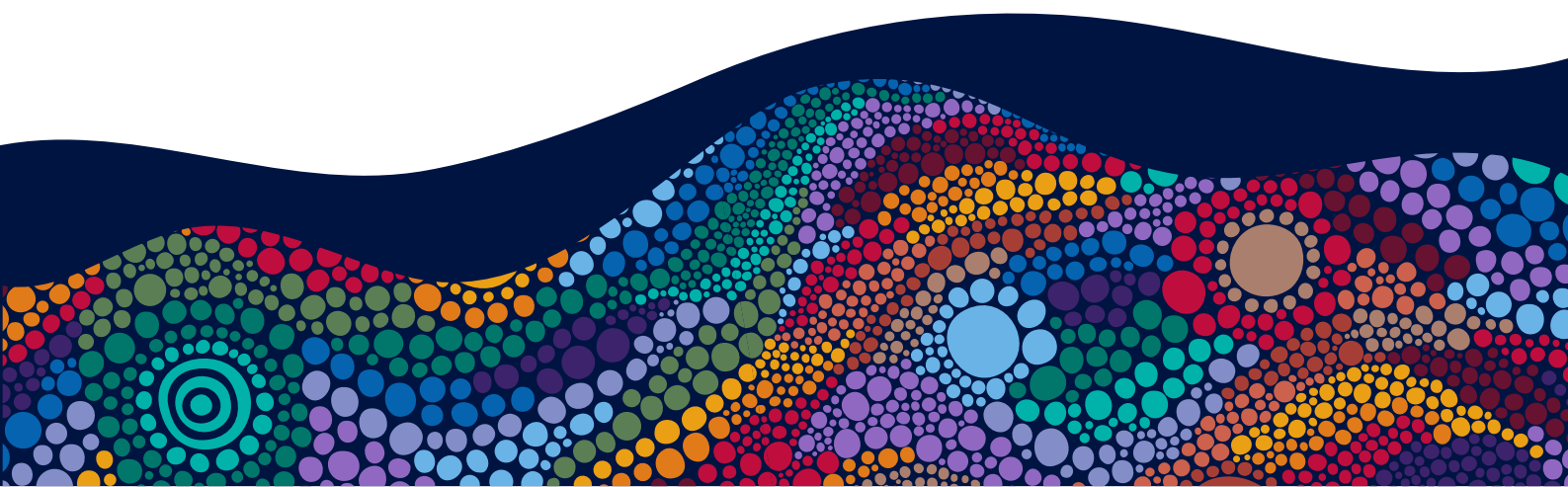


Medical Research Future Fund Reducing Health Inequities Mission - National Consultation on the Roadmap and Implementation Plan

Submission to the Department of Health,
Disability and Ageing

September 2026



About NACCHO

NACCHO is the national peak body representing 150 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations.

The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 150 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

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Recommendations

NACCHO recommends:

- 1** The MRFF Reducing Health Inequities Mission's draft Roadmap and Implementation Plan explicitly aligns with the National Agreement and its four Priority Reform Areas.
- 2** In line with Priority Reform 1 of the National Agreement, the Roadmap and Implementation Plan reflects genuine partnership and collaboration with Aboriginal and Torres Strait Islander people and organisations to design, lead, and inform implementation of research activities under all aims and priority areas.
- 3** Embedding cultural safety in health and medical research in Australia, and an explicit requirement for researchers to develop and demonstrate cultural capabilities required to conduct research in a culturally respectful and appropriate manner, aligning with Priority Reform 3 of the National Agreement.
- 4** Funding allocated for Aboriginal and Torres Strait Islander health and medical research is administered by the Lowitja Institute to have oversight over the ethical behaviour of researchers and ensure research priorities are community priorities.
- 5** Embedding mechanisms such as reciprocal research agreements in health and medical research to ensure that research conducted results in tangible benefits for Aboriginal and Torres Strait Islander people.
- 6** Activities funded under RHIM includes capacity building opportunities specifically for the community-controlled research workforce, particularly for Aboriginal and Torres Strait Islander people, and prioritises alternative pathways for community researcher development.
- 7** Embedding principles of Indigenous Data Sovereignty in all priority areas of the Roadmap and Implementation Plan inclusive of all stages of health and medical research, aligning with Priority Reform 4 of the National Agreement.

Acknowledgements

NACCHO welcomes the opportunity to provide a submission to Department of Health, Disability and Ageing on the Medical Research Future Fund Reducing Health Inequities Mission's draft Roadmap and Implementation Plan.

NACCHO supports the submissions to this consultation made by NACCHO Members and Affiliates.

National Agreement on Closing the Gap

Advocating for and securing the National Agreement on Closing the Gap was an historically significant act of Aboriginal and Torres Strait Islander self-determination. The National Agreement is evidence of a new era of engagement by and with Aboriginal and Torres Strait Islander people. It commits Australia to a new direction and is a pledge from all governments to fundamentally change the way they work with Aboriginal and Torres Strait Islander communities and organisations – to support self-determination and build the capacity of the community-control sector.

This Government's first Closing the Gap Implementation Plan commits to achieving Closing the Gap targets *through implementation of the Priority Reforms*. This represents a shift away from focussing on the Targets, towards the structural changes that the Priority Reforms require, and which are more likely to achieve meaningful outcomes for our people in the long term.

The reforms and targets outlined in the National Agreement seek to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians. Governments at all levels have committed to the implementation of the National Agreement's four Priority Reform Areas, which offer a roadmap to meaningfully impact structural drivers of poor health and social outcomes for Aboriginal and Torres Strait Islander people:

Priority Reform Area 1 – Formal partnerships and shared decision-making

This Priority Reform commits to building and strengthening structures that empower Aboriginal and Torres Strait Islander people to share decision-making authority with governments, and to accelerate policy making that centres Aboriginal and Torres Strait Islander voices.

Priority Reform Area 2 – Building the community-controlled sector

Recognising that community-controlled services achieve better outcomes, employ more Aboriginal and Torres Strait Islander people and are often preferred over mainstream services, this Priority Reform commits to building Aboriginal and Torres Strait Islander community-controlled sectors to deliver services to support Closing the Gap.

Priority Reform Area 3 – Transformation of mainstream institutions

This Priority Reform commits to systemic and structural transformation of government organisations to identify and eliminate racism, embed and practice cultural safety, deliver services in partnership with Aboriginal and Torres Strait Islander people, support truth telling about agencies' history with Aboriginal and Torres Strait Islander people, and engage fully and transparently with Aboriginal and Torres Strait Islander people when programs are being changed.

Priority Reform Area 4 – Sharing data and information to support decision making

This Priority Reform commits to shared access to regional data and information to inform local-decision making and support achievement of the first three Priority Reforms. This Priority Reform supports principles of Indigenous Data Sovereignty.

Despite some progress, the need for fundamental systemic reform remains evident. In its first review of the National Agreement on Closing the Gap, the Productivity Commission found that governments are not

adequately delivering on their commitments. Despite support for the Priority Reforms and some good practice, progress has been slow, uncoordinated, and piecemeal.

The Commission noted that to enable better outcomes, governments need to relinquish some control, share decision making and acknowledge that Aboriginal and Torres Strait Islander people know what is best for their communities. Aboriginal Community Controlled Organisations, must be treated as critical partners rather than passive funding recipients, and trusted to design, deliver and measure government services in ways that are culturally safe and meaningful for their communities.

‘Too many government agencies are implementing versions of shared decision-making that involve consulting with Aboriginal and Torres Strait Islander people on a pre-determined solution, rather than collaborating on the problem and co-designing a solution’¹

Incorporation and alignment of key national policy documents

The lack of comprehensive reflection of the National Agreement and its four Priority Reform areas throughout the Medical Research Future Fund (MRFF) Reducing Health Inequities Mission’s (RHIM) draft Roadmap and Implementation Plan is disappointing. During the consultation webinar held on 19 August, it was mentioned that the National Agreement and the Priority Reforms are implied rather than explicitly noted. This is not sufficient. The National Agreement on Closing the Gap should be a key guiding policy for this Roadmap and Implementation Plan, especially as the purpose of the RHIM is to *“drive transformative health and medical research that strengthens systems, informs policy and practice, and enables everyone in Australia regardless of circumstances, to achieve equitable health and wellbeing outcomes”*.

In addition to aligning with and specifically referencing the National Agreement, other Aboriginal and Torres Strait Islander health and research policy documents should be incorporated in the Roadmap and Implementation Plan such as:

- The [National Aboriginal and Torres Strait Islander Health Plan 2021-2031](#),
- [AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research](#),
- [NHMRC Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders](#),
- [NHMRC Keeping research on track II](#), and
- NHMRC Road Map 3: A strategic framework for improving Aboriginal and Torres Strait Islander health through research. [Report of Community Consultations](#).

Explicit reference and incorporation of these policies, frameworks and plans throughout the Roadmap and Implementation Plan is needed. This will ensure that culturally safe approaches, and the needs and priorities of Aboriginal and Torres Strait Islander people are clearly safeguarded in health and medical research, and will demonstrate the Department of Health, Disability and Ageing’s commitment to the National Agreement.

NACCHO recommends the MRFF Reducing Health Inequities Mission’s draft Roadmap and Implementation Plan explicitly aligns with the National Agreement and its four Priority Reform Areas.

¹ Productivity Commission, Review of the National Agreement on Closing the Gap, Study Report, Canberra, 7 Feb 2024 <https://www.pc.gov.au/inquiries/completed/closing-the-gap-review/report>.

Equitable, community-controlled health and medical research

A broad range of structural, social, cultural and commercial determinants influence health outcomes for Aboriginal and Torres Strait Islander people. Entrenched cycles of poverty, exacerbated by poor education and employment outcomes and increased interaction with the justice system contribute significantly to poorer health outcomes for Aboriginal and Torres Strait Islander people.

The Australian Institute of Health and Welfare notes that the links between socioeconomic disadvantages such as poverty, social dysfunction and exclusion, stress, racism and poor health are well established.² This is true across urban, regional and remote areas. The consequent disparity in health outcomes between Aboriginal and Torres Strait Islander people and other Australians remains significant – 34 per cent of the health gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians is attributable to social determinant factors.³

Health and medical research methods and datasets still reflect colonial constructs prioritising Western approaches. Without proper inclusion, the benefits of health and medical research risk being less accessible and effective for Aboriginal and Torres Strait Islander people, which will exacerbate existing health inequities. Addressing this gap is essential to support equitable health outcomes and avoid perpetuating systemic disadvantage. It is therefore welcome that the Funding Principles of the Roadmap considers the impact of these determinants on health outcomes for Aboriginal and Torres Strait Islander people, and that activities funded under the RHIM *“recognises intersectionality and focuses on addressing the often intertwined social, and structural barriers to healthcare access and quality for those experiencing health and social inequities. This includes but is not limited to ensuring that healthcare is affordable, safe, accessible and inclusive, and based on universal design principles so that nobody in Australia is disadvantaged.”*

For Aboriginal and Torres Strait Islander people, equitable access to care is a human rights issue due to racism and discrimination in the health system. A focus on equity allows for a more targeted and nuanced actions to support Aboriginal and Torres Strait Islander people and other diverse communities who have historically and continue to face barriers to accessing and benefiting from advancements in health and medical research.

An equity focus allows for a foundational priority that is not defined by the medical model of awareness, diagnosis, access to care and therapy and data. It facilitates a more holistic approach that works across all health care and research settings, aligns with the move toward multidisciplinary team care in primary healthcare settings, and importantly, with the holistic, person-centred ACCHO model of care.

Prioritising equity supports the inclusion of system wide changes and targeted actions to support Aboriginal and Torres Strait Islander people. Research funded through the RHIM can be strengthened by clearly outlining how research processes will promote equity, and what actions will be taken.

Greater coordination and collaboration with the community-controlled sector

Greater coordination and collaboration with the community-controlled sector would facilitate equitable access to health and medical research, and ensure cultural safety, and community leadership as key focus areas across the Roadmap and Implementation Plan. NACCHO is committed to facilitating co-designed, collaborative research, however, dedicated resources and support are required to enable meaningful and sustained participation and alleviate the additional administrative and workforce burden researchers place on the sector. Services are already stretched in delivering care, and clear processes are needed to ensure ACCHOs are not overloaded.

ACCHOs play a central role in the provision of culturally safe, trauma-informed care primary health care for Aboriginal and Torres Strait Islander communities. Rooted in self-determination, ACCHOs help overcome many of the barriers to access experienced by Aboriginal and Torres Strait Islander people. ACCHOs provide

² Australian Institute of Health and Welfare, 2.09 Index of disadvantage, <https://www.indigenoushpf.gov.au/measures/2-09-index-disadvantage>.

³ Australian Institute of Health and Welfare. Determinants of health for Indigenous Australians 2022, <https://www.aihw.gov.au/reports/australias-health/social-determinants-and-indigenous-health>.

a holistic, multidisciplinary model of care that encompasses primary health as well as social and emotional wellbeing and are well placed to provide services for Aboriginal and Torres Strait Islander people.⁴ ACCHOs are therefore best placed to design and deliver culturally safe research activities in partnership with local communities and other relevant organisations to equitably build health and medical knowledge. ACCHOs are also key potential drivers of research in regional, rural and remote communities, and critical partners in improving clinical trial accessibility and uptake.

The ACCHO sector should be explicitly referenced throughout the Roadmap and Implementation Plan as a key stakeholder and implementation partner, reflecting its central role in Aboriginal and Torres Strait Islander health and redressing inequities. Health and medical research has enormous potential to drive dramatic improvements in health outcomes, and these benefits must be enjoyed by all Australians.

Aboriginal and Torres Straits Islander governance throughout all levels of the research system is key for an impactful, sustainable and strategically aligned health and medical research sector. Aboriginal and Torres Strait Islander leadership must be reflected in national priority setting and evaluation, horizon scanning, oversight of funding, co-design of grants schemes, and research collaborations.

NACCHO recommends in line with Priority Reform 1 of the National Agreement, the Roadmap and Implementation Plan reflects genuine partnership and collaboration with Aboriginal and Torres Strait Islander people and organisations to design, lead, and inform implementation of research activities under all aims and priority areas.

Cultural safety

There is no mention of cultural safety in the Roadmap and Implementation Plan. Explicit guidance and robust examples across all priority areas are needed so that all Australians benefit from health and medical research. It should be clear from the documents what activities will be progressed to embed cultural safety in how research is conducted under the RHIM, and this is not currently achieved. This is crucial, especially given that long-standing histories of exploitation, misuse, abuse, and discrimination have led to widespread distrust of research and researchers for many communities.⁵

Systemic and structural transformation of mainstream government organisations and research institutions to embed and practice cultural safety and deliver services in partnership with Aboriginal and Torres Strait Islander people, and a strong understanding of cultural safety as part of the organisational mindset at all levels is critical. Cultural safety and cultural competency training is not sufficient to deliver a culturally safe environment for Aboriginal and Torres Strait Islander people. Cultural competency suggests non-Indigenous people can be competent in the diversity of Aboriginal and Torres Strait Islander cultures. There should be a focus on cultural capabilities, and developing skills, knowledge and behaviours required to plan, support, improve and deliver research in a culturally respectful and appropriate manner.⁶ This requires comprehensive, *cultural capabilities* training and greater engagement by listening to Aboriginal and Torres Strait Islander people about their experiences and taking those learnings on board within the organisation. Without cultural respect and understanding as a core component of health and medical research, we are unlikely to see the benefits for Aboriginal and Torres Strait Islander people. While specific to health care, the AIHW *Cultural safety in health care for Indigenous Australians: monitoring framework*⁷ may offer insights on a model to evidence the provision of culturally safe research.

⁴ Bell K, Couzos S, Daniels J, Hunter P, Mayers N, Murray R. Aboriginal Community Controlled Health Services. In: Commonwealth, Department of Health and Aged Care, (ed.) General Practice in Australia: 2000. Commonwealth Department of Health and Aged Care, Canberra Australia, pp. 74-104.

⁵ Murray K, Merritt T, Wharton L, Ahuriri-Driscoll A. Cultural Safety in research. Queensland University of Technology; 2025. <https://oercollective.caul.edu.au/cultural-safety-in-health/chapter/cultural-safety-in-research/>.

⁶ Mohamed J, Stacey K, Chamberlain C and Priest N. Cultural safety in Australia, Discussion paper, Lowitja Institute, Melbourne, 2024. <https://www.lowitja.org.au/resource/cultural-safety-in-australia/>.

⁷ Australian Institute of Health and Welfare, Cultural safety in health care for Indigenous Australians: monitoring framework, <https://www.aihw.gov.au/reports/indigenous-australians/cultural-safety-health-care-framework/contents/about>.

References to the requirement to deliver culturally safe research should be explicit throughout the Roadmap and Implementation Plan.

Consideration should be given to the development of specific guidance on conducting and delivering cultural safe research for Aboriginal and Torres Strait Islander people throughout activities funded under RHIM, as well as support systems needed to help individuals understand information and make informed choices, ensuring consent processes are accessible, culturally safe, and equitable for all. This should be developed in partnership with the sector.

NACCHO recommends embedding cultural safety in health and medical research in Australia, and an explicit requirement for researchers to develop and demonstrate cultural capabilities required to conduct research in a culturally respectful and appropriate manner, aligning with Priority Reform 3 of the National Agreement.

Research priority setting

National, and local research priority setting and evaluation must be Aboriginal and Torres Strait Islander-led. The Roadmap and Implementation Plan should clearly outline how the voices of priority populations will be included in leading and shaping the research funded under RHIM. Partnerships and shared decision-making are critical in this process – needs and priorities should be determined by the communities that will be impacted by the research. With communities as the driving factor behind research priority setting, this may act as a safeguard against research fatigue, and the burden that is placed on communities that are over-researched.

Community knows what is needed for their health and wellbeing and traditional research funding cycles can be an impediment to Aboriginal and Torres Strait Islander innovation. Communities have priorities that don't fit neatly within strict research streams are still critical such as cultural medicines, healing on Country, and holistic wellbeing. Aboriginal and Torres Strait Islander-led research priority setting is also important given that some health issues significantly affect some Aboriginal and Torres Strait Islander communities, while only minimally affecting non-Indigenous Australians, such as ARF/RHD, Tuberculosis, and HTLV-I.

To facilitate equitable funding opportunities for Aboriginal and Torres Strait Islander-led research, NACCHO supports the recommendation made by the Lowitja Institute in their discussion paper *Keeping Research on Track? Aboriginal and Torres Strait Islander Accounts of Ethical Conduct in Health and Medical Research*. Research commissioning should be managed by Aboriginal and Torres Strait Islander community-controlled organisations, particularly Lowitja Institute, as a fundamental mechanism to uphold ethics, and Indigenous-led research commissioning process.⁸

NACCHO recommends funding allocated for Aboriginal and Torres Strait Islander health and medical research is administered by the Lowitja Institute to have oversight over the ethical behaviour of researchers and ensure research priorities are community priorities.

Co-design and participatory action research

The co-design and engagement processes mentioned throughout the Roadmap and Implementation Plan can be significantly strengthened. This should include involving Aboriginal and Torres Strait Islander people, communities, and organisations in planning phases of all projects, ensuring ongoing communication throughout development, and appropriate timeframes to allow for meaningful feedback. The use of terms like “co-design” should be clearly defined, and formal partnership mechanisms should be established to support accountability and collaboration. Throughout the documents, language and activities should be strengthened to reflect genuine co-design and partnership commitments, rather than applied too generally, which risks

⁸ Collis F, Kennedy M. Keeping Research on Track? Aboriginal and Torres Strait Islander Accounts of Ethical Conduct in Health and Medical Research: Discussion Paper, Lowitja Institute, June 2025. <https://www.lowitja.org.au/resource/keeping-research-on-track-aboriginal-and-torres-strait-islander-accounts-of-ethical-conduct-in-health-and-medical-research/>.

diminishing its impact and importance. Consultation does not equal co-design. Co-design or participatory action research must incorporate Aboriginal and Torres Strait Islander leadership, respect, community benefit, culturally grounded approaches, inclusive partnerships, and transparency and evaluation.⁹

Reciprocal research agreements

The Roadmap and Implementation Plan mentions “*partnerships*” but does not detail what this should look like in practice, does not reference Aboriginal and Torres Strait Islander research guidelines (AIATSIS, AH&MRC, AHREC, WAAHEC, NHMRC), or commit to reciprocity. The Department has developed the *Aboriginal and Torres Strait Islander Partnership and Engagement Framework*¹⁰ that outlines what true partnership should entail. This framework should be referenced in the Roadmap and Implementation Plan so that clear guidance on partnerships with Aboriginal and Torres Strait Islander people is included.

Any research funded under RHIM, must include reciprocal research agreements including outlining details of the research collaboration with Aboriginal and Torres Strait Islander people, communities, and organisations as part of the ethics approval process. These agreements must be co-designed with Aboriginal and Torres Strait Islander research partners and include details about:

- The aims and expected benefits of the research, ensuring that they are co-designed and align with community needs and priorities, create sustainable solutions, and lead to tangible outcomes.
- Governance mechanisms ensuring that there is Aboriginal and Torres Strait Islander oversight of the research project.
- Adequate remuneration for participants and the community research partners that acknowledges the additional workload and resource burden placed on community (generally the ACCHO workforce) to support the research project.
- Clear processes relating to data collection, ownership, analysis, storage and dissemination that align with principles of Indigenous Data Sovereignty, with transparency on how results of the research will be returned to community in ways they find useful.
- Capacity building or opportunity for employing and training community members or the research partners.

The Roadmap and Implementation Plan needs to include clear actions to stop extractive research that does not ultimately benefit Aboriginal and Torres Strait Islander people. There are countless examples of communities effectively being the subjects of research or being surveyed repeatedly for chronic disease, without results being returned at all, presented in ways that are not useful, or no consideration for practical sustainable solutions that can be implemented. Reciprocity needs to be an explicit requirement for all health and medical research.

NACCHO recommends embedding mechanisms such as reciprocal research agreements in health and medical research to ensure that research conducted results in tangible benefits for Aboriginal and Torres Strait Islander people.

Workforce development and capacity building

NACCHO supports RHIM’s aim to “*develop and strengthen the health research workforce with skills, knowledge and experiences to lead research focused on reducing health inequities*”.

A strong focus on the Aboriginal and Torres Strait Islander workforce is needed as a critical enabler of implementation, ensuring that all levels of the health and medical research workforce are capable.

⁹ Butler T, Anderson K, Black O, Gall A, Ngampromwongse K, Murray R, Mitchell L, Wilkinson K, Heris C, Whop LJ. Co-design Versus Faux-design of Aboriginal and Torres Strait Islander Health Policy: A Critical Review, Lowitja Institute, June 2025. <https://www.lowitja.org.au/resource/co-design-versus-faux-design-of-aboriginal-and-torres-strait-islander-health-policy-a-critical-review/>.

¹⁰ Department of Health, Disability and Ageing, (2025). Aboriginal and Torres Strait Islander Partnership and Engagement Framework. <https://www.health.gov.au/sites/default/files/2025-04/aboriginal-and-torres-strait-islander-partnership-and-engagement-framework.pdf>.

Development of training and career pathways in partnership with ACCHOs and Aboriginal Community Controlled Registered Training Organisations (ACCRTOs) for the current and prospective research workforce is key to ensuring initiatives are designed and developed for community, by community. This can help support attraction, recruitment, and retention to build a local research workforce. Health and medical research not only require additional training for current staff, but additional staff to manage the increased workload these innovations bring. Action measures which address the need for additional staffing should also be reflected in the funded research.

It is essential that workforce capacity building efforts are targeted towards equity, including Aboriginal and Torres Strait Islander researchers and upskilling of existing workforce.

Community researcher pathways

Employing and training local Aboriginal and Torres Strait Islander people to co-design and collaborate on research projects in their communities provides genuine capacity development opportunities for community-based researchers and ensures the quality of the research and its impacts.¹¹

Community-based researchers with non-traditional pathways into research should be included in core research teams as part of capacity building requirements for research that is successfully funded under RHIM. Community researchers are critical in conducting culturally safe research for many Aboriginal and Torres Strait Islander people, and have a key role in the delivery of community-based, sustainable research solutions.

Enabling community researchers to deliver services to the full scope of their training, and providing opportunities for skills development, transition pathways and on-the-job support will further support research services for regional, rural and remote communities. Upskilling and retraining to better utilise the existing community-controlled sector workforce and creating sustainable, accessible local career pathways for Aboriginal and Torres Strait Islander workers is key to building capacity.

It is critical that workforce capacity building is prioritised for the community-controlled sector, and will demonstrate alignment with Priority Reform 2 of the National Agreement.

Lowitja Institute and OCHRe have developed a *Certificate IV in Aboriginal and Torres Strait Islander Research Theory and Practice (11037NAT)* which is delivered by Yagilaith Djerring. The course is designed for Aboriginal and Torres Strait Islander people who want to strengthen their skills in research and evaluation, or as an entry point into a career in research. The course is a pathway into ethical, culturally safe research grounded in Aboriginal and Torres Strait Islander ways of knowing, being and doing.^{12,13}

NACCHO recommends activities funded under RHIM includes capacity building opportunities specifically for the community-controlled research workforce, particularly for Aboriginal and Torres Strait Islander people, and prioritises alternative pathways for community researcher development.

Research translation and implementation

We know that there is slow or minimal uptake of health and medical research into practice, organisation, and policy.¹⁴ Both research translation and implementation are critical to ensure that communities receive the

¹¹ Abbott T, Taylor L, Allen L. Aboriginal community researchers: promoting meaningful research outcomes in remote Aboriginal communities, Ninti One, 13th National Rural Health Conference, 2015.

¹² Yagilaith Djerring, VACCHO. 11037NAT Certificate IV in Aboriginal and Torres Strait Islander Research Theory and Practice. <https://yagilaithdjerring.org.au/courses/certificate-iv-in-aboriginal-and-torres-strait-islander-research-theory-and-practice/>.

¹³ Lowitja Institute. Courses. <https://lowitja.org.au/lowitja-learning/courses/>.

¹⁴ Wensing M, Grol R. Knowledge translation in health: how implementation science could contribute more. BMC Medicine. 2019 May 7;17(1). <https://doi.org/10.1186/s12916-019-1322-9>.

benefits of the research being conducted and are equally important components of funded research. The Roadmap and Implementation Plan can be strengthened further by:

- An explicit requirement that research findings must be disseminated back to Aboriginal and Torres Strait Islander communities and organisations in line with the National Agreement and principles of Indigenous Data Sovereignty.
- Ensuring that implementation of findings or interventions are considered from research conceptualisation and throughout the research process, with barriers and facilitators to implementation accounted for.
- Community-controlled organisations are included as key implementation partners to facilitate translation and implementation of research findings or interventions to communities.
- Monitoring and evaluation of research that includes provisions for scaling up place-based interventions that have proven successful nationally, and conversely translating nationally relevant models into tailored, place-based solutions.
- Mechanisms in place that ensure that once the research project has ended (and funding has stopped), there are sustainable solutions in place that allow for a long term, ongoing impact for communities.

Monitoring and evaluation

NACCHO supports health and medical research to address health and wellbeing priorities and provide outcomes that benefit Aboriginal and Torres Strait Islander people. However, care must be taken in collecting and using data collected from Aboriginal and Torres Strait Islander people. All actions regarding data collection and sharing of data need to align with Priority Reform 4 and principles of Indigenous Data Sovereignty. Aboriginal and Torres Strait Islander people must have access to, control over, and the capability to collect, manage and use data relevant to their communities. Research must be strengths-based and healing centred and incorporate a life-course approach, taking into account social and cultural determinants of health. Monitoring approaches must be co-designed with communities and clearly demonstrate how the data will support local decision-making and benefit the communities from which it is collected. In addition to the impact of research on the health and wellbeing of Aboriginal and Torres Strait Islander Peoples, the translation, implementation and transition of research to community, and sustainable funding for implementation beyond the research project must be included as part of monitoring and evaluation activities.

Monitoring and evaluation approaches for research must be carefully designed with Aboriginal and Torres Strait Islander-led governance and incorporate Indigenous evaluation methods to avoid reinforcing existing power imbalances and entrenching health inequities. Embedding mechanisms for Aboriginal and Torres Strait Islander governance of health and medical research priorities, funding decisions, data access and translational findings into health benefits will ensure accountability.

Principles of Indigenous Data Sovereignty must be clearly and adequately defined, and the Roadmap and Implementation Plan should specify the concrete safeguards and mechanisms that will be put in place to ensure that Indigenous Data Sovereignty is respected, maintained, and upheld throughout all stages of health and medical research.¹⁵ Indigenous Data Sovereignty should be incorporated in all priority areas of the Roadmap and Implementation Plan to align with Priority Reform 4 of the National Agreement.

Not all organisations or systems have the capability to support or align with principles of Indigenous Data Sovereignty. To facilitate this, the Roadmap and Implementation Plan should include continuous quality improvement as an accountability action with key performance measures for organisations, systems and infrastructure to work towards aligning with Indigenous Data Sovereignty.

¹⁵ Taking Control of Our Data: A Discussion Paper on Indigenous Data Governance for Aboriginal and Torres Strait Islander People and Communities, Discussion Paper, Lowitja Institute, Melbourne. DOI: 10.48455/rtvd-7782. <https://www.lowitja.org.au/resource/taking-control-of-our-data-a-discussion-paper-on-indigenous-data-governance-for-aboriginal-and-torres-strait-islander-people-and-communities/>.

The Roadmap and Implementation Plan should state and ensure that all activities relating to data and sample collection, storage, analysis, use, sharing, storage, management, data systems and infrastructure align with:

- [Principles of Indigenous Data Sovereignty](#) (Maiam nayri Wingara),
- [Ethical guidelines for research with Aboriginal and Torres Strait Islander peoples](#) (National Health and Medical Research Council (NHMRC))
- [AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research \(the AIATSIS Code\)](#) (Australian Institute for Aboriginal and Torres Strait Islander Studies (AIATSIS))
- [Framework for Governance of Indigenous Data](#).
- [The United Nations Declaration on the Rights of Indigenous Peoples](#).

NACCHO recommends embedding principles of Indigenous Data Sovereignty in all priority areas of the Roadmap and Implementation Plan inclusive of all stages of health and medical research, aligning with Priority Reform 4 of the National Agreement.