



**TTRA** TARGETED TRANSLATION  
RESEARCH ACCELERATOR  
DIABETES + CARDIOVASCULAR DISEASE

# TTRA RESEARCH PROJECTS ROUND 3 WEBINAR SERIES:

## Principles of Aboriginal and Torres Strait Islander Health Research and Engaging Meaningfully with Community

TUESDAY 29 NOVEMBER 2022 | 2:00-3:00PM AEDT



Australian Government  
Department of Industry,  
Science and Resources

Industry  
Growth  
Centres

**MTPConnect**



Championing a sector-led approach to accelerating the growth of the  
medical technology, biotechnology and pharmaceutical ecosystem in Australia



Thank you for joining us.

Our webinar will be starting shortly...

# Join our network!



Follow us and our CEO on Twitter  
**@MTPConnect\_AUS @StuDignam**



Subscribe to  
**The MTPConnect Podcast**



Join us on LinkedIn  
**@MTPConnect**



Subscribe to our  
**monthly newsletter**

**MTPCONNECT.ORG.AU/NETWORK**

# Connect with the MTPConnect TTRA Team

## TTRA Program Team



**Dr Mana Liao**

Acting Senior Director



**Dr Erin McAllum**

Acting Director



**Dr Andionne Parlade**

Associate Project Manager



For more information, please contact: [ttra-dc vd@mtpconnect.org.au](mailto:ttra-dc vd@mtpconnect.org.au)



# TTRA RESEARCH PROJECTS ROUND 3 WEBINAR SERIES:

## Principles of Aboriginal and Torres Strait Islander Health Research and Engaging Meaningfully with Community

TUESDAY 29 NOVEMBER 2022 | 2:00-3:00PM AEDT



Australian Government  
Department of Industry,  
Science and Resources

Industry  
Growth  
Centres

MTPConnect



Championing a sector-led approach to accelerating the growth of the medical technology, biotechnology and pharmaceutical ecosystem in Australia

# Welcome and Acknowledgement of Country



**Dr Erin McAllum**

Acting Director TTRA Program

# Housekeeping



For more information, please contact  
[ttra-dc vd@mtpconnect.org.au](mailto:ttra-dc vd@mtpconnect.org.au)

## QUESTIONS



- Please enter questions in the **Q&A BOX** (*not the CHAT box*)
- You can **SUBMIT ANONYMOUSLY** – Just click the checkbox



- **Have the same question as someone else?**  
UPVOTE a question by clicking the THUMBS UP

## RECORDING



- This webinar will be recorded and slides published soon – We'll email you when they're ready!
- View the **ON-DEMAND VIDEO** at [mtpconnect.org.au/webinars](https://mtpconnect.org.au/webinars)



- Listen by subscribing to **THE MTPCONNECT PODCAST**  
Available on Apple Podcasts, Spotify and on our website

Please be aware that this webinar may contain images, voices or names of deceased persons.

# Our Panel



**Dr Mana Liao**

Acting Senior Director, TTRA  
Program



**Professor Alex Brown**

Professor of Indigenous  
Genomics, Australian National  
University and Telethon Kids  
Institute



**Dr Michelle Kennedy**

Executive Manager of Research  
and Knowledge Translation,  
Lowitja Institute



**Ray Kelly**

Accredited Exercise  
Physiologist/Researcher and  
creator of 'Too Deadly for  
Diabetes'



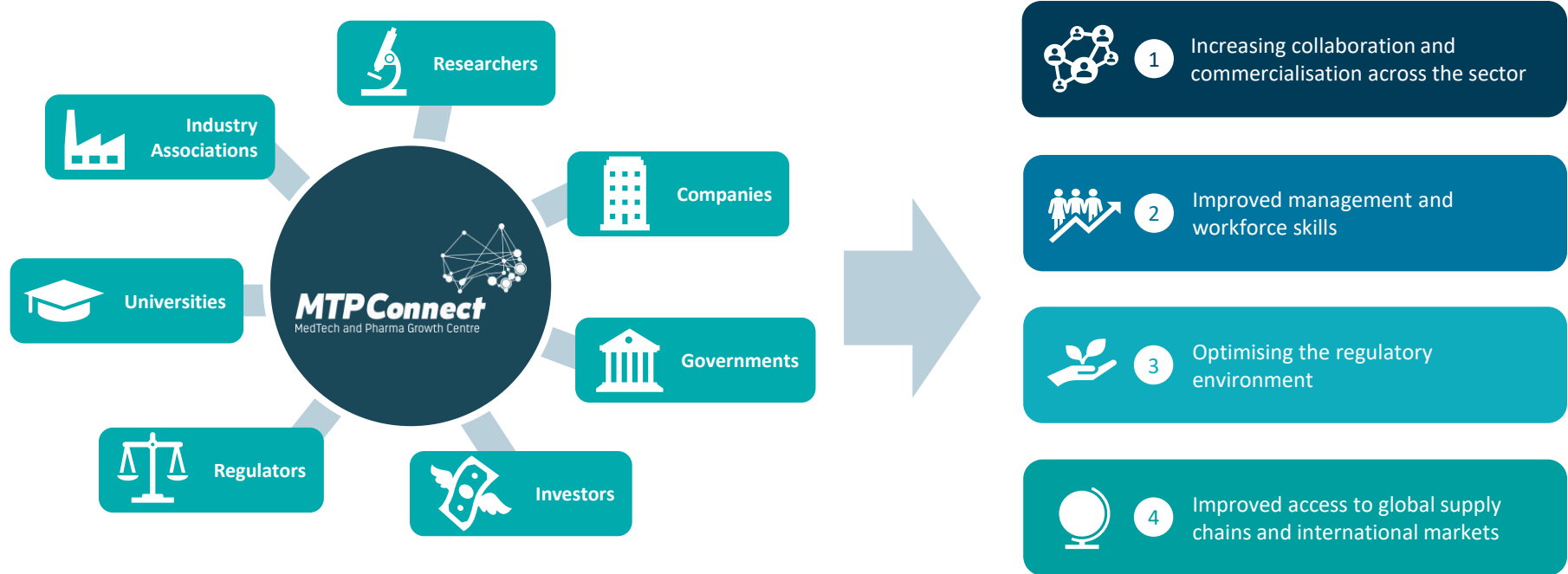
# Introduction to MTPConnect and TTRA Program



**Dr Mana Liao**

**Acting Senior Director TTRA Program**

# MTPConnect's goal is to accelerate the growth of Australia's MTP sector



# MTPConnect Programs Overview @\$182M

## Department of Industry, Science and Resources



Growth Centre  
Project Fund

**\$15.6M**

40 Projects

## Department of Health - Medical Research Future Fund



**Biomedical**  
TRANSLATION BRIDGE  
PROGRAM

**\$22.3M**

21 Projects



**BioMedTech Horizons**  
PROGRAM

**\$45M**

46 Projects



**\$32M**

20 Training partners  
46 Training programs



**\$47M**

16 Research projects  
2 Research centres  
Round 3 – Open FY 2023



Clinical Translation  
& Commercialisation  
**Medtech**

**\$19.75M**

5 Research Projects  
Round 2 – Now closed

# MRFF \$47M TTRA Program

## Pillar One

National Research Centres to address complications of diabetes and cardiovascular disease



## Pillar Two

Discrete Research Projects to address sector-identified Priority Areas in diabetes and cardiovascular disease



ROUND 1: Interactions between diabetes and cardiovascular disease

ROUND 2: Unmet needs in diabetes and cardiovascular disease

ROUND 3: Indigenous-specific unmet needs in diabetes and cardiovascular disease

## TTRA Partners



# TTRA Research Projects Round 3



For more information



## LET'S GET TO KNOW YOU...



Please answer all POLL questions and hit

**SUBMIT**

# Professor Alex Brown



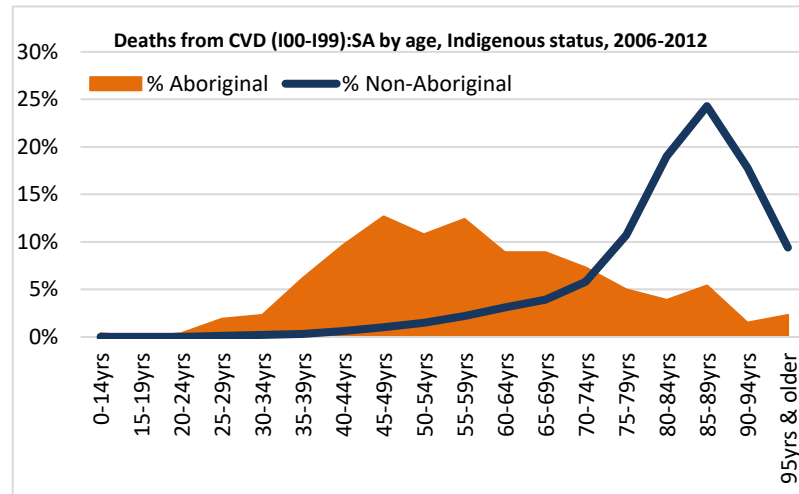
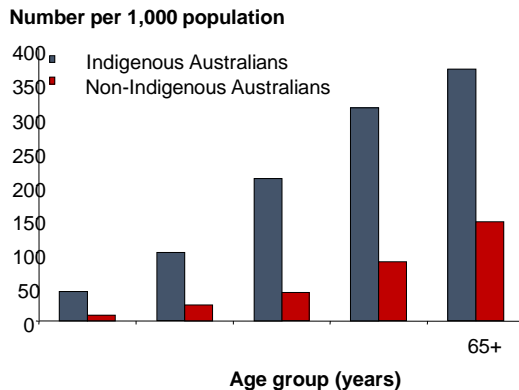
Australian  
National  
University



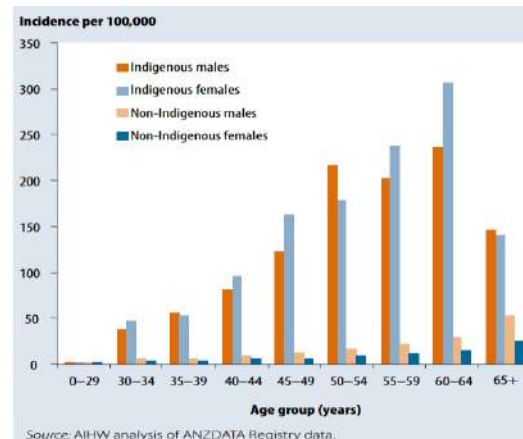
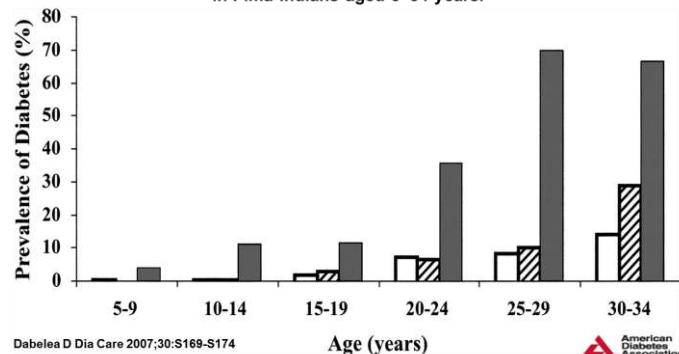
**Professor of Indigenous Genomics, Australian  
National University and Telethon Kids Institute**

# Why CVD and DM ?

- Inequalities
- Premature onset and mortality
- Aggressive phenotypes
- Intergenerational transmission



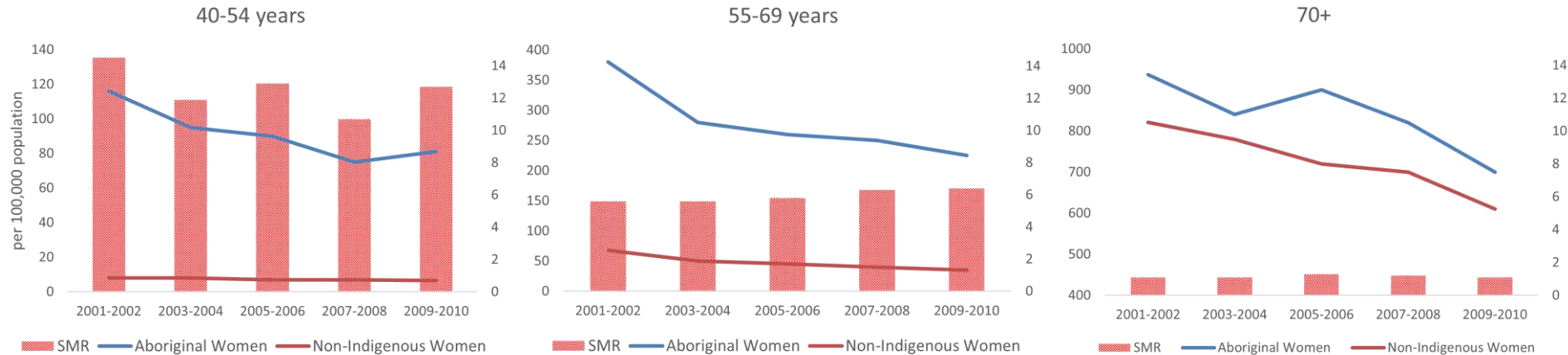
**Prevalence of type 2 diabetes, by mother's diabetes during and after pregnancy in Pima Indians aged 5-34 years.**



Source: AIHW analysis of ANZDATA Registry data.



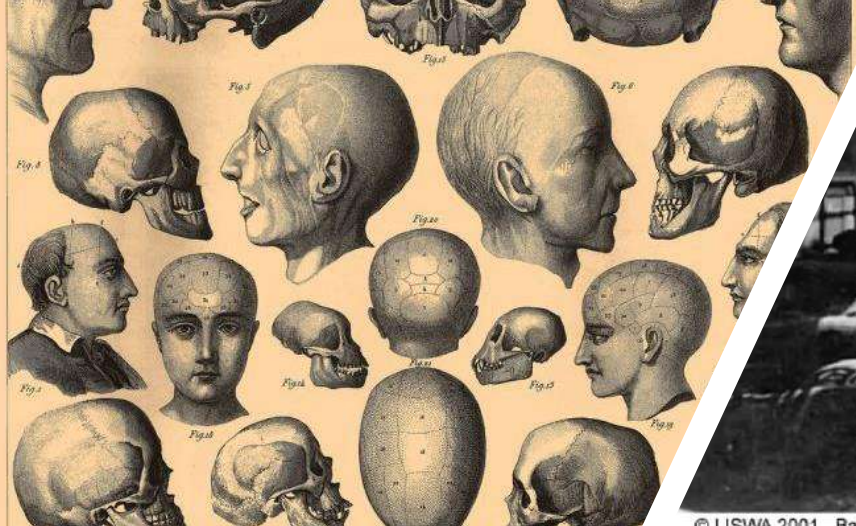
# Secular Trends in CHD Mortality – Australian Women



Declining mortality in all age groups

Widest disparities at younger ages (12-14 times)

Small rise in inequality among 55-69 year age group



© ILSWA 2001. British Library. All Rights Reserved.



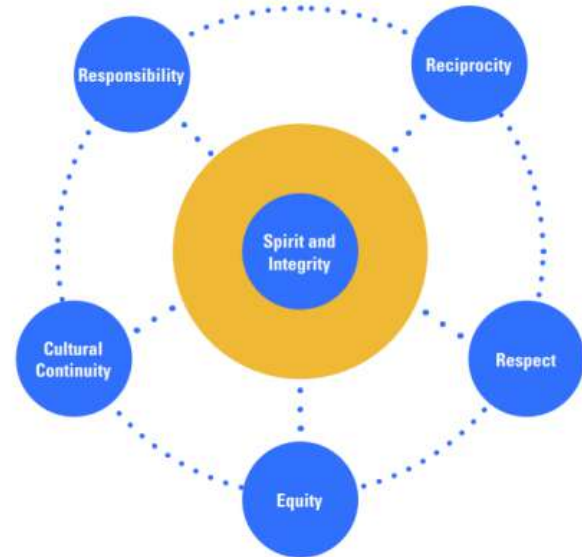
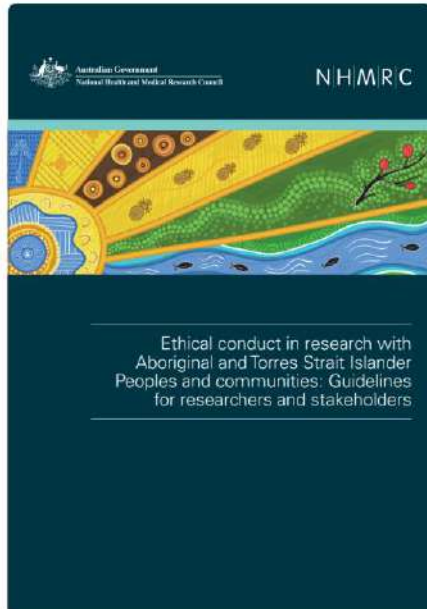




NHMRC

## Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders

---



# Australian Institute of Aboriginal and Torres Strait Islander Studies

## Code of Ethics for Aboriginal and Torres Strait Islander Research



AIATSIS

### AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research

Warning: Aboriginal and Torres Strait Islander readers should be aware that this document may contain sensitive information, images or names of people who have since passed away.



RESEARCH ARTICLE

Open Access

# Consolidated criteria for strengthening reporting of health research involving indigenous peoples: the CONSIDER statement

Tania Huria<sup>1\*</sup>, Suetonia C. Palmer<sup>2</sup>, Suzanne Pitama<sup>1</sup>, Lutz Beckert<sup>2</sup>, Cameron Lacey<sup>1</sup>, Shaun Ewen<sup>3</sup> and Linda Tuhiwai Smith<sup>4</sup>



## The Blackfulla Test: 11 reasons that Indigenous health research grant/publication should be rejected

By Dr Lisa Whop, Ali Drummond and Chelsea Watego

13 Jun 20

A A A

**You may have heard of the Bechdel test, which is a measure of the active representation of women in fiction and film. Well just in time for the Lowijta International Indigenous Health and Wellbeing Conference we bring you “The Blackfulla test”; a test that measures the active representation of Blackfullas in Indigenous health research.**



PERSPECTIVES

VOLUME 197 / ISSUE 1

# Ten principles relevant to health research among Indigenous Australian populations

Lisa M Jamieson, Yin C Paradies, Sandra Eades, Alvin Chong, Louise Maple-Brown, Peter Morris, Ross Baile, Alan Cass, Kaye Roberts-Thomson and Alex Brown  
Med J Aust 2012; 197 (6): 46-48. | doi: 10.5694/mja.111642  
Published online: 2 July 2012

Harfield et al. *BMC Medical Research Methodology* (2020) 20:79  
https://doi.org/10.1186/s12874-020-00959-3

BMC Medical Research  
Methodology

RESEARCH ARTICLE

Open Access

# Assessing the quality of health research from an Indigenous perspective: the Aboriginal and Torres Strait Islander quality appraisal tool

Stephen Harfield<sup>1,2\*</sup>, Odette Pearson<sup>1</sup>, Kim Morey<sup>1</sup>, Elaine Kite<sup>1</sup>, Karla Canuto<sup>1</sup>, Karen Glover<sup>1,3,4</sup>, Judith Streak Gomersall<sup>2,3</sup>, Drew Carter<sup>2</sup>, Carol Davy<sup>1</sup>, Edoardo Aromataris<sup>5</sup> and Annette Braunack-Mayer<sup>1,2,6,7</sup>





## The South Australian Aboriginal Health Research Accord

Overcoming the health disadvantage experienced by Aboriginal and Torres Strait Islander people represents one of Australia's great challenges. Only through a tangible commitment of time, energy, resources, leadership and collaborative partnership can we hope to make a difference. Research can and should have a role in defining a better way forward for all Australians. The Aboriginal and Torres Strait Islander community has called for reform in the way Aboriginal Health Research is conducted.

We, the undersigned, commit on Tuesday, 2 September 2014  
to the conduct of Aboriginal health research in South Australia  
in accord with the following principles:

**PRIORITIES:** Research should be conducted on priorities arising from and endorsed by the Aboriginal community to enhance acceptability, relevance and accountability.

**INVOLVEMENT:** The involvement of Aboriginal people and organisations is essential in developing, implementing and translating research.

**PARTNERSHIP:** Research should be based on the establishment of mutual trust, and equivalent partnerships, and the ability to work competently across cultures.

**RESPECT:** Researchers must demonstrate respect for Aboriginal knowledge, Aboriginal knowledge systems, and custodianship of that knowledge.

**COMMUNICATION:** Communication must be culturally and community relevant and involve a willingness to listen and learn.

**RECIPROCITY:** Research should deliver tangible benefits to Aboriginal communities. These benefits should be determined by Aboriginal people themselves and consider outcomes and processes during, and as a result of, the research.

**OWNERSHIP:** Researchers should acknowledge, respect, and protect Aboriginal intellectual property rights and transparent negotiation of intellectual property use and benefit sharing should be ensured.

**CONTROL:** Researchers must ensure the respectful and culturally appropriate management of all biological and non-biological research materials.

**KNOWLEDGE TRANSLATION:** Sharing and translation of knowledge generated through research must be integrated into all elements of the research process to maximise impact on policy and practice.

## Ensuring Research is 'Right Way'

- Priorities
- Involvement
- Partnership
- Respect
- Communication
- Reciprocity
- Ownership
- Control
- Knowledge translation

  
Professor Richard Russell AM  
The University of Adelaide,  
Pro Vice-Chancellor Research Operations | Dean of Graduate Studies

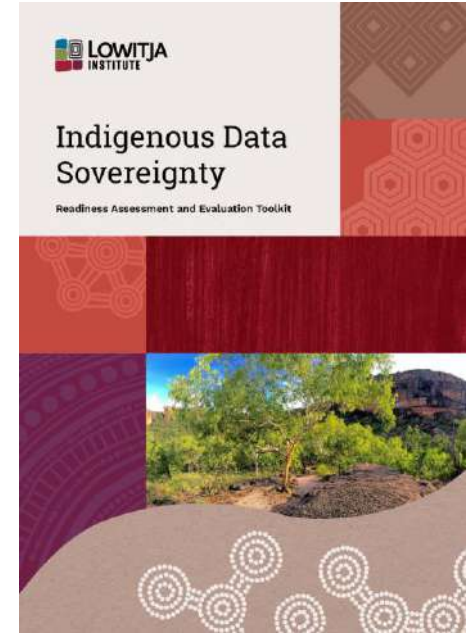
  
Professor David Day  
Flinders University Deputy Vice-Chancellor, Research

  
Professor David Lloyd  
University of South Australia, Vice-Chancellor and President





*Maiaṁ nayri Wingara*



# Indigenous Data Sovereignty



## ULURU STATEMENT FROM THE HEART

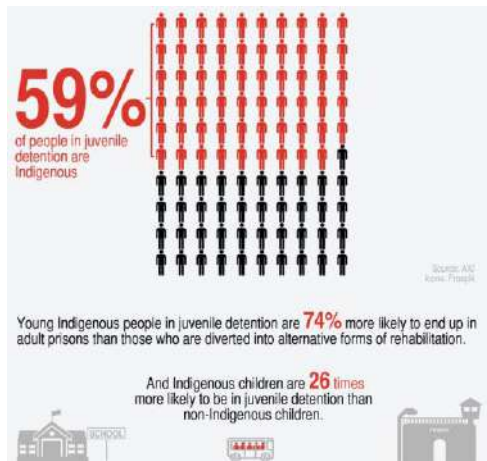
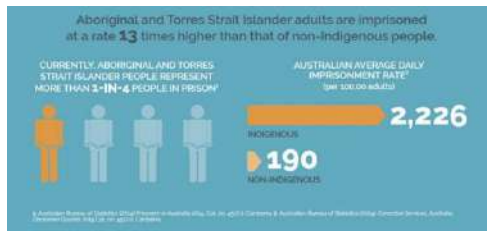


This sovereignty is a spiritual notion: the ancestral tie between the land, or 'mother nature', and the Aboriginal and Torres Strait Islander peoples who were born therefrom, remain attached thereto, and must one day return thither to be united with our ancestors. This link is the basis of the ownership of the soil, or better, of sovereignty. It has never been ceded or extinguished, and co-exists with the sovereignty of the Crown.



Proportionally, we are the most incarcerated people on the planet. We are not an innately criminal people. Our children are alienated from their families at unprecedented rates. This cannot be because we have no love for them. And our youth languish in detention in obscene numbers. They should be our hope for the future.

These dimensions of our crisis tell plainly the structural nature of our problem. This is the torment of our powerlessness.



We seek constitutional reforms to empower our people and take a *rightful place* in our own country. When we have power over our destiny our children will flourish. They will walk in two worlds and their culture will be a gift to their country.



Our Aboriginal and Torres Strait Islander tribes were the first sovereign Nations of the Australian continent and its adjacent islands, and possessed it under our own laws and customs.



**ESTABLISHED**  
**60,000+ BC**

### Target 1

Close the Gap in life expectancy within a generation, by 2031.

### Target 2

By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91 per cent.

### Target 3

By 2025, increase the proportion of Aboriginal and Torres Strait Islander children enrolled in Year Before Fulltime Schooling (YBFS) early childhood education to 95 per cent.

### Target 4

By 2031, increase the proportion of Aboriginal and Torres Strait Islander children assessed as developmentally on track in all five domains of the Australian Early Development Census (AEDC) to 55 per cent.

### Target 5

By 2031, increase the proportion of Aboriginal and Torres Strait Islander people (age 20-24) attaining year 12 or equivalent qualification to 90 per cent.

### Target 6

By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25-34 years who have completed a tertiary qualification (Certificate III and above) to 70 per cent.

### Target 7

By 2031, increase the proportion of Aboriginal and Torres Strait Islander youth (15-24 years) who are in employment, education or training to 67 percent.

### Target 8

By 2031, increase the proportion of Aboriginal and Torres Strait Islander people aged 25-64 who are employed to 62 per cent.

### Target 9

By 2031, increase the proportion of Aboriginal and Torres Strait Islander people living in appropriately sized (not overcrowded) housing to 88 per cent.

### Target 10

By 2031, reduce the rate of Aboriginal and Torres Strait Islander adults held in incarceration by at least 15 per cent.

### Target 11

By 2031, reduce the rate of Aboriginal and Torres Strait Islander young people (10-17 years) in detention by at least 30 per cent.

### Target 12

By 2031, reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 45 per cent.

### Target 13

A significant and sustained reduction in violence and abuse against Aboriginal and Torres Strait Islander women and children towards zero.

### Target 14

Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.

### Target 15

By 2030, a 15 per cent increase in Australia's landmass subject to Aboriginal and Torres Strait Islander people's legal rights or interests. & By 2030, a 15 per cent increase in areas covered by Aboriginal and Torres Strait Islander people's legal rights or interests in the sea.

### Target 16

By 2031, there is a sustained increase in number and strength of Aboriginal and Torres Strait Islander languages being spoken.



# *What do Indigenous people offer the world?*

We offer unique and important gifts to guide the conduct, stewardship, ethics, integration, communication and interpretation of research and clinical care.

Our strengths lie in our ability to understand, communicate and re-interpret context and the broader determinants of health.

Connectedness

We endure



# 'READ THE ROOM PEOPLE'

- STOP DESCRIBING SHIT
- 'Community engagement' is not optional
- Indigenous health research is NOT easy money
- If you think you can do Indigenous research as a hobby – get a new hobby
- If you are not committed to employing Indigenous people – move along
- If you don't know - ask
- Don't be obsessed with what you can't change, be driven by what you can - changing the world demands a good strategy
- Where injustice and inequity lives – duty calls – it's never someone else's job

# Dr Michelle Kennedy



**Executive Manager of Research & Knowledge  
Translation, Lowitja Institute**

# **Principles of Aboriginal & Torres Strait Islander health research and engaging meaningfully with community**

Dr Michelle Kennedy  
Executive Manager of Research & Knowledge Translation



# Acknowledgement of Country







# Social and Cultural Positioning





# Interrogating the intentions for Aboriginal and Torres Strait Islander health: a narrative review of research outputs since the introduction of Closing the Gap


Michelle Kennedy<sup>1,2,\*</sup> , Jessica Bennett<sup>1,2,†</sup>, Sian Maidment<sup>1,\*</sup>, Catherine Chamberlain<sup>3,4,5</sup>, Kate Booth<sup>1,2</sup>, Romany McGuffog<sup>1</sup>, Bree Hobden<sup>1,2</sup>, Lisa J Whop<sup>5,¶</sup> , Jamie Bryant<sup>1,2</sup>

It is not credible to suggest that one of the wealthiest nations in the world cannot solve a health crisis affecting less than 3% of its citizens.<sup>1</sup>

Since the 2005 Social Justice report criticised the Australian Government for not addressing the inadequate life expectancy of Aboriginal and Torres Strait Islander people, national efforts have been made towards closing the gap between Aboriginal and Torres Strait Islander people and non-Aboriginal Australians. The then Social Justice Commissioner, Professor Tom Calma AO, made three recommendations to address equality in life expectancy: i) a government commitment to achieving equality in health status

## Summary

- Despite the “best of intentions”, Australia has fallen short of federal targets to close the gap in disproportionate health outcomes between Aboriginal and non-Aboriginal Australians.
- We examined 2150 original research articles published over the 12-year period (from 2008 to 2020), of which 58% used descriptive designs and only 2.6% were randomised controlled trials. There were few national studies. Studies were most commonly conducted in remote settings (28.8%) and focused on specific burdens of disease prevalent in remote areas, such as infectious disease, hearing and vision. Analytic observational designs were used more frequently when addressing burdens of disease, such as cancer and kidney and urinary, respiratory and endocrine diseases.



Understanding strengths and limitations of intervention and evaluation research conducted with Aboriginal and Torres Strait Islander people can:

1. Provide guidance for future researchers to achieve optimal outcomes for the communities they serve.

2. Identify focus for ensuring research and research funding ultimately benefits Aboriginal and Torres Strait Islander people and health outcomes.

# Reported Strengths

Appropriate  
timelines for  
completion

Community  
engagement and  
partnerships

Sample qualities

Aboriginal and Torres  
Strait Islander  
involvement in  
research

Understanding local  
culture and context

Capacity building  
efforts

Providing resources  
or reducing costs for  
services and  
communities

Culturally  
appropriate and safe  
research practice



# Reported Limitations

Inadequate  
community  
involvement and  
communication

Difficulties achieving  
the target sample  
size

Inadequate time

Limited capacity of  
health workers and  
services

Insufficient funding  
and resources



- This review highlights that **community consultation** and **leadership** coupled with **appropriate time** and **funding**, enables the conduct of Aboriginal and Torres Strait Islander health intervention research.
- These factors can **enable effective intervention research**, and consequently can help improve health and wellbeing outcomes for Aboriginal and Torres Strait Islander people.



**We recommend future grant applications consider funding allocated to:**

- 1. Aboriginal and Torres Strait Islander personnel across all stages of the research;**
- 2. Reimbursements to Aboriginal Health Services; and**
- 3. Knowledge translation activities.**





# The Blackfulla Test: 11 reasons that Indigenous health research grant/publication should be rejected

By Dr Lisa Whop, Ali Drummond and Chelsea Watego

<https://indigenoux.com.au/the-blackfulla-test-11-reasons-that-indigenous-health-research-grant-publication-should-be-rejected>

A A A

**You may have heard of the Bechdel test, which is a measure of the active representation of women in fiction and film. Well just in time for the Lowijta International Indigenous Health and Wellbeing Conference we bring you “The Blackfulla test”; a test that measures the active representation of Blackfullas in Indigenous health research.**



EDITOR'S PICKS



I w  
vio



An  
Ind  
in I



A n  
sov  
cele  
T



# Blackfulla Test

- Includes “intentions”
- Makes no mention of “colonization”
- Makes no mention of “race or racism”
- Refers to “our indigenous” (sic)
- Refers to ATSİ people \*shudder\*
- Prefaces some statistics with “alarming” or “appalling”



- Refers to Indigenous peoples primarily in terms of “risk” and “vulnerability”
- Includes the phrase “strengths-based” without naming any specific strengths
- Is concerned with monitoring or illuminating understandings of “poor” individual health behaviours
- Acknowledges the advisory role that Indigenous people have played
- Has no first author Indigenous publication on their reference list.



# Ray Kelly



Ray Kelly Fitness



THE UNIVERSITY OF  
MELBOURNE



**Accredited Exercise Physiologist/Researcher  
and creator of 'Too Deadly for Diabetes'**

The background is a deep red color adorned with traditional Indigenous Australian dot patterns. These patterns include concentric circles, wavy lines, and stylized figures in yellow, white, and blue. 

# **Improved Engagement and Health Outcomes Through True Collaboration**

Ray Kelly





## Healing Within Community

(Shaenice Allan – Gomeroi)



# Too Deadly for Diabetes

## Why it works

- Research-based
- Local community involved
- We train local staff
- Strength-based approach
- Solutions-based approach
- Keep it simple
- Empower the patient!








# Ease of Use

- 'Something I can read without my glasses'




**TOO DEADLY**

Breakfast – Choose one of these!

3 Weet-Bix with 250ml of Skim Milk (No sugar, sweetener, honey, or fruit)  
Or  
2/3 Cup of Rolled Oats with 250ml of Skim Milk (No sugar, sweetener, honey, or fruit)  
Or  
2 Boiled or poached eggs and 1 piece of toast (small scraping of butter)

Morning Tea Snack: Choose 1 x Piece of fruit (Apple, Orange, or Banana)

or can of Tuna in springwater (95g)



# Reducing Barriers

- 'I can't get in'
- Work/family commitments common issue
- Phone in weight/BSLs
- Bring kids to appt





# Improved engagement

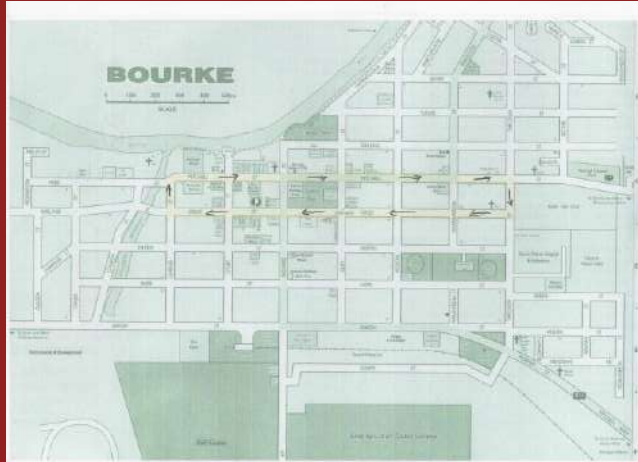
- 'We want an app!'





# Creating a movement

- 'Can we start our own groups?'
- Routes at 500m increments up to 5km



# Sustainability

- 'I'm not a good cook'
- Established cooking groups
- Cooking lessons



# More Inclusive

- 'Is it for us?'
- Gym owned by AMS
- Commenced 'Too Deadly' only classes
- Now, full engagement







# Aboriginal Communities Leading the Way!



# Thank You!

Facebook: @RayKellyFitness

Twitter: @RayKellyFitness

Instagram: @RayKellyFitness





# Questions?



- Please enter them in the Q&A box
- You can tick the ANONYMOUS checkbox
- UPVOTE existing questions

# Thanks for connecting with us.

- Please take a moment to leave us some FEEDBACK
- Just CLICK THE SURVEY LINK that will appear when you log out. Yes, it is ANONYMOUS and QUICK!



For further information please contact:  
[ttra-dcvd@mtpconnect.org.au](mailto:ttra-dcvd@mtpconnect.org.au)

CONTACT US FOR FURTHER  
**INFORMATION**



**MTPConnect**  
MedTech and Pharma Growth Centre

---

**PHONE**

+61 3 9070 8298

**EMAIL**

info@mtpconnect.org.au

---

**GET SOCIAL**



Join the conversation:  
[@MTPConnect\\_AUS](#)  
[#MTPConnect](#) [#AusInnovation](#)



Follow MTPConnect:  
[@MTPConnect](#)



Subscribe on:  
[Apple Podcasts](#)  
[Spotify](#)



Australian Government  
Department of Industry,  
Science and Resources

Industry  
Growth  
Centres

**MTPCONNECT.ORG.AU**