong Aboriginal community oversight.

“By the end of it, we had one man that was really reliant on a walking stick throughout the whole of the project, and towards the end he threw his walking stick away because he could walk confidently again,” said Elizabeth

The Ironbark Program

• Six Aboriginal communities in NSW were involved in co-designing a program to prevent falls among the elderly
• Ten Yarning Circles were held with 76 participants at Aboriginal health and community services across NSW
• Health and wellbeing improvements among Aboriginal Elders were seen across all communities involved
• Average participant standing balance score, sit-to-stand speed and gait speed all improved
• Significant decreases in average body mass index (BMI) was observed between baseline and six-month time points, due to positive lifestyle changes among participants
• Findings from the Ironbark Program led to the development of a trial funded by Australia’s National Health and Medical Research Council (NHMRC) to evaluate the program’s effectiveness
Improving access to driving licences

The Driving Change Program is yet another example of how community engagement enables the identification and addressing of community priorities. Aboriginal people are two to three times more likely to die on Australian roads and 30% more likely to suffer a serious injury from a road crash than other Australians, yet Aboriginal people are less likely to hold a current driver’s licence. In addition, not having a licence limits access to health and education services, as well as employment, and poses challenges to meeting social and cultural needs and obligations – all factors that can further marginalise a group already experiencing inequity.

Launched in 2012 and implemented by local Aboriginal and Torres Strait Islander people, the Driving Change Program aimed to reduce barriers to licence participation and increase safe and legal driving behaviour in Aboriginal communities. Developed following consultation with Aboriginal communities, the program helped young Aboriginal and Torres Strait Islander people navigate the licensing system, fostering greater social inclusion and economic independence.

"Importantly, the program supported other impactful work such as helping people obtain their birth certificates and other identification documents, and assisting them to go through debt relief," said Kate.

Driving Change employed community members as mentors and saw locals actively participate in the research process and contribute to other Aboriginal and Torres Strait Islander research programs. It established culturally appropriate consent processes for Aboriginal and Torres Strait Islander communities to participate in research, which remove power imbalances and embrace collaboration between participant and researcher, providing a respectful, reflective and reciprocated journey of knowledge-sharing.

“The success of a project depends on how a community is approached, as well as how you let the community run a project,” said Elizabeth. “When a project is successful, communities will want to listen to what else you’ve got to offer and what other projects they can be involved in”.

“The success of a project depends on how a community is approached, as well as how that community is able to run a project.”

Elizabeth Bourke
Legacy and future impact

Led by and for Aboriginal and Torres Strait Islander people, the Aboriginal and Torres Strait Islander Health Program’s impact is a result of both the research it produces and its influence on the way research is conducted.

Indigenous methodologies give a true voice to Aboriginal and Torres Strait Islander communities, and produces research that reflects genuine engagement and collaboration. The program reimagines and redefines what impactful research means, beyond metrics such as academic publications and grant funding, towards producing knowledge that generates evidence of benefits to Aboriginal and Torres Strait Islander communities. This knowledge generation aims to influence policies, services and programs to properly reflect the needs of the communities they serve, as well as future research.

“The program has not only strengthened the Aboriginal and Torres Strait Islander research at the Institute, it’s also strengthened other researchers’ work, who have used our Indigenous methods in their research,” said Julieann. “Aboriginal and Torres Strait Islander health research and methodologies at The George Institute are now recognised as powerful tools for conducting and understanding culturally appropriate research.”

New collaborative partnerships have been formed with researchers, organisations and communities across Australia, and increasingly overseas. Innovative research has been launched following from the success of completed projects – research that predominantly focuses on the cultural and social determinants of health, health systems and healthcare delivery, and community driven program design and implementation.

The program has also built a collaborative team dynamic centred on trust, respect and accountability to each other, to community and to Country. As it continues to grow and more Aboriginal and Torres Strait Islander staff and students work at The George Institute, the team hopes to continue to drive meaningful and ethical research to create greater health equity for Aboriginal and Torres Strait Islander peoples and communities.

For more information about the Aboriginal and Torres Strait Islander Program, please contact Program Lead Keziah Bennett-Brook at kbennett-brook@georgeinstitute.org.au or visit www.georgeinstitute.org.au/units/aboriginal-and-torres-strait-islander-health-program.

About The George Institute for Global Health: The George Institute for Global Health is focused on generating robust evidence to create better treatments, better care and healthier societies. This means not only generating evidence to determine what works, and doesn’t work, but also which health service or treatment is value for money and where the cost of healthcare can be reduced. Paramount to our work is finding new ways to fund healthcare so health systems can become more sustainable, as well as operate more equitably.

About The PRISM Initiative: Through interviews with investigators and research partners, project staff and peers in the research community, The Project & Research Impact Story Mapping (PRISM) Initiative examines key research milestones of The George Institute and explores the impact of its projects on health sectors and systems, government policies, communities and more. Join us as we explore key research achievements of the past 20 years, examine how conventional thinking was challenged, who benefitted and what led the research to be transformed into practice.