Evaluation of research governance, processes and capacity building in the Research Excellence in Aboriginal Community Controlled Health (REACCH) Collaboration

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Acknowledgement to Country

The REACCH Evaluation team from the School of Public Health and Community Medicine UNSW acknowledges the first peoples of this land.

We pay our respects to Elders past, present and future.

We acknowledge the importance of land, water, spirit, kinship and culture, and the relationship and significance that these elements have to the health, well-being and the future of the Aboriginal and Torres Strait Islander community.

Acknowledgement of participants

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Contents

Executive Summary

Research Excellence in Aboriginal Community Controlled Health (REACCH) was a program of research involving the Kirby Institute for Infection and Immunity in Society (The Kirby), the National Aboriginal Community Controlled Health Organisation (NACCHO) and four state Aboriginal Community Controlled Health Services (ACCHS): Goondir Health Services (QLD), the Aboriginal Medical Service Western Sydney (NSW), Nunkuwarrin Yunti of South Australia Inc (SA) and the Victorian Aboriginal Health Service (VAHS). Four state peak Aboriginal organisations were involved in a Steering Committee to ensure state representation including the Aboriginal Health and Medical Research Council NSW (AHMRC), Queensland Aboriginal and Islander Health Council (QAIHC), The Victorian Aboriginal Community Controlled Health Organisation Incorporated (VACCHO) and The Aboriginal Health Council of South Australia Inc. (AHCSA). REACCH was funded for five years in 2009 by a National Health and Medical Research Council (NHMRC) Centres of Research Excellence (CRE) grant. REACCH research projects had a focus on sexually transmissible diseases and blood borne viruses.

The aims of REACCH were to:

1. Enhance the clinical research capacity of individual participating ACCHS
2. Ensure effective translation of research skills and training into clinical practice
3. Develop a new clinical research network with services by building capacity to expand the scope of activities beyond the initial funding period.

A qualitative evaluation of the implementation and impact of REACCH capacity development and research governance was undertaken from late 2015 to early 2016. It focussed on collecting and analysing the perspective and experiences of Aboriginal Community-Controlled Health Services (ACCHS) participants and other key stakeholders. The data were collected, analysed and written up in this report by a team at the School of Public Health and Community Medicine, UNSW Australia.

The aims of this evaluation were to explore:

1. How REACCH governance processes impacted ACCHS experience of the project as a whole, including service involvement, perceived benefits and challenges.
2. The extent and success of REACCH capacity building activities in the development of individual researchers and the development of a culture of research and evaluation within each participating ACCHS.
3. The extent of REACCH capacity development activities, including participation in research training, project development and management, as well as publications and presentations through a stocktake of these activities.

REACCH was largely successful in addressing its three aims and in achieving at least some degree of success in the following key domains that have been identified in relevant capacity building frameworks as central to empowerment of communities and organisations (1-3). There were also a number of areas for improvement highlighted against these key domains and these are also reflected in the recommendations for future efforts to build research capacity in the sector detailed at the end of this Executive Summary and at the end of the report. The challenges faced in REACCH in the efforts to build research capacity in health services are not unique to the ACCHO sector, and are likely to be reflected in any researcher/service provider partnership in research and evaluation.

Organisational development

Key governance processes, such as a steering committee and annual meetings were important mechanisms to engage at the organisational level within REACCH. However, there was minimal attention to organisational structures, including polices and performance indicators to support a focus on research and research outputs. A specific focus on organisational development was needed as part of REACCH activities. A more systematic approach to mapping existing capacities and needs in early planning may also have improved the focus on organisational development. However, changes to organisational research capacity and structures was evidenced at some sites during REACCH and included building a culture of research and evaluation and an openness to research in the future.

Service delivery remains a high priority at local sites and REACCH importantly focussed many of its efforts in research on service improvement though improved data collection and service development. However, Research Officers (ROs) time focussed on research was impacted by the service delivery drivers at local sites and this was reported by some as a challenge in managing workloads.

Workforce development and participation

It was difficult from the outset to identify appropriately skilled or interested staff to take on the (RO) roles at the local sites and at NACCHO. Local ROs, when employed, often experienced difficulties in getting local support and mentoring, though training and ongoing support from Kirby project staff was highlighted as a key strength of REACCH. All site staff involved emphasised the time Kirby staff spent establishing relationships and trust and that the support process was generally well structured. The specific support and availability of Kirby project staff was a strong theme in many of the interviews with the research officers. Training was generally well received though the needs of ROs were often different to that of other local staff that attended, and they may have benefited from additional training specifically designed to meet their needs. Staff turnover was a consistent theme at all sites and hampered efforts at capacity building with newly acquired skills sometimes being lost to the service.

A frustration reported by some ROs and LIs was that there was insufficient focus on staff gaining qualifications and being authors on peer-reviewed publications through their engagement and work on REACCH projects. Time and resourcing of staff at the end of the project, including CI and project staff leadership, was needed to ensure publications were progressed. Conference presentations were the major tangible output reported for individual staff from their involvement in REACCH and some ROs reported a large increase in their skills as well as career opportunities that resulted from their individual development as part of REACCH.

Resource allocation/mobilization

REACCH was flexible in resource allocations to meet site demands and moved to fund full-time RO roles in response to site needs rather than only part-time ROs as initially planned. The importance of funding allocations direct to sites to employ locally based ROs cannot be under-estimated as a major driver of the successes of REACCH. The significant increase in skillset of the locally based ROs can be considered one of the major outcomes of REACCH.

There is evidence of some sites seeking further collaborations and funding for research since REACCH finished and this suggests sustainable development of a capacity at local sites. These new research collaborations are also likely a result of the increased focus on collaborations by funding agencies leading to more offers of research partnerships to the ACCHO sector.

Paying attention to context and history – building trust

The experience of the investigator team in working with Aboriginal community controlled organisations was important to building trust and overcoming a historical mistrust of outside researchers. However, the time required to build trust was still long and may have been underestimated, in particular in the sensitive area of STIs and BBVs.

Ownership and community control

Community control was facilitated through REACCH by having clear management structures and transparency about how money was to be allocated. The leadership of NACCHO in the project was difficult to maintain with staff changes leading to a greater burden of coordination and support on Kirby project staff, though NACCHO remained active at annual meetings and at a policy level. Aboriginal people in research roles however developed a great deal of ownership of projects and community control was retained at the local level. Local ownership was fostered through a focus on research projects which suited staff needs and the control local sites had in choosing relevant projects to suit their priorities.

Problem assessment

The focus on increasing the evidence base for service delivery through improved monitoring and evaluation was a major success of REACCH with services identifying the problem, collecting data and taking action as was seen in a number of projects highlighted in this report, including the AMSWS Antenatal project, the STI project at Goondir and the Hepatitis B&C project at VAHS.

Leadership

Maintaining momentum, particularly towards the end of REACCH, was raised as an issue and was partly a consequence of the difficulty of recruiting and keeping a research position at NACCHO. At the local sites, in-experienced ROs often felt isolated and at times struggled to cope with competing demands. Managers at the sites often provided critical leadership and support for ROs, but earlier engagement and thinking through projects as well as sustained leadership at all levels including from Chief Investigators through to local organisational supports was an area of weakness in REACCH.

Partnerships, creating linkages and outside agents

The clinical research network which was created and facilitated at annual meetings was highly valued by site staff. However, the networking across sites has not continued in any formal way since REACCH ended with the loss of a structure such as that provided by the annual meetings.

Recommendations to enhance future efforts to build capacity include:

The following recommendations reflect learnings from REACCH about what needed more focus to maximise impact and sustainability of capacity building efforts in the sector. The REACCH project aims encompassed the principles inherent in many of the recommendations below, but the challenges in the field reflected in the report findings meant these aims didn't always translate to practice. It is also important to note that these recommendations are not directed solely at research institutes, but at a range of key stakeholders including research institutes, such as the Kirby, leaders and managers at ACCHOs, funding bodies, such as the NH&MRC and peak Aboriginal health organisations at the state and national level. The recommendations are divided into two sections, project specific and system wide.

Specific recommendations for future capacity building projects like REACCH:

1. Involving local sites in future projects as early as possible, to strategically plan together with state/national organisations and set realistic goals that align more with service site needs.

2. Undertaking a more thorough assessment of skillsets and capabilities that are already "on the ground" at sites when funding secured, as well as interest in research, to ensure capacity building is more focussed on existing staff and structures at local sites.

3. Funding a full-time research officer at local sites in future research studies. This may mean fewer sites, but those engaged would be resourced to participate at a level that is more likely to have sustainable impacts.

4. Identifying additional staff, beyond the research officer role, that have an interest in research and specifically working with them and management to build research into their role. The involvement of the managers and leaders at ACCHO sites in identifying and supporting staff to be involved in research is critical to this recommendation.

5. Ensuring ongoing mentoring is readily available at local sites for less experienced researchers, and a gradual introduction to research through smaller scale pilot projects as was the case at some of the REACCH sites.

6. Ensure the engagement of two project staff at the coordination level at the research institute and/or peak organisation, with experience in research and capacity building, given the critical role that the Kirby project staff had throughout REACCH in building trust and providing support to local sites.

7. Fostering a local site working group with research officers and key staff who would take on a role in research to enable joint problem solving and mutual support.

8. Consider further opportunities beyond annual meetings for tailored training for those who would directly undertake research, following or prior to general workshops for all staff at sites.

9. Ensuring research roles and outputs are prioritised alongside service delivery roles within ACCHS through formal indicators and performance reviews to make research part of 'core' business. This would require a much greater engagement with CEOs and Boards of ACCHOs in projects.

10. Support from all levels, including at the local sites, for staff to gain formal qualifications as a result of their involvement in REACCH. This would include identifying appropriate pathways and the assistance required to engage key people in appropriate programs.

11. More frequent reporting of successes beyond annual meetings, for example through brief reports to senior management at local sites or a newsletter/website.

12. Development of a publication strategy agreed to by all key stakeholders and sites that specifically identify outputs and contributors, including Aboriginal authors, as well as time allocations and funding within the project to write publications with mentoring and support.

System wide recommendations:

13. Local sites, together with peak bodies, to establish an ongoing communication structure to support research networking in the sector. This 'research network' could support ongoing capacity building and sharing of expertise and experiences to underpin further research and collaborations.

14. Significant advocacy is required by researchers, together with practitioners from community-controlled organisations, to remove barriers enabling leadership roles for community-controlled organisations in research grants, including changes to track record requirements which prioritise community links, policy and practice expertise.

15. Existing models and frameworks for research engagement with Aboriginal and Torres Strait Islander peoples and their community-controlled organisations should be the basis for monitoring as well as developing key accountabilities for both processes and outcomes in collaborative research[1,2].

16. Further opportunities for the ACCHO sector to engage in collaborations similar to REACCH should be funded taking the learnings from the REACCH project and other capacity building initiatives in the sector.

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[1] Researching Indigenous Health: A practical guide for researchers, A. Laycock with D. Walker, N. Harrison & J. Brands 2011, The Lowitja Institute, Melbourne.
[2] NHMRC Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Research 2004; Keeping Research on Track: A guide for Aboriginal and Torres Strait Islander peoples about health research ethics 2005; Review of Values and Ethics & Keeping Research on Track http://www.lowitja.org.au/ethics/nhmrc-research-ethics

1. Background and aims of REACCH

Research Excellence in Aboriginal Community Controlled Health (REACCH) was a program of research involving the Kirby Institute for Infection and Immunity in Society (The Kirby), the National Aboriginal Community Controlled Health Organisation (NACCHO) and four state Aboriginal Community Controlled Health Services (ACCHS): Goondir Health Services (QLD), the Aboriginal Medical Service Western Sydney (NSW), Nunkuwarrin Yunti of South Australia Inc (SA) and the Victorian Aboriginal Health Service (VAHS). Four state peak Aboriginal organisations were involved in a Steering Committee to ensure state representation including the Aboriginal Health and Medical Research Council NSW (AHMRC), Queensland Aboriginal and Islander Health Council (QAIHC), The Victorian Aboriginal Community Controlled Health Organisation Incorporated (VACCHO) and The Aboriginal Health Council of South Australia Inc. (AHCSA). REACCH was funded for five years in 2009 by a National Health and Medical Research Council (NHMRC) Centres of Research Excellence (CRE) grant. REACCH research projects had a focus on sexually transmissible diseases and blood borne viruses.

The aims of REACCH were to:
1. Enhance the clinical research capacity of individual participating ACCHS
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A key focus of REACCH was to build research capacity within participating ACCHS, and particularly among Aboriginal staff. Capacity development goals outlined in the initial proposal included:
1. development of a curriculum of short courses to be delivered annually
2. increasing community awareness on the role research can have on health outcomes
3. improved capacity of ACCHS to engage in STI and BBV research
4. increase the capacity of researchers/investigators to be able to work effectively with Aboriginal communities.

2. Aims of the evaluation of REACCH

A qualitative evaluation of the implementation and impact of REACCH capacity development and research governance was undertaken from late 2015 to early 2016. It focussed on collecting and analysing the perspective and experiences of Aboriginal Community-Controlled Health Services (ACCHS) participants and other key stakeholders. The data were collected, analysed and written up in this report by a team at the School of Public Health and Community Medicine, UNSW Australia.

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1. How REACCH governance processes impacted ACCHS experience of the project as a whole, including service involvement, perceived benefits and challenges.
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3. The extent of REACCH capacity development activities, including participation in research training, project development and management, as well as publications and presentations through a stocktake of these activities undertaken by the Kirby project staff.

3. About the evaluation team

The qualitative evaluation study was be led by Dr Sally Nathan and Dr Anne Bunde-Birouste, with Mr Timothy Croft employed as the Field Researcher.

Dr Sally Nathan is a Senior Lecturer in the School of Public Health and Community Medicine at UNSW, Australia and is the Convenor of Community Development and Qualitative Research Methods in the Master in Public Health. Sally's research at UNSW has focused on the use of innovative methodologies and methods to measure and understand complex social processes and social change her research has focussed on what it means to effectively engage the community, including research approaches which engage and partner directly with communities and the organisations that represent and advocate with them. In the past few years Sally has been involved in collaborations with health organisations in the pacific islands to build capacity in research and in their response to ongoing and emerging public health issues.

Dr Anne Bunde-Birouste is the Convener of Health Promotion at the UNSW's School of Public Health and Community Medicine. Anne has over 25 years of international practice, policy and advocacy work with focus on health and development, participatory applied research in innovative health promotion approaches for working with disadvantaged groups. She maintains an emphasis on translating research into policy and practice Anne is an international expert in the field of Sport for Development and Social Change, leading UNSW's award-winning Football United program, which she founded as a result of her PhD study, and has fostered ever since.

Mr Timothy Croft (Gurindji, Mudpurra and Malgnin peoples, NT) has undertaken studies in Aboriginal Health and Well-being at a Masters level in the School of Public Health and Community Medicine. His previous career, as a physiotherapist, has included 15 years working with Aboriginal and Torres Strait Islander youth and adults in the Lloyd McDermot Rugby Development program, including 10 years as a director and the Aboriginal and Torres Strait Island cricket in NSW including through the Imparja Cup. Timothy is currently re-directing his career to be more involved in research and to engage with Aboriginal and Community Controlled Health organisations to facilitate capacity building in local communities. Mr Croft was the Field Researcher (FR).

4. Ethics approvals and protecting anonymity

4.1 Ethical approvals

Approval for the qualitative evaluation was received from the AH&MRC (Ref Nos. 1086/15) on 19 May 2015 and from the Aboriginal Health Research Ethics Committee in South Australia on 22 April, 2015 (Ref. Nos. 04-14-576).

4.2 Processes to protect anonymity

Data collection and analysis was undertaken at the SPHCM under the supervision of Dr Sally Nathan. To ensure a diversity of opinions was collected, including those that were both positive and less positive about the REACCH project, participants were assured of the anonymity of their responses and written consent obtained (Appendix 1 - Participant Information & Consent Form). Interview transcripts and data that was potentially identifiable with a particular individual was not made available to the REACCH investigators and some quotes included in this report were checked with a participant and modified as required or protect anonymity. The labelling of quotes by groupings by type of participant was also carefully constructed to enable the different perspectives to be compared whilst protecting individual identities, for example project staff at the peak body level were included as 'investigators'

Interview transcripts were stored on a password-protected server at UNSW only available to the SPHCM team. Audio files were deleted from the device after they were transcribed, but audio files will be kept until the project has been completed in 2016 on the password protected server only accessible to the SPHCM team. It is anticipated that individuals may be identifiable through the content of the interview. Only quotes which cannot be identified with a participant are used in this report. Where the SPHCM team felt there was a risk that someone could be identified then the use of the quote and its context was checked with the participant before use and their approval or not sought by a member of the SPHCM team.

4.3 Data ownership and storage

The principles of data ownership established within REACCH and outlined in the Operations and Communications Protocol were that:

1. The data collected from individual ACCHS sites remains the property of the specific ACCHS
2. The data collected from ACCHSs which is aggregated at the national level (arising from the collation and analysis of the original data) remains the property of the ACCHSs under custodianship arrangements specified in the NACCHO Data Protocols.

The final report of the SPHCM team is an independent report authored by the SPHCM team. It is expected that a publication for broader dissemination will be developed from this report in partnership with the Kirby, participating ACCHS sites, NACCHO and the REACCH Board. It is recommended that publications focussed on the qualitative data include the SPHCM team as authors as the nature of this type of evaluation research, which is focussed on the co-creation of meaning between participants and researchers, means that the data is collected through the lens and experiences of this research team and should be reported with this perspective included to ensure credibility and authenticity of the findings.

All of the data in the form of transcripts from this evaluation will be stored for a minimum of five years from publication of the research at UNSW in the SPHCM password protected folder only accessible to the SPHCM research team to ensure anonymity in accordance with the Australian Code for the Responsible Conduct of Research.

5. Evaluation study methods and recruitment

5.1 Methodology

Qualitative methods are particularly appropriate when the experience and perspective of participants is central to evaluating success as such methods enable participants to share their experiences and views from their own unique perspective, not framed from the perspective of the evaluation team (4, 5). Whilst there were guiding over-arching evaluation questions to inform the study, the research team at the SPHCM wanted the data collection to remain flexible and open to the participants' views of what was most important to capture about the process and conduct of REACCH and its impact, a major strength of a qualitative design (6).

5.2 Interview method

In-depth semi-structured face-to-face Interviews were chosen as a data collection method. This style of interview enabled a focus on key topics of interest to the evaluation team and key stakeholders whilst remaining open to un-expected areas of process and impact from the perspective of the participants, particularly at local sites (6). The use of one-on-one interviews was also a deliberate choice to enable participants to speak openly about their experiences with assurances that sensitive issues would be carefully managed and the team would check back their overall interpretations and

any data that may identify a participant before the full report was finalised and shared more widely. The interviews were conducted by the SPHCM field researcher with key staff at each of the participating ACCHS during site visits in the second half of 2015, members of the Board of REACCH and REACCH Investigators as well as the project staff in late 2015 and early 2016. The local site participants came from a range of groups: senior leadership and clinical team members who were involved in the research projects: Aboriginal Health Workers and other frontline workers, some of whom may have been involved and engaged and some who may not have been directly engaged in REACCH. The sites are described at the beginning of the findings section.

The aim of the interviews was to explore the experiences and perceptions of the participants in relation to REACCH research governance and capacity development. Interviews examined issues pertaining to project governance and participation, scope, reach and impact of the capacity building activities (Appendix 2 – Interview schedule). The focus of each interview differed depending on the participant, for example whether they were an investigator or site participant. Extensive field notes were taken during and after each interview to capture details about the perceptions of the interviewee as a whole, and the nuanced observations of the interview process as well as the impact on the interviewer. The interview scheduled was revised after the initial interviews to ensure that key topics were covered and question styles were appropriate to ensure trust and rapport and to collect the most meaningful data (6). The interviews were conducted and analysed by the SPHCM research team who had not been involved in the REACCH project.

5.3 Recruitment and consent

Initial interview participants at local sites were nominated by each service. From these initial nominations, the Field Researcher (FR) made phone contact with each of these participants and arranged a visit to the service. These initial participants were asked to nominate others that could inform the evaluation using a purposeful/snowball sampling approach (5) common to qualitative research of this nature. This approach extended into the field when the FR attended each service. The FR was available to interview any participants keen to share their perspective whilst at the sites and this was communicated via a morning or afternoon tea with all available staff. The FR mobile number was promoted so that people who had not been directly approached for an interview could make contact with the FR if they wished to participate and this led to the inclusion of a few additional participants at two sites .

Interviews were conducted on and off site depending on the wishes of each participant. It was expected that there would be at least 5-6 interviews at each of the four sites and numerous informal interactions which would be recorded in the FR field diary. All participants in the interviews were provided with information about the study and written informed consent was obtained.

5.4 Analysis

Interviews were audio-recorded with permission and professionally transcribed and de-identified. Initial analysis involved immersion in the data and identification of key themes and issues by the FR using an inductive approach and constant comparison within and between interview transcripts and associated field notes (7). NVIVO 10 (8) was used for data management and to assist with coding to key themes and sub-themes and to enable comparisons between different participants and across sites. This constant comparison approach ensured different perspectives and contexts were considered and contrasted. The emerging analysis by the FR was shared and discussed with the other two members of the SPHCM team at regular team meetings promoting interpretive rigour and reflexivity (7, 9).

5.5 Theoretical perspectives, rigour and reflexivity

The involvement of three different researchers in the analysis process increased the rigour and depth of the analysis and promoted reflexivity (5, 7, 9). Negative or discrepant cases or accounts, which were different from the view of the majority of respondents, were identified and given due attention in the process of analysis and write up of the findings (5, 7). All perspectives were considered important to capture as the range of different types of participants and their roles were varied in the project.

Respondent validation (5) was undertaken with a draft report sent to all participants and further clarification or input requested before the report findings were finalised. Data considered sensitive was checked directly with the participant concerned to ensure they were comfortable with its inclusion in the final report. This member checking or respondent validation also offered the participants an opportunity to contribute directly to the recommendation of the evaluation which was viewed as critical to the evaluation and its aim to learn from REACCH to inform future capacity building efforts in the ACCHS.

The analysis of findings was not directly informed by any particular theoretical framework of capacity building though the team took a social constructionist perspective (4) that views the meaning making in qualitative research as a collaborative process between the participants and the research team. The team did not seek 'one truth' about the REACCH project, rather a range of perspectives which may at times converge and at other times appear contradictory as different participants make their own meaning of their experiences in the project.

The past experiences of the research team were strength in the process of data collection and analysis with two members having extensive experience in capacity building in other contexts and the third, the FR, being an Aboriginal man who had a cultural sensitivity and perspective that was critical to the evaluation. The aim of the evaluation to understand capacity building in the REACCH project was under-pinned by a desire within the evaluation team to build the capacity of the FR in undertaking, analysing and writing up the qualitative findings. His experiences mirrored, at times, the challenges faced in REACCH with less experienced researchers grappling with the academic rigour expected in the REACCH project with multiple and competing demands on their time.

In the final stages of analysis a number of theoretical frameworks that have been used in capacity building and community empowerment were considered by the evaluation team and three were chosen as lenses through which to consider the findings in the discussion and final presentation of the data as they encapsulated concepts of capacity building and community empowerment that were relevant to the context (1-3). An introduction to these theoretical frameworks is provided at the beginning of the discussion section of this report and they are then deployed as comparative frameworks in the consideration of the data, including the strengths and weaknesses of the approach taken in REACCH and in formulating recommendations for future practice.

6. Stocktake of activities and research

A stocktake of activities and research that took place at each ACCHS as part of REACCH was compiled by Kirby- REACH staff to assist in understanding the scope of capacity development and research undertaken within REACCH which has informed the qualitative evaluation which is the focus of this report (See Appendixes 3 & 4). The stocktake included:

1. An audit of courses and staff attendance at REACCH workshops/training sessions, including any evaluations conducted following each course
2. An audit of research activities that were developed and carried out by ACCHS participants in REACCH, including:
   - Research proposals
   - Ethics applications submitted and approved
   - Timelines and project plans
   - Development of research/clinical tools and translation to broader sector
   - Engagement with communities around research and activities that increase community understanding of research:
   - Development of conference abstracts, presentations and publications:
   - Use of service data for research
   - Use of data for quality improvement
   - Use of data to prepare reports for the Board of Management and community events
3. An audit of site visits and meetings, including:
   - QI feedback
   - annual meetings
   - other research meetings/training conducted by Kirby and/or NACCHO
4. A review of ACCHS-based processes for conducting research that have been developed during the course of the project.
5. **A review of reflective practice activities undertaken by ACCHS-based researchers**

FINDINGS

7. Study sites and participants

7.1 Study sites

The study sites included three metropolitan and one rural Aboriginal community-controlled health service. There was a fifth site, a medical service in NSW, who attended REACCH Annual meetings from 2009-2011, but the service did not continue to be a part of REACCH from 2011 onwards and therefore is not covered in this report. The location, staffing and research engagement prior to REACCH is detailed below for each of the sites as context was very important for the REACCH project.

Aboriginal Medical Service Western Sydney (AMSWS)

The AMSWS was located in an urban area servicing the largest population of Aboriginal and Torres Strait Islander people in Australia. After its establishment in 1987 it developed a comprehensive, holistic, and culturally appropriate health service which delivered health programs to the local Aboriginal community. The service area includes the Sydney metropolitan area and the Blue Mountains bounded by Auburn to the east, Colo Heights to the north, Liverpool to the south, and Lithgow in the west. The 2011 ABS Census indicated that the Aboriginal and Torres Strait Islander population of this area is 22,000 people with an additional very large transient Aboriginal population. At the time of this site's closure in 2015 it was treating 11,000 clients. It provided services across general medical, dental, immunisation, pre-natal support, mental health counselling, which included an in-house psychiatrist, methadone treatment for drug users, as well as extensive health promotion, social and emotional wellbeing, and elders services and programs.

The AMSWS had been involved in many research projects prior to REACCH. This is possibly due to their large client base, metropolitan location and the presence of staff intent on increasing the input of Aboriginal people in research and to foster Aboriginal community control of research. AMSWS had collaborated through research partnerships with the George Institute, Muru Mari Indigenous Health unit (School of Public Health and Community Medicine, UNSW) and the University of Technology Sydney (UTS). For example, the Kanyini Vascular Collaboration aimed to improve health outcomes in Aboriginal and Torres Strait Islander people with chronic vascular and chronic kidney disease through strategies of care that address health systems or service barriers.

Goondir Health Service

Goondir Aboriginal and Torres Strait Islanders Corporation for Health Services (Goondir Health Service) is an ACCHS providing primary health care and related health services to the local Aboriginal and Torres Strait Islander communities from Oakey in the South East of Queensland to St George in the South West of Queensland. Goondir Health Service aims to address the physical, mental, emotional, cultural and spiritual health of its clients. The clinic was initially established in Dalby in 1994 with other clinics established at St George and Oakey more recently. Other communities have services provided by a mobile clinic across an area of approximately 160,000 square kilometres servicing at least 5000 clients. Goondir employs up to forty five staff and provides services across general medical, dental, diabetes care and hearing health, social and emotional wellbeing, sexual Health and maternal and child health.

Goondir was involved in research in 2007-2009 prior to involvement in REACCH, including the Australian Collaboration for Chlamydia Enhanced Sentinel Surveillance (ACCESS) which was collaboration with The Burnett Institute and NACCHO in a funded trial of a new national sentinel surveillance system. The National Research Partnership to Improve Primary Health Care Performance and Outcomes for Indigenous peoples has seen Goondir collaborate with the Menzies School of Public Health, One21Seventy and the University of Queensland.

Nunkuwarrin Yunti Health Service
Nunkuwarrin Yunti of South Australia was incorporated as an ACCHS in 1971. The organisation has grown from a welfare agency with three employees to a multi-faceted community controlled organisation with over 70 staff. As a metropolitan service it designs and delivers contemporary culturally based health and social and emotional wellbeing services at two sites with an additional site devoted to education and training. It is dedicated to improving the physical, social and emotional wellbeing, spiritual, cultural and mental health of traditional, rural and urban Aboriginal and Torres Strait Islander people. It's services include general medical, dental, allied health and specialist services, maternal and child health, a quit smoking program, chronic conditions management, drug and alcohol support through the harm minimisation team, social and emotional wellbeing, sexual health and also provides the Link-up SA support service for those Aboriginal and Torres Strait Islander people and their families who have been separated through the Stolen Generations. Nunkuwarrin Yunti (NY) had not been involved in research prior to REACCH.

Victorian Aboriginal Health Service (VAHS)
The Victorian Aboriginal Health Service (VAHS) was established in 1973 to address the specific medical needs of Victorian Aboriginal communities. The organisation has expanded steadily over the past 40 years to provide a comprehensive range of medical, dental and social services for the community. The original medical clinic at Fitzroy has been supplemented by another clinic at Prestons which offers a medical unit and also a drop-in men's social and emotional wellbeing service. The Fitzroy clinic alone has over 40 staff.

VAHS services include general medical, dental and community services: which cater for the elderly, and young with a moderate or severe disability, those with severe chronic illness, and is committed to meeting the needs of those clients with differing religious beliefs or who are gay, lesbian, bisexual, transgender or intersex. Other services include maternal and child health, eye and ear services, drug, alcohol and gambling support and sexual health services.

VAHS had been involved in over 20 concurrent research projects prior to their involvement in REACCH. The current medical director noted that they were worthwhile projects, however they were being conducted in a random manner, with minimal support structures and showed little consideration of what they may contribute or cost the service.

Summary:

Sites prior involvement research including the ACCESS network provided an important impetus for their involvement in REACCH.

7.2 Participants
In-depth semi-structured face-to-face interviews ranging from 30 minutes to two hours were undertaken in the second half of 2015 and early 2016 with local site participants during site visits of 2-5 days, and with lead investigators, and project staff in Sydney. Three phone interviews were also

held with site staff and investigators who were unavailable during the site visits. All interviews were undertaken by the Field Researcher and audio-taped.

There were 32 participants in the interview study. Interview participants included the four research officers at each of the sites and a further four Aboriginal health workers, seven health staff and three Managers across the sites. In addition 15 'lead' investigators were interviewed including those at local sites, the Kirby, NACCHO, VACCHO, QAIHC and the AHMRC. Interviews examined issues pertaining to project governance and participation, scope, reach and impact of the capacity building activities. The focus of each interview differed depending on the participant, for example whether they were an investigator or site participant. The following labels for quotes are used to enable comparison of different perspectives whilst ensuring anonymity of individual participants:

LI 1-14 refers to investigators on the original grant proposal as well as staff (including project officers/staff and local site staff) who took on leading roles in the project at either the Kirby or study sites.

RO1-4: Research Officers refers only to local site staff.

M 1-3: Chief Executive Officers/Medical Directors at local sites

HS 1-11: Health staff including AHWs and managers at local sites some of whom identified as Aboriginal

R is used to denote respondent and I for interviewer where an interaction is included as a quote from the data.

7.3 Activities conducted through REACCH

The focus of REACCH was to build research capacity in Aboriginal Community Controlled Health Services (ACCHS). Project mentoring and in-house training via workshops were key approaches to build awareness of the need and place for research at the sites and skills to participate (Appendix 3). Research officers also attended short courses at UNSW.

Workshops were mostly designed for staff that were going to be directly involved in research projects. These workshops at local sites were run by visiting investigators who were associated with The Kirby, with a few of the training sessions conducted at annual meetings attended by all key site and peak body staff. Details of training provided and short course attendance is provided in Appendix 3. Some sites then continued training, providing their own workshops run by on-site staff with experience in research.

Project mentoring was provided by the Kirby project staff to individuals and was a key method of building research capacity. This mentoring was both face to face when project staff were visiting sites and at annual meetings, as well as via phone or email communication as needed. This one on one mentoring was especially important for research officers new to research. See details of project conducted at 9.5.

8. Learnings from Implementation

This section of the findings focuses on the structures established to support REACCH and the successes and challenges in the implementation of REACCH.

8.1 Key governance processes

Agreements and Protocols

Prior to REACCH there was a memorandum of understanding (MOU) signed between NACCHO and UNSW/Kirby in 2008 (which expired in 2011). The signatories were from NACCHO, The Kirby Institute, and UNSW. The primary aim of the MOU was to establish a collaborative research and development centre to build the evidence base to guide policy and practice for sexually transmittable infections (STIs) and blood borne viruses (BBVs) in Aboriginal communities. This building of an evidence-base was to be undertaken within a framework that was community controlled by the national and state peak Aboriginal community controlled health organisations and local sites. For REACCH specifically there was a National Health and Medical Research Council (NHMRC) Deed of Agreement between the Kirby Institute and the NH&MRC. An exemption from the NHMRC IP provisions was obtained prior to the drafting of the REACCH contract, a multi-institutional funding agreement (MIA) and a study agreement or contract that was signed by all the sites participating in the project.

Funding model, roles and sign-off

The funding model was a National Health and Medical Research Council (NHMRC) Centre for Research Excellence (CRE) in Aboriginal Health grant which was to be focussed on STIs and BBVs and was approved and funded in 2009 until 2014. The CRE proposal aimed to bring together the national and state peak organisations for Aboriginal community controlled health services, affiliate services in the states where this project was to take place, and the Kirby, as the leading Australian institution dedicated to clinical research on sexually transmitted and blood borne viral infections. The foundation of the CRE was based in a commitment to community control and this was reflected in the site agreements or contracts and in an Operations and Communication Protocol (2012) which guided all the sites, NACCHO and Kirby about roles, governance and reporting. The study contract ultimately enabled community control of data as the following quote from a Lead Investigator highlights:

> So the contract was there, it involved a lot of back and forth with the lawyers and the NHMRC. So certain provisions in the contract were…because of the way NHMRC funding is structured, it's not really structured for a community-controlled project The other thing that went back and forth quite a bit were the IP provisions and the data ownership… So the contract provided for the services to have absolute ownership and control over their data and to own all the IP from the project. (LI 6)

However, there was generally a positive view of the way the project was established and involved Aboriginal researchers and sites early on in the initial proposal development and at the level of site engagement as illustrated by the comments of a Lead Investigator and a health staff member at the local level:

The Aboriginal Chief Investigator invited me to be involved … when they were putting together the submission because I think he wanted to have some people from the sector in an investigator role to try and help make sure that the research was connected, useful and informed by people who knew how to do research in (an) Aboriginal community controlled health setting. It was always people who wanted to come to our communities to research us to progress their academic careers and stuff like that. So I wanted to work on… I wanted to flip it on its head. (LI 14)

In the past it's been more we sign up to research that we're not so involved in and people come in and do a project and leave again, this was one we were moreso involved in it (HS 7)

The CRE proposal detailed involvement of five Aboriginal Community Controlled Health Services, three of which were metropolitan services and two were rural services. The application was endorsed by the board of NACCHO as well as its Sexual Health and Blood Borne Advisory Committee which included key representatives of ACCHS across Australia with expertise in this area. As the CRE's program of work developed, Kirby and NACCHO aimed to ensure that ACCHS were engaged at all stages of research activities as is recommended by guidelines developed by the NHMRC for researchers and Aboriginal communities (10).

REACCH Board of Directors: The Board was responsible for the overall management of REACCH. The Board of Directors consisted of five members including two members nominated by the Kirby Institute, The NACCHO CEO, the CEO of two participating ACCHS, as nominated by NACCHO, or their nominated representative. The service representatives were to be rotated on a six-monthly basis and all CEOs or their nominated representative invited to attend REACCH Board meetings.

The Board was responsible for operational matters such as budgets, monitoring and reporting as well as providing overall strategic direction. Membership was structured so that NACCHO and the Aboriginal Community Controlled Health Service sites had a majority of members on the committee. The input from NACCHO, and peak state bodies, such as the AHMRC, QAIHC, VACCHO and AHCSA at this level of governance ensured that community leadership and the needs and interests of Aboriginal people and communities were represented. The site participants then provided the direction for projects based on the needs at their site.

Network Coordination Committee (referred to often as Annual meetings) was established at the beginning of 2009 and operated through until 2014. These annual coordination committee meeting venues were rotated between sites, with each site having one meeting, and two at the Kirby. The NCC was to meet regularly, ensuring that participating services have a voice in the strategic directions and ongoing operations of REACCH. Although REACCH had been set up to support five REACCH sites originally, only four were able to engage actively throughout the project. Local governance issues prevented one Medical Service in NSW engaging in REACCH projects. These 'network' meetings were designed to provide a space to share project progress, and governance and budget issues. The meetings also provided an opportunity for training to be delivered directly following meetings. At its peak of attendance there were 31 people attending the annual meeting. However, it was not until 2011 that a research officer from one of the participating ACCHSs attended. Participation in annual meetings remained consistent until the final year (2014) when participant numbers dropped to 15.

8.2 Collaboration and Initial engagement

From the very beginning the concept of REACCH was one of collaboration and partnership which began with discussions between NACCHO and The Kirby. Initial discussions and the writing of the CRE application took place between representatives of these two national organisations. The sites became involved in 2009, following grant approval. This meant that sites had less control and input over some foundational aspects of the project, such as the aims which were focussed on STI and BBVs. A preference proposed by key stakeholders in this evaluation would have seen the sites engaged earlier in the proposal development. However, as one participant who had experience in another project with an Aboriginal Medical Services was very clear that whilst REACCH had its issues in governance and implementation it was a vast improvement on previous experiences:

> *REACCH is far more structured than (another project that this investigator worked on), far more, it's much clearer around management structures and how money gets allocated and who's controlling it … all of that kind of stuff is much, much more transparent. (LI 10)*

Funding

Funding was initially allocated to support only a part time research officer role at each site. However, the sites considered the role to require significant time investment and recommended to the Kirby Institute that they increase funding to support a full time research officer role at each site. This was implemented in 2011 after one site was no longer active as a project site which enabled a budget re-allocation to remaining sites. Initial funding was a focus of discussion in a number of the interviews with one site who saw the critical need for a full-time research officer providing extra funds from their own budget before it was fully funded from the project:

> *R: We didn't really have enough money to appoint a proper full time person at each site… we said to each service, they could do it how they want to. They could either appoint someone, or back-fill or have part time*
> *I: Was that discussed prior to REACCH being set up?*
> *R: We had very little discussion with the services. We discussed it with NACCHO. (LI 9)*
>
> *At first we were actually paying for that out of our own resources but then Kirby became more flexible with the funding and said, if you want to, here's your portion of the budget… allocated to each AMS for this research project. If you want to employ a research person, go for it (M 2).*

The last quote shows that the Kirby recognised the need for REACCH to be flexible and responsive to the funding issues raised by the sites. Funding was critical to REACCH in more general terms in its focus on building capacity as well as specifically in the funding of a full-time research officer role at each site to enable research projects to be implemented, as one participant aptly commented:

> *I: What do you think are the key things needed to build capacity?*
> *R: Oh, you mean money, mate, money. (M2)*

Time to build trust

Participants at the four sites and representatives of state and national peak bodies often highlighted that significant time was necessary to build trust between ACCHO and non-Aboriginal researchers and organisations. This was considered necessary in order to overcome the negative historical associations of researching 'on' not 'with' Aboriginal organisations and communities that had often

occurred in the past, including a lack of ongoing benefit to ACCHS when research had finished which included minimal or no capacity building within the sector as highlighted by the following Lead Investigator quote:

> *And if you want to work with community, there's a respectful way of working with the community. Because at the end of the day it's the difference you make to the community. It's not about your name being on paper ... I got ideas out of what I was seeing, but we would then have conversations with people in the community about ... is that something they wanted to do? ...there's a generic thing which is applicable to all marginalised communities. There is a voice there that needs to be heard and you can silence it very effectively just by virtue of your own confidence, your own degrees, all of that, that you, the clout that you carry. It's very easy to suppress that voice. Unintentionally, I'm sure, a lot of the time, but it happens. (LI 3)*

This time to build trust was required even with an investigator team with significant experience in research with Aboriginal organisations. The time required reflected the way that ACCHS sites operated and also the research and its focus on STIs & BBVs:

> *I don't think research projects realise how long it's going to take for Aboriginal community groups to get their head around the projects and into the projects... they don't operate the same way as mainstream does. It takes longer because community is a bit more wary of it and want to be fully informed, and that takes longer. They don't just sign up for something and then they're committed ...we need a lot more process time, you've got to build up trust. And, I think, sometimes because we're in the area of sexual health and blood borne viruses we're down in the lower it's not seen as a priority [by ACCHS] against diabetes and asthma and cardiovascular disease, so, I think, that's one of the issues for it as well. (LI 13)*

A number of participants at the ACCHS sites reflected there may have been more timely progress had they been involved in discussions from the outset:

> *Where my hesitation, perhaps discomfort was, was that I thought [REACCH] could have been improved by having had some of the discussions that were held at that first meeting, it may have been useful to have those discussions before the grant had been put in. (LI 1)*

> *And what we didn't do and what I would suggest happens where I suppose for other CREs, is to really sit down with everyone at the start of a CRE and plan out strategically where they're at and where they want to be at, and what realistically they can achieve over the life of a CRE. I don't think that was done very well. (LI 9)*

As illustrated in the prior quote, early planning and identification of needs, existing capacity and goals among all the different stakeholders and sites was suggested by some participants as an area for improvement. This early mapping exercise may have helped engage the appropriate people earlier to key positions and would have assisted in planning the mentoring and support needs of individuals at all levels. However, the REACCH project was seen to be generally better received than other 'collaborative' projects in the past:

One of the difficulties we experienced on (another project) is .. there was a huge amount of suspicion about what the research was going to be about, understandably, and there hadn't been internal work to reassure people that the Board did know what they were doing, did care about what the community thought. Whereas, I think on REACCH I never felt any hostility from staff. (LI 10)

8.3 Organisational readiness for research, identifying people and building skills

Organisational readiness and priorities

Senior staff at all sites observed that although their site's capacity and structures had been challenged whilst undertaking tasks to build research capacity, they had experienced obvious benefits through this process. An aim of this evaluation was to gauge the success in developing a culture of research and evaluation within each participating Aboriginal Community Controlled Health Service. All sites agreed this happened with varying degrees of success:

I think it's enhanced our (site named) ability. And I say our, because part of me will always be a representative of this site. But I think we are certainly much better placed to look critically at any proposal that comes our way here. And without me being there, I think the RO knows what to look out for. And they also know, if they don't understand something they'll still call me. So I think it has been a really, really useful thing for an Aboriginal person to have that. So in that way I think capacity of this organisation has increased.   (LI 3)

It (REACCH) made us understand better systems and processes, the importance of looking out and analysing different types of solutions around systems and processes and that. So the analytical, I suppose, processes were enhanced at (our site) because of that whole process in REACCH. (M 2)

This culture of research and the need to build on what was already present was critical to success. The choice of sites that had some level of readiness to do research was important and the role of NACCHO in identifying these sites was critical:

I think one of the greatest challenges with doing collaborative research that involves capacity building is that you can't just go in and build capacity, that you actually have to have a ready ground, you have to have engaged CEO and management, staff who are keen, people who feel like they've got time, people who understand why research is important. There has to be existing capacity to build. Whereas with the REACCH project they learnt from that and I think that they identified services (compared to another capacity building project the investigator had participated) that were already doing some research or were keen to do some. (LI10)

With a history of limited, or no, understanding of the place for research at some sites, many on-site workshops focussed on the simple theme of "what is research?" and "what could this site gain from research?" The workshops held at one site had a positive effect in building research capacity through exposing a number of staff to the concepts of research and how it may be undertaken alongside service improvement. These workshops drew in more staff than expected, both Aboriginal and non-Aboriginal, in different roles across the organisations. This fulfilled one of the main aims of REACCH which was to build research capacity in both individuals and in their organisations:

So one of the first things that we've done in terms of building capacity was I suggested that we do monthly research workshops and I had modules … like cover all the basics of research, how to do a literature review, how to read an academic article and just all those basics. So in my first year at (a site) each month I've done one of those research workshops… It was received well. However, towards the end of it we got a core of about three or four. So the attendance was slightly declining. (RO 4)

Service delivery priorities

Service delivery remains a primary aim at ACCHS. It therefore demands a large amount of resources and time from many staff in the sector and is a more immediate demand than research. This was a prominent theme in interviews at local sites and among some of the investigators who had worked closely with Aboriginal community controlled services in the past:

Aboriginal Medical Services are trying to deliver services and researchers are trying to get research done and publish papers, and having to join those to try and find the common ground. It's much harder than you think to do that, and I think REACCH gave a bit of a space and in the meetings that I went to there was a lot of goodwill and there was some progress made, but I think things drifted apart a bit. So Kirby kept driving it according to the research thing, and the services have to try and keep up. Services don't operate in that world and they're just trying to see how to fit research into their world (LI 14).

At many sites there was some conflict between service delivery and research roles reported by staff at local sites reflecting the high priority of service delivery at ACCHs. Whilst the time committed to service delivery by research officers was supposed to be minimal, participants highlighted the traditional focus of work tasks at ACCHS, and the challenge of introducing an additional focus on research within this sector even within dedicated research officer roles. This was often accepted as an unavoidable reality by the research officers:

They'd much rather, I think, spend their time around service business, which is as it should be. We're primarily a service provision organisation and research is not part of our core business. (RO 3)

I: You were there purely doing REACCH activities, weren't you?
R1: Well, I, no, hell no. Yeah, I did other aspects of the work, but that's just the nature of community control, you help out wherever you can, so they, yeah, it wasn't just purely on REACCH. (RO 2)

Identifying the 'right' people

There was a clear challenge from the beginning of identifying Aboriginal people with experience in research either locally, or to draw them to sites that were geographically isolated. Recruitment to Canberra for the NACCHO position was a further issue to contend with as it required re-location for the majority of potential applicants. The project role at NACCHO was a critical one as discussed later in the report, and a series of short-term placements severely hampered the ability to establish continuity and momentum. From the outset of REACCH there was an intention to identify Aboriginal people to be involved as the research officers at local sites within REACCH:

> *One (challenge) was to find the right funding, and the second was to find the right kind of person. And our ambition always was to fund an Aboriginal person in every service, and in that ambition we succeeded partially. (LI 8)*

> *I: Why do you think that was difficult to identify Aboriginal people for each of these roles?*
> *R: I think it's partly the nature of the AMS sector. I mean, they're primary health care clinics, they're not a research organisation. (LI 9)*

This same participant whilst acknowledging that people who aren't Aboriginal can play a role in capacity building, expressed some frustration that it proved so difficult to identify appropriate people given the focus of REACCH:

> *…not everyone has to be Aboriginal for capacity development (within ACCHS), but the good thing about an Aboriginal grant and Aboriginal money from the NHMRC is we should be able to prioritise Aboriginal people. (LI 9)*

Identifying appropriate Aboriginal people to take on the research officer roles was also reported by some to have been impacted further by the focus of the research on sexual health and the sensitivity of the issue for the community:

> *There wasn't an Aboriginal person confident in sexual health and it's just a really tricky area, and that's what people don't get, and it's really hard for young people to be involved in it, because you need a, sort of, you need some eldership in it to be able to talk to older people about their sexual behaviour. (LI 13)*

The delays in finding the appropriate people to employ and participate at the local site and peak body level was a significant hurdle to beginning research projects at local sites and for NACCHO to take on a coordination and leadership role:

> *Yeah (identifying a person for the NACCHO role it took a while…There have been at least four people in that role at NACCHO … but the NACCHO role, at first, I guess, we tried to fill it with people who've had some sort of research experience, but hadn't really worked that much in the Aboriginal sector. And then we tried to fill it with people who were Aboriginal, but didn't have that much research… and both had their advantages and both had their disadvantages. It went on for a number of years. So the NACCHO position, it was changeable, and also not as well defined. And I think partly it is because it was something new for NACCHO to have a position like that. (LI 9)*

One of the investigators explained that the Kirby project staff were supposed to co-ordinate the research and the NACCHO person the capacity development and the failure to engage someone for the term of REACCH at NACCHO had an impact on capacity development and on the workload of the Kirby team discussed under the next theme. Issues in staff recruitment were reported by a number of interviewees to have had an impact on the timely delivery of outcomes, including projects and publications later in REACCH.

Support required

The research officers at each site brought varying skillsets and levels of experience in research to REACCH requiring different levels of support with most having little prior experience. The REACCH projects were therefore to be the first direct experience in research for the majority of Aboriginal research officers employed in REACCH. Whilst the aim to build research capacity within individuals and sites was a central purpose of REACCH, the challenge of building the skills required to perform research with academic rigour was substantial. This impacted on the goal of building capacity in site-based research officers as the gap to bridge was larger than anticipated. Some investigators were acutely aware of this challenge and the need for substantial levels of support and mentoring:

> *When it came to actually starting the project, I was told, "You can be like a distant mentor. You can come in as needed, and you don't really need to be involved even in the teleconferences with REACCH, you can do all your other stuff you're doing." I said, "I have a problem. I don't think (the research officer) will get the appropriate supervision. I think everyone's under-estimating how much support (they) need, where they're at, and the big jump that they need to make. (LI 3)*

> *Partly where we're at as Aboriginal people, not being at the level where you can be able to step into the research roles, because it takes quite a bit of mentoring and support to be able to do that, particularly for an off-site area. Also, I guess, it's just the nature of the beast to research, it moves, it's fast... you need people to do the job straight away. (LI 9)*

Those in research officer roles also reported that they often had few people to draw upon locally to support them and those with the necessary skillset were already overloaded. Others expressed both enthusiasm about their involvement and that it could be something of great benefit to their individual career and their service/organisation, but also apprehension at the potentially steep learning curve:

> *R: I think there was a lot of fear. That – it was like, what have we got ourselves into? And again, they were very grateful that I provided the clarity...because it was suddenly huge. See, that's what I mean. The reality on the ground was, this is huge. But then once I've written the research proposal it seemed manageable. (LI 3)*

REACCH provided opportunities across all sites to build individual knowledge and skills in research and evaluation and a number of local health staff also benefited alongside the research officers:

> *My skills and capacity were built incredibly. I started in REACCH with no background or understanding of research at all, and by the end of our involvement I held a position on (an external research committee in our state), which soon become deputy chair person. I also successfully coordinate all the research undertaken within our organisation and dealt with all the research requests. I learned many skills which have been and will be useful for me in my career in the future. I've pretty much come out the end being a research officer. (RO 3)*

> *I: But I might say you've obviously developed a lot of skills...*
> *R: Yeah. I think so. But at the end of the day it's still a struggle all the time. It's still learning all the time which is challenging. (RO 4)*

> *It (REACCH) taught us a lot. No, I think in the end it was good, it's just a pity that we weren't able to go through it with what we've got in place now. We would've killed the project with what we've got in place now and even the quality of our staff. (M 2)*

Some however commented that individuals who would have benefited greatly from a number of the training workshops did not always attend for the whole workshop and a more specific focus was probably needed in training workshops for those who would directly undertake research as part of REACCH. The challenge for inexperienced research officers persisted for the duration of REACCH. This was often due to the large size of site specific projects and the need to manage multiple projects simultaneously. Most of the research officers shared about their ongoing experiences trying to up-skill and feeling they were the only one focussed on research in the setting:

> *I: Were there times when you felt like you need more support?*
> *R04: Absolutely. Probably almost every day [laughs]. It was really (pause) a really hard learning curve.*

A few participants commented that REACCH did not provide a gradual introduction to research at some sites and this resulted in research officers being overloaded and this also hampered capacity building.

Staff turnover
Staff at all sites, from those in the research officer role, in management, and representatives of state and national peak health bodies commented on the challenge of constant turnover of staff at ACCHSs to participation in REACCH as well as on timely completion of projects:

> *I: How could things have been done better from your perspective as the director but also hearing back from your staff?*
> *R: Not so much the research, in answering that question, not so much from a project as a whole perspective but from a (site) perspective is that I would make sure that our service is more stable before we get involved in any more research. Now, I'm talking about stability where there's staff turnover and all that sort of stuff. (M 2)*

> *That's because (a particular site) had changed positions and different people had come into different roles (including a relatively new board of directors at this site)… so it's hard doing projects over long periods because the Aboriginal sector changes really quickly. (LI 13)*

8.4 Role of project staff
NACCHO did not have a project officer dedicated to research prior to REACCH. It also proved to be difficult to fill this role for the duration of the project as previously discussed. This critical role which was filled with a series of short-term placements impacted continuity and momentum, and created an additional burden on existing staff at NACCHO who had other responsibilities. This also led to a heavier workload on the project staff at Kirby for much of the project as a large responsibility for coordination was taken on by Kirby project staff. This was identified by a number of participants including local site research officers:

> *I think I would have liked to have seen maybe a bit more equality between NACCHO and Kirby. Kirby seemed to carry a lot. I think the (Project staff from KI) was trying to do a lot and unfairly do a lot I think. (RO 3)*

However, others commented that this reliance on Kirby staff may have also reflected the technical expertise in research which the project staff and investigators from Kirby already had, skills that NACCHO weren't necessarily intended to provide as part of REACCH. Kirby staff provided support in the following ways: managing communications with sites and investigators, on site education in workshops, one to one mentoring and research support, and brief phone and email support. Local site staff often commented on the key role of the Kirby project staff:

> *A visiting investigator from Kirby talked to us about a whole lot of different topics, so that was really handy as updates and then just to have a lot more resources, make us more aware of resources and just the importance of them too, even with the NACCHO guidelines. (HS 1).*

> *(The Kirby project staff), that's right, especially helped us with the case file audits. And it was a good relationship with them as well. (RO4)*

ACCHS staff were very positive about how Kirby project staff spent time establishing relationships with the research officers at the local sites. Across all sites staff emphasised the importance of this time and engagement in allowing trust to develop. When contrasted with the history of non-Aboriginal research organisations and a relative lack of engagement in building relationships and trust in the past, this was seen as an extremely important process. Site staff also often commented that the support process was well thought out and structured. The availability of the project staff at Kirby was often noted by the research officers and others on the project:

> *So I could ring them, pretty much, not every day, where I'd be contacting them to talk through my frustrations, I suppose. They did support my professional development needs as well. So I went down for a week to learn about how to write academically. There was also…I did the intro to epidemiology and biostatistics through Kirby. (RO 2)*

> *That's probably the part of the project that I enjoyed the most, was being able to work with (the project staff from Kirby). (LI 3).*

The project staff also understood that others at Kirby may have been less available due to competing demands in their wider roles and understood the value of their immediate availability to site staff:

So I think one of the things was my support role (as a Kirby Project support officer) was that because I'm not a busy Professor with lots of meetings and thousands of emails coming through, I was there when they needed someone to talk to, to mentor them I guess or to even throw ideas off them and bounce back. Not very often did I have to say, "I'm sorry, I'm in the middle of something. Can I call you back later?" And so being that open sort of source that they could ask me a question, I could answer it for them straight away or talk through straight away. I think that was probably quite a positive experience… So if they wanted to talk to me about anything to do with their projects I was available for them almost like a call centre. (LI 7)

8.5 Community control and governance

NACCHO leadership
The MOU established at the commencement of the REACCH project included an emphasis on the importance of community control within REACCH. Senior researchers were cognisant of the aims of community control for Aboriginal health organisations and were intent on standing back to allow the peak and state Aboriginal health bodies, and the individual ACCHS to indicate the direction of research within the REACCH project. They also saw the importance of NACCHO taking a lead role and supported a project officer role funded at NACCHO:

> *And so as the CEO she was in the position to … she was trying to promote the idea that NACCHO was going to get more involved in a leading research project rather than being a partner and sometimes a secondary partner. (LI 8)*

This lead role for NACCHO was certainly evident in the initial stages of REACCH though the difficulties in engaging a project officer for the duration of REACCH hampered their ongoing leadership role:

> *It was initially proposed that NACCHO lead this (REACCH). And we discussed this, and from my experience I pointed out that probably, I mean, for a start, NACCHO is not an authorised research organisation by the NHMRC …NACCHO was not set up for research, but they felt very strongly, and we supported the fact that there would be a counterpart project officer from NACCHO and a counterpart project staff member from Kirby Institute. And the CEO at NACCHO nominated five sites that they thought would be good partners in the REACCH undertaking. And so they communicated with their CEOs and got them to sign on. (LI 8)*

> *I was involved in REACH right from its inception and making sure that the relationship between the Kirby Institute and NACCHO met the expectations of NACCHO and the policy and protocols of NACCHO. That was the main involvement that I had …and also to ensure that the objective for the project in terms of capacity building and employment of an Aboriginal research officer (occurred). (LI 5*

Though this loss of leadership from NACCHO in REACCH was commented upon by some, others highlighted that engagement and community control remained with the Aboriginal people in research roles:

> *The other thing is that there are key people, Aboriginal people on the research project for a start, Aboriginal investigators on the project who were very supportive of the work that was happening in community controlled services and I guess their work in terms of building capacity of the community controlled sector to understand research better, and translate research principles and practices into really well understood ways for community. That was one of the enablers. I think that that was probably the biggest enabler, is Aboriginal people doing research on Aboriginal people. (PO at NACCHO)*

Participants in the NACCHO secretariat responsible for identifying an appropriate candidate for the REACCH project officer role indicated there was high turnover with four staff in this role for the first half of REACCH. Those employed were either new to the sector, had insufficient knowledge of significant aspects within the sector, or moved on after a short time in the role to other opportunities. The person who eventually filled the role for the remainder of REACCH already had

another full time position within NACCHO in sexual health service delivery. The impact of changes in staff and roles within REACCH had a major impact on NACCHO's ability to remain consistently engaged:

> So (one project officer at NACCHO) also left the project and then there was a period of time where the Public Health Officer was our main contact at NACCHO and there was a really functioning committee that directed my work and the work of the NACCHO person, and it was joint Kirby-NACCHO Operations Committee. But once (a Lead investigator at KI) left and once (the Public Health Officer at NACCHO) left that fell over. (LI 6)

NACCHO, as the peak national body was nonetheless able to be a strong advocate at all annual meetings and through key policy documents. A strategic plan released in 2011(11), not long after the commencement of REACCH, emphasised the need for developing research capacity and suggested steps "*to increase the quantity and application of relevant research and evaluation projects in Aboriginal health*" (NACCHO, 2011, pp 13). These steps included those to increase the sectors' influence over the collection and analysis of Aboriginal health information and research, and to undertake both collaborative and stand-alone research.

Meeting site needs
Many of the participants noted that a strength of REACCH throughout the project was that staff at sites were able to discuss and establish STI and BBV research projects which suited their priorities:

> Yes… We (the RO, public health officer and management at the ACCHS) chose all of our projects.   (RO 3)

> I feel that the project was very autonomous in the sense that each service or each site had a freedom to set their own agenda which I think was absolutely appropriate and the only way to do it really. (RO 4)

Project staff from the Kirby Institute, with their extensive experience in research, and being cognisant of the aims of REACCH also recognised the importance of allowing the sites to implement and direct their own research projects. This was a challenging aim given the limited experience of most site staff in research. Kirby staff emphasized the need to keep projects simple which led to some self-monitoring processes and evaluations to enhance service delivery that aligned well with the existing priorities of ACCHS, but even so represented a large shift in practice for sites:

> So basically, so most of the projects were actually pretty much self (evaluation)… if you didn't even want to put them into research, they could be seen as self-monitoring evaluation. And one of the things that I think I was relatively naïve to was the extent to which even those processes would be quite novel and maybe even a little bit threatening to some services, to actually even start measuring your activity especially using computerised records. (LI 8)

A further issue was that whilst some sites had a clear opinion of the direction that they wanted their research to take, the project staff at Kirby had to ensure that common ground was found between the research priorities of the sites and rigour in the research undertaken:

We had people coming from all the services and just trying to get a bit of a sense, get our head around what we were trying to do. I think there was general support for the idea of, let's design together, and it's kind of research, let's try and make sure that the services are in the thick of research rather than being kind of asked to come along individually project by project. But I don't think we ... well, we all come from different places. And I'm sure that I perceived at the time, but I'm even surer now, that there was certain common ground of what could be achieved by this process. (LI 8)

Expectations of outputs

Expectations that publications would be produced with funding provided by the NHMRC via a CRE grant meant input from the project staff at the Kirby Institute was necessary to refine the direction of research projects to satisfy academic and research rigour and this may have hindered community-control:

However, I had, like, looking over my shoulder, an eye to the other fact that when you are funded by NHMRC, you also have to produce peer review papers and that kind of stuff. And so it's all well and good to go and say, we're just going to collect some data, and it will help you… you've got to publish stuff as well. (LI 8)

This view contrasts to that of the sites for which publications in peer reviewed journals had less prominence as an outcome and were viewed with some ambivalence:

I: How do you think research and publications were viewed here at the site?
R: I don't know. I guess they're probably like, the name does not so much have any meaning, but if (the site's) name was out there, then it's good for the organisation (RO 3).

The site projects were therefore often focussed on the analysis of existing services (see Case study1), improving data collection methods as well as service re-design based on evaluation. Site-specific project details are also provided under impacts in this report.

Case study 1: Antenatal project (AMSWS)
REACCH provided an opportunity to evaluate a service delivery program that had operated for many years at the site. This evaluation took place over the latter half of 2014 and continued into 2015. Support for this project was provided on an ongoing basis from the Kirby project staff Unfortunately government funding was withdrawn from this site in August of 2015. As a consequence the project had an abrupt end, but a publication of the evaluation was produced and placed on the Indigenous Healthinfonet website; *Evaluation of the Aboriginal Medical Service Western Sydney Antenatal program 2015.*

Maintaining momentum

Issues in implementation and governance arose over the final two years of REACCH with loss of engagement by NACCHO and some of the investigator team and challenges for relatively inexperienced research officers producing academic outputs, such as publications. This was evidenced by key staff not attending every meeting towards the end of REACCH. Stakeholders in REACCH suggested there were many reasons for this absence of key staff such as service delivery demands at sites, changes in staff at sites, occasional loss of motivation with the five year length of the project and a few who were not satisfied with the timeliness of progress in their respective projects.

Many participants commented that the REACCH annual meetings were vital to set and regain the direction and drive for the projects and engage management at sites in REACCH:

> *Oh, look, I think the annual REACCH meetings helped us to stay focused… on the project because we were sharing information and taking ideas. And it was exciting to hear everyone's challenges and what sort of strategies were being put in place to overcome obstacles and barriers. (M2)*

> *I attended the annual meeting in Sydney which probably would have been about 2011, and then the last in 2014 so I found that all of those workshops were very useful because you're actually networking with, not only the Kirby Institute employees, but you're also networking with other services, and just finding out what they're doing and learning from them. (LI 2)*

8.6 Supportive structures and leadership

Some chief officers at the local sites were unsure if the structure at their respective ACCHS, with its focus on service delivery, would enable them to wholly embrace an approach aimed at building research capacity. However, through REACCH, these senior staff realised they either had some of the existing structure or a structure that only required some minor adjustments, to facilitate involvement in research, such as structures which supported continuous quality improvement programs.

> *Well, I think because of REACCH and also because (our site) has got some robust structural infrastructure that we can use. So we have quality control and we've got availability to put things into documents and templates so people can follow it and then review it. (LI 2)*

Comments by others in leadership roles at local sites however suggest a lack of engagement from higher levels of REACCH, including lead investigators, with leaders at organisations at the local level. This may have led to a misalignment of organisational priorities with the aims of REACCH and a lack of local organisational support for projects:

> *I said, "Yeah, but I don't even know if our systems and processes are set to capture this sort of stuff." And, (a Chief Investigator said) "Don't worry, brother, we'll make sure we help you set that all up." But I don't know if that's the sort of area we were really interested in researching in the first place as chronic diseases is closing the gap for us. "Don't worry, we'll make you understand how important it is," and blah, blah, blah. So with all due respect to (The Chief Investigator)…But did we once sit back and really go through this? Probably not, not properly. (M2)*

A number of chief officers at local sites however acknowledged the importance of their role in facilitating and supporting the local research projects:

> *So I would support the research officer at our ACCHS. So I would support ideas and proposals to have meetings with the various teams so that was my role. My role was to support the research approach at our ACCHS and assist in making sure that that research approach actually happened (M 2).*

However, the Model of Care project at Nukunwarrin Yunti (Case study 2) highlights the challenges of projects becoming embedded in sites and the critical place of leadership support to all levels to fully realise outcomes.

> **Case study 2: Model of Care (Nunkuwarrin Yunti)**
> A new Model of Care was developed with an aim to enhance services for those at-risk or living with a blood borne virus. Nunkuwarrin Yunti chose to retrospectively evaluate their hepatitis C service and use those findings to develop a new client centred model of care for those at-risk or living with a blood borne viral infection. Staff involved observed that the process was to achieve a more structured model through re-design. The project had three phases, two sources of funding; from REACCH and a grant from the Lowitja Institute, and an estimated time frame to completion of 18 months. Whilst managers projected completion within this apparently modest timeframe, the result was that the staff closely involved in the project struggled at times with the changing scope and size of the project. As a result of the extended time that the Model of Care has taken, a new manager is unsure of how best to utilise the findings. This case study highlights the site's capacity to undertake problem assessment focussed on why the original model needed some re-organization. However, the need for stronger project management at the local level with a focus on both project size and scope was highlighted as a weakness. Engaging people with the skills to support the work was undertaken, but maybe the timing and readiness to utilise these resources was not optimal.

Clinical research network

An aim of REACCH was to 'develop a new clinical research network involving ACCHS sites to build capacity and expand the scope of activities beyond the initial funding period'. All stakeholders agreed that such a network operated during REACCH through the REACCH annual meetings. These annual meetings enabled sites to observe each other's progress which in turn informed projects at their respective sites, and fostered some professional relationships across sites:

> *So, I feel whenever I went to any of the workshops and meetings, I felt that we could meet people that were in that research, like, professors and project staff…you kind of think, wow. So you're meeting people like that. They're imparting their knowledge and also interested in listening to what's happening at a clinical level. I know whenever I attended I met doctors from other ACCHSs… you're learning about what's rolling out in their area. So rather than just collaborative I think you're building links and also like peer review basically. (LI 2)*

However this network was not seen by participants as enduring beyond the REACCH project. Reasons included the work demands at each site and the loss of the annual meeting structure when REACCH finished.

9. Impacts of REACCH

This section focuses on the impacts of REACCH within and across sites.

9.1 Changing a culture and systems to prioritise research and evaluation

NACHHO released a strategic policy document to "*Promote research that will build evidence-informed best practice in Aboriginal health policy and service delivery*" (NACCHO, 2011, p.13) aimed at changing a culture from one fundamentally driven by service delivery to embrace research driven by the sector to inform evidence-based best practice. Though not a direct result of REACCH, REACCH provided some level of impetus for this policy development.

A focus on capacity building was found to have assisted sites to broaden their scope from a sole focus on service delivery to one which has incorporated the learnings from this research project and integrated some aspects into their ongoing work program. It was agreed by many participants that REACCH re-oriented the direction at all sites to include a focus on research and brought a focus onto STIs and BBV as a priority area:

> *So it (REACCH) gave it some impetus to be thinking about, instead of just thinking about air waste disease and diabetes and a million other things you might think about, it actually put that (STI's and BBV's) on my radar, and then obviously for (the sexual health nurse) she's dedicated to BBV STI and everything, she was the only obvious person to be involved in it really. I mean it could have been the GPs, it could have been the midwives but they're all flat out. So no-one else has got the headspace or time to be thinking about research or projects. (M1)*

As raised under the theme of community control, there were different expectations as to the outputs from REACCH with academics often more focussed on traditional research outputs as evidence of success and sites focused on practice changes based on research evidence which had a better fit with their culture and service delivery priorities. Comments about academic outputs included a lack of peer reviewed publications with mostly conferences being outputs and lost opportunities to contribute to the evidence base in the literature:

> *The output is pretty disappointing for example; there was never any systematic reviews, there was never any literature reviews published…we could have generated a whole lot of stuff and I mean it's all well and good to go and present at conferences which you'll see that that's what they accounted their major output, it's one thing to present at conferences, but it's another thing to have something written in the literature, literature forever, they're very different things. (LI 9)*

> *A lot of people do papers and a lot of things get published in my experience observing other research projects in the state health system I worked in, but does it actually impact? Does it actually change practice short-term, long term, I'm not quite sure …from my point of view, REACCH was a standalone because it's investigating and then actually putting foundations in place for clinicians and for that knowledge to be translated into clinical practice. (LI 2)*

I felt from the Kirby point of view that they really wanted to push for this (publications). I understand it, I understand that we need to get more of what we do out in the world, but it conflicted with me having to drive a project and then switch the hat, and I just couldn't do it and I just felt a bit pressured, I suppose, because I know the value of what (our site) has done, but at a community level I think that the team did a really good job. (RO 2)

Well, I just think we, for me as a program manager, had different expectations of what I wanted the (REACCH) program to achieve so for me it was to have an operational model base and best practice that I knew we would be able to implement and would meet the needs of our client group which predominantly was around drug and alcohol and then BBV treatment as well, case managing was part of that. Whereas I know the outputs for the research itself was more development of papers or presentations at conferences and more at that sort of level. (HS 7)

A major driver of the REACCH project was the desire of the peak body representing ACCHOs, NACCHO, that they and others in the sector be more involved in leading research projects rather than being a partner and sometimes a secondary partner. There was decreased input from NACCHO toward the end of the REACCH project. However, as many stakeholders commented through this evaluation, it may have also reflected the challenge of identifying the appropriate person at NACCHO to dedicate time to REACCH and voice NACCHO's opinion over the direction of REACCH. Whilst there was a representative from NACCHO at all REACCH annual meetings, many stakeholders noted the decreased influence of NACCHO toward the end of the project.

9.2 Enhanced openness to Research

There was an obvious demystifying of research for all sites and for the research officers achieved through REACCH. For the majority of research officers this was their first experience of devising a research project or analysing aspects of their service delivery in a more formal evaluation:

I think the benefits of that (workshops) are research gets demystified, researchers get demystified, they get a sense of what the service is doing, hopefully and this has generally been my thinking is that even if they never actually do anything, they now know what it is when they read it in other context and, so they might see that there's value and something to learn. (LI 10)

The investigator and manager comments below highlight how just simply understanding a patient flow through the service and how they could intervene better and screen and collect data helped staff see the practical value of 'research' based on improving service practice:

At one particular site, again, two days, I really enjoyed that training… went well, we had a half day that turned into a, kind of, research session. People got enthusiastic and we actually started doing a process map of how a patient comes in, who they get seen by and what opportunities there would be to actually do interventions around STI and diagnosis, screening (and) management. And it was phenomenal and you could see … they were really enthusiastic about it and actually that became the basis of a project that got put up in the research room, so that was really good. (LI 10)

If you're thinking about that high level objective, which is to increase research capacity, there's a whole lot of steps before that. I mean I understand research is a very broad umbrella, but there's something about reflective practice would be the bottom layer that I talk about. Just even thinking about "well what are we doing" . Not with an agenda of trying to push research on anyone…to be able to be discerning about what is robust and what's worth doing (M 1)

Sites reported being better equipped to consider offers to participate in research from other organisations not only as a result of REACCH, but also the changing environment within the ACCHO sector. Site staff reported feeling more confident to seek out research opportunities which suit the focus of their organisations. Senior staff at most sites reflected on the increased capacity of the service to consider proposals to be involved with research with other organisations due to their involvement in REACCH. The following comment captures this theme:

I suppose what it (REACCH) did do, because (the research officer) became so confident, it made other people feel confident to give it a try. So when a large health research organisation in their state) approached us to do some research. There wasn't this fear of it. I think there was … people understood. There was, yep, they could see the benefits of working with (a senior Aboriginal researcher at this external organisation). There just seems to be a lot less paranoid feel about research and being involved. So I think for the organisation it was a really important thing to be involved in. (HS 5)

Others countered that the whole ACCHO sector was becoming more exposed to offers of research and that this coincided with REACCH, but was maybe not a direct result of REACCH. Nonetheless, many of the sites have subsequently been involved in further research collaborations since REACCH with academics and research institutes which are detailed below. Engagement in these collaborations, in part, may have resulted from the increased openness and experience of research through REACCH, though the sector had progressed in its interest in research regardless of REACCH with the NACCHO policy and other related developments. Examples of subsequent and concurrent engagement in research by sites following REACCH are detailed below.

AMSWS

- Cross-sector collaborations in Aboriginal and Torres Strait Islander childhood disability: a systematic integrative review and theory-based synthesis. A systematic integrative literature review to describe components of inter- and intra-sector collaborations among services to Aboriginal and Torres Strait Islander children with a disability and their families. Co-authored paper with AMSWS staff members. Collaboration with UTS, 2014.

Goondir Health Service

- Validation and Implementation of Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders (SCID-I) tool to diagnose mental disorders in Indigenous Australians. A collaboration with The University of Queensland, Rural School of Medicine January 2014– December 2016

- Minding the Gap - Evidence Based Management of Comorbid Mental and Physical Illnesses in Indigenous Australians: Indigenous Solutions to Indigenous Health Issues. A collaboration with The University of Queensland, Rural School of Medicine from January/ June 2014 – July/ December 2015.

Nunkuwarrin Yunti

Since REACCH NY has been able to consider after careful evaluation many offers of research partnerships and has formed a close working relationship with Wardliparingga Aboriginal Research Unit of the South Australian Health and Medical Research Institute (SAMHRI). For example, the Next Steps for Aboriginal Health Research: which explored how research can improve the health and wellbeing of Aboriginal people in South Australia. This was a research initiative of the Aboriginal Health Council of South Australia (AHCSA) and the South Australian Health and Medical Research Institute's (SAHMRI) Aboriginal Research Unit. 2012-2013. Since the end of REACCH NY has continued to be involved in numerous research projects and the project officer funded through REACCH has remained at the service. For example:

- PROPHECY: aims to explore the relationships between diabetes and diabetes related complications and the existence of social, clinical, psychological and genetic risk markers in South Australian Aboriginal people with and without Type 2 diabetes. It is a National Health and Medical Research Council (NHMRC) funded study from 2015 for four years led by Professor Alex Brown of the Wardliparingga Aboriginal Research Unit, (SAHMRI).

- The Aboriginal Cardiovascular Omega 3 Trial: aims to explore protective capacity of Omega 3 oil supplements in those with coronary artery disease (CAD). An NHMRC funded study in 2014 for three years led by Professor Alex Brown in collaboration with the University of Adelaide.

Victorian Aboriginal Health Service (VAHS)

In 2014 and 2015, during the final two years of the REACCH project, the VAHS clinic re-invigorate their involvement in research. A new VAHS research policy was established at this time to provide structure to research at VAHS, strengthen the VAHS Research Framework and adhered to relevant legislation and ethical standards. Recent research projects include:

- Achieving Diabetes Action and Collaborative Change (ADACC) Study. The aim of this project is to improve adherence to best practice guidelines for type 2 diabetes, in Indigenous Australians. Researchers from the University of Sydney, Baker IDI Heart and Diabetes Institute and the University of Newcastle, in collaboration with Aboriginal Community Controlled Health Organisations designed this study to be culturally appropriate and to work with the sector to bring about organisational change. 2013-2015

- Identification of culturally sensitive approaches to improve immunisation coverage and its timeliness of Aboriginal and Torres Strait Islander children and their families. An NHMRC Centres of Research Excellence funded project in collaboration with the Immunisation Service of the Royal Children's Hospital Melbourne. Commenced in 2014 for 5 years.

Twelve research applications were received by the VAHS research committee in 2015. Three research projects were approved for engagement and participation. One example is: Comparing hepatitis C care and treatment in a primary health care service with a tertiary hospital: a randomised trial. A collaboration with The Macfarlane Burnet Institute for Medical Research and Public Health Ltd, Melbourne. Commenced in 2015.

9.3 Individual skills

Many participants commented that Individual skills of research officers, and other staff engaged in projects, were enhanced through the mentoring and courses that were provided through REACCH. For example, in literature reviewing, data collection methods and analysis techniques:

> *Oh look, I think it really helped them and … I think that they could understand more of it, and I saw (research officer named) growing and it was just a real delight and I liked to go to the next meeting to see progress. The very first meeting when we all sort of got together and how shy this person was …,and then this little ball of energy, and obviously passionate in it because (the researcher officer) embraced it and wanted to move forward with it. (LI 4)*

> *Oh, I loved it. Just the new-found knowledge. Actually making a difference. Whether small or not, I don't know, but certainly made a difference. I've always been interested in sexual health and I've always been interested in research. (HS 4)*

> *So the qualitative research and interviewing, that was with (an investigator from Kirby). They came here and did all of that which was brilliant. Their approach was really good and it was targeted so it wasn't too high level for the kinds of people who were attending, and I was one of them. (RO 3)*

Staff at a management or senior level also commented on the improvement to capacity to do research in terms of staff building knowledge and skills that occurred through the time of the REACCH project:

> *But in order to make sure that the organisation was achieving its goals and objectives in regards to the project, (the research officer) needed to make sure that the staff had a good understanding of what STIs and BBVs were, what was the intentions of the project and ensure that they provided information and education about what needs to be in place, but also the feedback from them, the clients and the staff. So there was a lot of learning going back and forth to different parties, all of the key stakeholders I should say. (M2)*

However, some others questioned the value of the workshops and training as a tool to build capacity and the following RO quote highlights the need for training be relevant to their work focus:

> *That's my major concern about capacity building…these kinds of capacity building activities, it's very difficult I think to judge. I think it's in danger of being tokenistic, so you turn up, talk to people who don't really know anything about research, who don't care about it, who will never use any research…. So you get a bunch of people who are not going to do anything with the training and then you really need the core people who are going to do the research and who need the skills to be in the training, but my consistent experience in (another project) and REACCH is that for some reason …the coordinators in all of those places have flitted in and out of the training and they're the people who actually will need and will use and who ultimately the projects depend upon. (LI 10)*

> *I'm behind the start line for most people and understanding Stata was - day one was great and after that it was just too complex and having never used it before, or understood it before, it was - I just sat there and tried to do my best but I really was not going to get anywhere. The health program evaluation at the University of Melbourne. So that was really good. That's what formed the basis of the BBV model of care evaluation that I'm still undertaking. So that was using program logics to form an evaluation. (RO 3)*

Many staff, but predominantly the research officers, built individual skills in a number of areas within research. However a common observation from many involved in the REACCH project has been that the relatively unskilled researchers should have been able to gain some form of official qualification from their five year involvement in a CRE funded project.

One Research Officer expressed frustration at lack of progress towards a qualification which seemed to reflect in part a lack of time and priority at the site level:

> *I guess I just really haven't had the time to do it and the model of care was supposed to form and provide me with all the evidence for my diploma of project management. And the model of care it just hasn't happened in the time that I've needed it too. So what that's left me with is a partially completed diploma. (RO 3)*

Kirby support was seen by many to have built the capacity of research officers with limited experience as well as other key staff involved in REACCH. This was evidenced by a number of site staff who were able to participate in presentations relating to REACCH at conferences that previously had no experience in this area (See Appendix 2):

> *Our staff presented our project at a conference … for her it was a very big deal because it was the first time that she presented. So I helped her with preparing the presentation and just to kind of prepare herself for the public speaking and it was great because she really, really enjoyed it because, I mean, she has been working for so many decades in the fields and this is the first time that she got to get up and speak to others about her work and she was very, very excited and it was a great experience actually. (RO 4)*

The STI project at Goondir illustrates well the building of staff skills and the use of data to inform practice through a project initiated as part of REACCH (Case study 3)

Case study 3: STI project (Goondir)

A project that evaluated STI service delivery and developed a service-specific clinical pathway for STI testing, treatment and follow-up was implemented in 2011. The project aimed to examined STI prevalence, patient and clinic attitudes to testing to improve delivery of services. The RO at Goondir commented that REACCH built on effective structures at this site to implement the project. The RO, with the assistance of the Kirby project staff, developed and implemented an STI screening model. Other staff, such as the GPs and Aboriginal health workers involved with this project considered the input from Kirby project staff and the workshops that the RO conducted had benefits for the "whole of service" not just individual staff. The project provided staff training in conducting focus groups, education in STIs, how to sensitively engage young clients with questions around sexual activity, health promotion, and screening. The RO commented that "the project has enhanced Goondir's capacity in research specifically using data and information to inform practice".

9.4 Increased evidence base for service delivery

Sites improved some aspects of their quality control and improvement structures through participation in REACCH:

> *Well, I think because of REACCH and also because (the site) has got some robust structural infrastructure that we can use. So the quality control and we've got availability to put things into documents and templates so people can follow it and then review it. I think if I'm to leave then the work that I've done they can actually look at the flow charts and see, okay, so this is what has been suggested here for antenatal care, and what's suggested when they come for a health check. So it's actually a tangible thing. (LI 2)*

REACCH projects also allowed analysis and evaluation expertise to be built within the sites with respect to STI and BBV services. Site staff often commented that capacity to evaluate existing service models and data collection as part of REACCH enabled them to integrate these learnings into new models of service, including screening as illustrated by the comments below and in the example of Hepatitis B & C Management at VAHS in Case study 4:

> *R: So before this the model of care project work operated in separate services, the harm minimisation team didn't exist, so this process (REACCH) allowed for a review of those services and how we can then improve them in my area and then came the harm minimisation case management component of it… and I think definitely the REACCH project itself allowed us to, One, as an organisation be involved in this type of research, I don't think we have been in the past it's been more we sign up to research that we're not so involved in, as a site people come in and do a project and leave again, this was one we were more so much led and involved in. (HS 7)*

> *I believe the increase in testing at our site following changes to our screening templates for STIs displays the uptake of research into practice. (LI 2)*

Case study 4: Hepatitis B & C Management (VAHS)

A key staff member involved in testing for Hepatitis B & C and STIs commented that management systems for testing, staff training and care plans were all evaluated and improved through the REACCH project: "We looked at what's best practice and developed a care plan according to that. So we were able to update the doctors on what they should be doing, and making sure those processes happened. We would get data on our collection rate on gonorrhoea and chlamydia and things like that". Some minor adjustments, such as encouraging all clients to be tested for Hepatitis B, were found to have generated much larger amounts of data: "All we did was control what blood tests were ordered for Hep B on the patient files system. And so we ended up with this amazing spike in people getting appropriate testing for Hepatitis B, it changed it overnight". The sexual health worker was then invited to share these findings and resources with other sites, not involved in REACCH, across their state.

These quotes illustrate that REACCH enabled some sites to have a role in undertaking data collection and auditing , or in some cases screen for illnesses where data had not been collected previously. Kirby project staff supported sites by coordinating data collection and analysis centrally and feeding results back to sites. Current data collection methods were often able to be adapted to support research projects. A positive of this alignment is that it may ensure sustainability of research as part of evidence based practice and to ensure future funding of services. With the increase in skillsets

among both Aboriginal and Non- Aboriginal staff at ACCHS projects that preceded REACCH, that were innovative, were able to be evaluated to assess their benefit to the respective site:

And it was really good valuable work anyway (evaluating our service delivery around that health issue). So it's turned out good in the end. It was just not what we'd originally thought of in the start. But that evaluation (through REACCH) has brought out some really interesting information, which has only just recently finished. (RO 3)

I: You, sort of, answered one of our next questions, has involvement in REACCH helped you or the clinic in its clinical activities?
R: Certainly. Well, we're looking at models of care now, we're looking at staffing, ensuring that we've got appropriate qualifications to provide health education to clients, so, definitely. I mean, we're looking at five new models of care within the organisation. (M3)

Involvement in REACCH is significantly strengthening our internal capacity to initiate, engage in and manage research initiatives in areas such as developing research questions, managing literature review processes and documentation, writing ethics applications, project managing research, undertaking qualitative research and developing research evaluation frameworks. (HS 9)

Evaluations of projects conducted through REACCH processes were also recognised as valuable experiences and evidence to use in applying for further funding to support these programs and ensure sustainability of research as part of the sector.

I actually thought of the Healthy Liver program evaluation, only because it just was there. It was just there waiting to be evaluated. And here we were going to get funded to be able to evaluate. And I thought, it was the only kind of model in the country at that time for a community based blood-borne virus treatment kind of thing, but we really needed to properly look at it. Because if you don't evaluate, you can never put your hand up and ask for more funding. Because the funders will always say, well, show us how effective you were. So that was a no-brainer for me. (LI 3)

I: Was there anything else you wanted to add to our discussion today? (I)
R: No. I think the REACCH project was very much needed. And I hope that with your evidentiary support, that we can obtain further funding for more projects. (HS 4)

9.5 Projects

The following projects were conducted as a part of REACCH:

AMSWS
- Culturally appropriate protocols (CAP) – Culturally appropriate protocols for service delivery developed and implemented
- Antenatal project - An evaluation of the Antenatal service program
- Camp project - An evaluation of a youth camp aimed at increasing understanding of sexual and general health in Aboriginal young people

Goondir
- STI project - A multi-method study examining prevalence, patient and clinic attitudes to testing and clinical audits of clinic data to improve practice and increase STI testing

Nunkuwarrin Yunti
- Healthy Liver program evaluation - Retrospective evaluation of hepatitis C treatment
- Model of Care – A new Mode of Care was developed and implemented for Aboriginal people at-risk or living with BBVs

VAHS
- Hepatitis B management project- Analysis and evaluation to develop a new care plan for Hepatitis B
- Hepatitis C project- Evaluation and management of Hepatitis C treatment

Joint projects across sites
- MESSH - An examination of testing and positivity for STI and BBV infections with quality improvement based on service level data
- HBV Audit - Two participating services audited patient files to examine service delivery issues in hepatitis B

Publications

Harrod, ME., Couzos, S., Delaney-Thiele, D. Dore, G., Hammond, B., Saunders, M., et al. (2014) *Markers of hepatitis B infection and immunity in patients attending Aboriginal Community Controlled Health Services*. Medical Journal of Australia, 201 (6), 339-342.

Aboriginal Medical Service Western Sydney. *Evaluation of the Aboriginal Medical Service Western Sydney Antenatal program.* 2015. Retrieved from Australian Indigenous Healthinfonet 10th February 2016.

Project reports were produced locally for internal use only at the sites.

Presentations

There were 20 presentations that occurred at conferences in Australia (see Appendix 4). This provided opportunities to staff that had never had experience presenting alongside those who were experienced in both research and presenting findings at conferences.

Additional Competitive funding

In addition to the NHMRC funding for REACCH, additional funding was obtained to study an integrated and comprehensive model of care targeting at risk clients in a metropolitan Aboriginal Community Controlled Health Service. This additional funding of $70,000 from the Lowitja Institute enabled additional research at one of the sites (Nunkuwarrin Yunti).

10. Discussion and conclusion

The analysis of findings was informed by the experiences of the evaluation team and their knowledge of capacity building models though no one theoretical framework of capacity building was used a-priori to frame the analysis. However, in the final stages of analysis a number of theoretical frameworks that have been used in capacity building and community empowerment were considered by the evaluation team and three chosen as lenses through which to consider the findings in the discussion and final presentation of the data as they encapsulated concepts of capacity building and community empowerment that were relevant to the REACCH context and sites (1-3).

NSW Health – A Framework for Building Capacity in Health

The NSW Health framework (1) is not specifically focussed on research capacity building, however it is focussed on health and refers to a number of principles highly relevant to REACCH including: respect and value pre-existing capacities, develop trust, be responsive to context, avoid pre-packaged ideas and strategies, develop well planned and integrated strategies which work on a number of levels such as the organisational and individual level. The action areas of the framework are particularly relevant and distinguish between ***Organisational development*** (for example, policies and procedures, organisational structures, management support, recognition and reward systems, culture), ***Workforce development*** (for example workforce learning, external courses, professional development opportunities, professional support and supervision, degrees, performance management systems) and ***Resource allocation*** (for example, financial resources, human resources, access to information, specialist advice, administrative support). These action areas are under-pinned by ***leadership*** and ***partnerships***. The end result is to develop infrastructure, enhance sustainability and promote future problem solving capabilities.

Capacity building for international health gains

This framework (3) was developed by Dr Sally Nathan and colleagues to guide capacity building in low resource settings which is relevant to the context of local ACCHS sites where research has historically not been a priority and has had little resource allocation in the past. Key principles identified included: Matching the system and the people (develop the system while the system supports and develops the people), paying attention to demand side (making sure that demand is there to use the capacity created or built), working within the local context, creating linkages between different people and institutions, training people as agents of change, community capacity building (outside of a health service) and working simultaneously from bottom-up and top-down.

Organizational aspects of community empowerment

Laverack's highly cited organisational dimensions of community empowerment (2) are also relevant to ACCHS as sites for capacity building as such thinking encompasses the need to empower as part of the process of building capacity. The nine dimensions outlined in this framework include Participation, Leadership, Organisational structures, Problem assessment, Resource mobilization, Asking why?, Links with other people and organisations, The role of outside agents, and Programme management.

A synthesised framework

There is synergy across the three frameworks and the findings from the REACCH evaluation will be discussed in relation to the following dimensions of capacity building drawn from across the three frameworks based on their relevance to the context and operation of REACCH:

1. Organisational development (systems and ensuring demand)
2. Workforce development and participation
3. Resource allocation/mobilization
4. Paying attention to context and history – building trust and valuing pre-existing capacities
5. Ownership and community control
6. Problem assessment and asking why?
7. Leadership
8. Partnerships, creating linkages and outside agents

1.   Organisational development (systems and ensuring demand)

Key governance processes, such as a steering committee and annual meetings were important mechanisms to engage at the organisational level within REACCH. However, there was minimal attention to organisational structures, including polices and performance indicators to support a focus on research and research outputs. Buy-in from organisations may also have been strengthened if sites had been involved earlier in the partnership and if a specific focus on organisational development was incorporated into REACCH activities.

A more systematic approach to mapping existing capacities and needs in early planning may also have improved the focus on organisational development. This mapping exercise would have meant changes in organisational systems to support individual projects would have been better understood and addressed as part of REACCH. Changes to organisational research capacity and structures was evidenced at some sites during REACCH and included building a culture of research and evaluation and an openness to research in the future.

Service delivery remains a high priority at local sites and REACCH importantly focussed many of its efforts in research on service improvement though improved data collection and service development as in the STI project at Goondir and the Hepatitis B&C project at VAHS. However, ROs time focussed on research was impacted by the service delivery drivers at local sites and this was often reported as a challenge in managing workloads.

2.   Workforce development and participation

It was difficult from the outset to identify appropriately skilled or interested staff to take on the Research Officer roles at the local sites and at NACCHO. This caused delays in beginning projects and also instability in the leadership role of NACCHO in REACCH. Local ROs when employed often experienced difficulties in getting local support and mentoring though training and ongoing support from Kirby project staff was highlighted as a key strength of REACCH. Training was generally well received though the needs of ROs was different to that of other local staff that attended and they may have benefited from additional training specifically designed to meet their needs.

Staff turnover was a major issue at some sites and hampered efforts at capacity building with newly acquired skills sometimes being lost to the service.   However, workforce development was very successful at some sites, for example the re-orientation of staff and training through the VAHS Hepatitis B&C project which led to a strengthened capacity in testing at this site and the STI project

at Goondir. The value of workshops and staff training when coupled with a demand for them to be utilised as in these two project examples was also commented upon by participants.

A frustration reported by some ROs and LIs was that there was insufficient focus on staff gaining qualifications and being authors on peer-reviewed publications through their engagement and work on REACCH projects. Time and resourcing of staff at the end of the project, including CI and project staff leadership, was needed to ensure publications were progressed. Conference presentations were the major tangible output reported for individual staff from their involvement in REACCH and some ROs reported a large increase in their skills as well as career development opportunities that resulted from their individual development within REACCH.

3.   *Resource allocation/mobilization*

REACCH was flexible in resource allocations to meet site demands and moved to fund full-time RO roles in response to site needs rather than only part-time ROs as initially planned. The importance of funding allocations direct to sites to employ locally based ROs cannot be under-estimated as a major driver of the successes of REACCH.

There is evidence of some sites seeking further collaborations and funding for research since REACCH finished and this suggests development of a capacity at local sites to identify and seek alternate external funding for research, with many examples of research projects and collaborations funded at all four sites since REACCH. These new research collaborations are also likely a result of the increased focus on collaborations by funding agencies leading to more offers of research partnerships to the ACCHO sector.

4.   *Paying attention to context and history – building trust*

The experience of the investigator team in working with Aboriginal community controlled organisation was important to building trust and overcoming a historical mistrust of outside researchers. However, the time required to build trust was still long and may have been underestimated, in particular in the sensitive area of STIs and BBVs.

5.   *Ownership and community control*

Community control was facilitated through REACCH by having clear management structures and transparency about how money was to be allocated. The leadership of NACCHO in the project was difficult to maintain with staff changes leading to a greater burden of coordination and support on Kirby project staff though NACCHO remained active at Network Meetings and at a policy level. However, many commented that the Aboriginal people in research roles developed a great deal of ownership of projects and community control was retained at the local level. Local ownership was fostered through a focus on research projects which suited staff needs and the control local sites had in choosing relevant projects to suit their priorities.

An area for future attention is the expectations of outputs among the different stakeholders. Some LIs were frustrated that few peer-reviewed publications were produced, whilst other participants were satisfied with the focus on service level improvements in monitoring and evaluation and service re-design.

6.   *Problem assessment*

The focus on increasing the evidence base for service delivery through improved monitoring and evaluation was a major success of REACCH with services identifying the problem, collecting data and

taking action as was seen in the AMSWS Antenatal project, the STI project at Goondir and the Hepatitis B&C project at VAHS.

7. *Leadership*

Maintaining momentum, particularly towards the end of REACCH, was raised as an issue and was partly a consequence of the difficulty of recruiting and keeping a research position at NACCHO. At the local sites, in-experienced ROs often felt isolated and at times struggled to cope with competing demands. Managers at the sites often provided critical leadership and support for ROs, but earlier engagement and thinking through projects as well as sustained leadership at all levels including from Chief Investigators through to local organisational supports was an area of weakness in REACCH.

8. *Partnerships, creating linkages and outside agents*

The clinical research network which was created and facilitated at annual meetings was highly valued by site staff. Other examples of linkages created with those outside REACCH were also documented in this evaluation study, for example the education and outcomes from the VAHS Hepatitis B&C project were shared across ACCHS organisations in the state created linkages across organisations not directly involved in REACCH. However, the networking across sites has not continued in any formal way since REACCH ended with the loss of a structure such as that provided by the annual meetings.

Conclusion

REACCH was successful in a range of areas that have been identified in key frameworks as core elements of capacity building and empowerment of communities (1-3). There were also a number of areas for improvement highlighted against these key domains and reflected in the following recommendations for future efforts to build research capacity in the ACCHS sector.

11. Recommendations

The following recommendations reflect learnings from REACCH about what needed more focus to maximise impact and sustainability of capacity building efforts in the sector. The REACCH project aims encompassed the principles inherent in many of the recommendations below, but the challenges in the field reflected in the report findings meant these aims didn't always translate to practice. It is also important to note that these recommendations are not directed solely at research institutes, but at a range of key stakeholders including research institutes, such as the Kirby, leaders and managers at ACCHOs, funding bodies, such as the NH&MRC and peak Aboriginal health organisations at the state and national level. The recommendations are divided into two sections, project specific and system wide.

Recommendations for future capacity building projects like REACCH:

1. Involving local sites in future projects as early as possible, to strategically plan together with state/national organisations and set realistic goals that align more with service site needs.

2. Undertaking a more thorough assessment of skillsets and capabilities that are already "on the ground" at sites when funding secured, as well as interest in research, to ensure capacity building is more focussed on existing staff and structures at local sites.

3. Funding a full-time research officer at local sites in future research studies. This may mean fewer sites, but those engaged would be resourced to participate at a level that is more likely to have sustainable impacts.

4. Identifying additional staff beyond the research officer role that have an interest in research and specifically working with them and management to build research into their role. The involvement of the managers and leaders at ACCHO sites in identifying and supporting staff to be involved in research is critical to this recommendation.

5. Ensuring ongoing mentoring is readily available at local sites for less experienced researchers, and a gradual introduction to research through smaller scale pilot projects as was the case at some of the REACCH sites.

6. Considering the engagement of two project staff at the coordination level at the research institute, with experience in research and capacity building, given the critical role that the Kirby project staff had throughout REACCH in building trust and providing support to local sites.

7. Fostering a local site working group with research officers and key staff who would take on a role in research to enable joint problem solving and mutual support.

8. Consider further opportunities beyond annual meetings for tailored training for those who would directly undertake research as part of REACCH following or prior to general workshops for all staff at sites.

9. Ensuring research roles and outputs are prioritised alongside service delivery roles within ACCHS through formal indicators and performance reviews to make research part of 'core' business. This would require a much greater engagement with CEOs and Boards of ACCHOs in projects.

10. Support from all levels, including at the local sites, for staff to gain formal qualifications as a result of their involvement in REACCH. This would include identifying appropriate pathways and the assistance required to engage key people in appropriate programs.

11. More frequent reporting of successes beyond annual meetings, for example through brief reports to senior management at local sites or a newsletter/website.

12. Development of a publication strategy agreed to by all key stakeholders and sites that specifically identifies outputs and contributors as well as time allocations and funding within the project to write publications with mentoring and support.

System wide recommendations:

13. Local sites, together with peak bodies, to establish an ongoing communication structure to support research networking in the sector. This 'research network' could support ongoing capacity building and sharing of expertise and experiences to underpin further research and collaborations.

14. Significant advocacy is required by researchers, together with practitioners from community-controlled organisations, to remove barriers enabling leadership roles for community-controlled organisations in research grants, including changes to track record requirements which prioritise community links, policy and practice expertise.

15. Existing models and frameworks for research engagement with Aboriginal and Torres Strait Islander peoples and their community-controlled organisations should be the basis for monitoring as well as developing key accountabilities for both processes and outcomes in collaborative research[3,4].

16. Further opportunities for the ACCHO sector to engage in collaborations similar to REACCH should be funded taking the learnings from the REACCH project and other capacity building initiatives in the sector.

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[3] Researching Indigenous Health: A practical guide for researchers, A. Laycock with D. Walker, N. Harrison & J. Brands 2011, The Lowitja Institute, Melbourne.
[4] NHMRC Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Research 2004; Keeping Research on Track: A guide for Aboriginal and Torres Strait Islander peoples about health research ethics 2005; Review of Values and Ethics & Keeping Research on Track http://www.lowitja.org.au/ethics/nhmrc-research-ethics

Appendix 1: Participant Information and Consent Forms

Participant Information Sheet
ACCHS Staff interviews

Project Title   An evaluation of the Research Excellence in Aboriginal Community
                             Controlled Health collaboration (REACCH)
Short Title   REACCH: Evaluation project
Principal Investigator   Dr Sally Nathan
Location   Aboriginal Medical Service Western Sydney (AMSWS),
                             Nunkuwarrin Yunti of SA Inc.
                             Goondir Health Service
                             Victorian Aboriginal Health Service

(Name of ACCHS) has been part of the REACCH project over the last five years. The REACCH team now want to know if this project has helped staff to be a part of research and if it has improved their skills to be involved in the future.

A person from an evaluation team will come to your service and do face-to-face interviews with some staff. The interviews are planned to understand how staff were involved in REACCH, and what may have helped them become more involved. For example, you may have been part of a research activity, or been given some support to do research.

We would like to interview you because you were involved in a REACCH project, or were a staff member at an ACCHS in the last five years. This sheet explains the evaluation and what being involved means for you. You do not have to be a part of the evaluation. Your relationship with your ACCHS and the REACCH team will not be affected if you do not want to be interviewed. It is your personal decision to be involved and you can change your mind at any time.

If you decide to be involved, a team member from the UNSW School of Public Health and Community Medicine (SPHCM) who have not been a part of REACCH will interview you for up to an hour. Even if you agree to an interview, you can decide not to answer any question you do not wish to answer or change your mind about being involved at any time. The interview will be recorded on a voice-recorder and written out later in a word document without your name or anything that can identify you. The audio record of your interview will then be deleted. The interview documents will be stored on a password-protected computer only available to the SPCHM team.

After the SPHCM team has looked at all the interview documents together (at least 20 interviews will be done), you will be given the chance to see the words or quotes taken from your interview, which be used in the final report. You will also be sent a summary of the main points you made in the interview. You can ask to remove anything that you are not happy to have in the report. Given the small number of people we will interview, you may think someone may know you by what you say. Only the SPHCM team will see your whole interview and you will be able to decide before any report is written if you are happy to have your words or ideas included. The results of the research may be published in the future. (Name of Service) will agree to any public document from the evaluation.

You will not receive any direct benefit from being a part of this evaluation, however being involved may help Aboriginal communities and health staff who want to be involved in research in the future.

When you have read this sheet, a member of the evaluation team will talk with you about it and answer any questions you have. If you would like to know more at any time, please ring Dr Sally Nathan on (02) 9385 1061.

This project has been approved by the Aboriginal Health & Medical Research Council (AH&MRC) Ethics Committee, the Aboriginal Health Research Ethics Committee (AHREC) of South Australia and the Aboriginal Medical Service Western Sydney (AMSWS) Ethics Committee.

Staff Interviews- Consent form

Project Title	An evaluation of research governance, processes and capacity building in the Research Excellence in Aboriginal Community Controlled Health (REACCH) collaboration
Short Title	REACCH: Evaluation project
Principal Investigator	**Dr Sally Nathan**
Location	Aboriginal Medical Service Western Sydney (AMSWS),
	Nunkuwarrin Yunti of SA Inc.
	Goondir Health Service
	Victorian Aboriginal Health Service

I, ……………………………… …….………………………………………………………..
have consented to participate in the above research project on the following basis:

1. I have received the Participant Information Statement and have had the opportunity to ask questions. I understand the purpose of the research and my involvement in it.

2. I have the right to withdraw my consent and cease any further involvement in the research project at any time without giving reasons and without any penalty.

3. Any information I provide during the course of this research will remain confidential. Where the results of the research are published, my involvement and my personal results will not be identified

4. I understand that interviews may be audio-taped and transcribed, with transcribed documents stored securely and then destroyed 7 years after the completion of the project. Audio files will be destroyed after transcription.

5. I understand that if I have any complaints or questions concerning this research project I can contact the principal researcher, the Chairperson or CEO of the local Aboriginal Community Controlled Health Service: or the Chairperson of the relevant Ethics Committee

AH&MRC Ethics Committee:	AMSWS Ethics Committee	*AHCSA Ethics Committee:*
The Chairperson	Aboriginal Medical Service	The Chairperson
AH&MRC Ethics Committee	Western Sydney Ethics	Aboriginal Health Council of
P.O. Box 1565	Committee	South Australia
Strawberry Hills NSW 2012	PO Box 3160	PO Box 981
Telephone: (02) 9212 4777	MT DRUITT VILLAGE NSW	UNLEY SA 5061
	2770 Tel: (02) 8805-2129	Telephone: (08) 8273 7200

Name: ……………………………………………………………………………….

Signature …………………………………………..… *Date* ………….……………..

Witnessed by …………………………..…………… *Date* …………………………...

Researcher's signature : ………………………………………
Date ….........

Participant Information Sheet
Investigator and project staff interviews

Project Title	An evaluation of research governance, processes and capacity building in the Research Excellence in Aboriginal Community Controlled Health collaboration (REACCH)
Short Title	REACCH: Evaluation project
Principal Investigator	Dr Sally Nathan
Location	Kirby Institute, Sydney University, James Cook University, South Australia Health and Medical Research (SAHMRI), Queensland Aboriginal and Islander Health Council (QAIHC), Aboriginal Health Council of South Australia (AHCSA), Aboriginal Health and Medical Research Council (AH&MRC).

You have participated in the Research Excellence in Aboriginal Community Controlled Health (REACCH) project as an Investigator or project staff member. This project is currently being evaluated by a team from the UNSW School of Public Health and Community Medicine (SPHCM) who have not been directly involved in REACCH.

The REACCH Evaluation will examine research governance, processes and capacity building in the REACCH collaboration. The REACCH Evaluation project involves conducting in-depth interviews with ACCHS staff from each of the REACCH partner sites and investigators and project staff. The aim of the interviews is to explore how REACCH governance processes and capacity development activities impacted ACCHS experience of the collaboration as a whole, including service involvement, perceived benefits and challenges.

You have been invited to participate in an interview because you were involved in REACCH as a project officer or Investigator. This information sheet explains the nature of the research and your involvement in the interviews. You can choose not to participate and your relationship with the REACCH team will not be affected. It is your personal decision to participate and you can change your mind at any time.

If you decide to participate, you will be interviewed for up to an hour by an interviewer from the UNSW School of Public Health and Community Medicine (SPHCM). During the interview, you will be asked to share your opinions and experiences of REACCH governance, processes and capacity development activities. You can withdraw from the interview session at any time or pass any question you do not wish to answer. The interviews will be recorded on a voice-recorder and transcribed later for analysis. After they are transcribed, audio files will be deleted from the device, and transcribed documents which will be de-identified will be stored securely on a password protected server only accessible to the SPHCM team.

Given the small number of interview participants, you may be identifiable by your responses. After the interviews have been analysed and written up, you will therefore be given the option to review selected quotes from your interview and remove any information that you are not comfortable with which is drawn from your interview for the final report.

The results of the research may be published in the future but you will not be identified and your results will not be reported individually. The REACCH Board and each individual ACCHS will approve any publication of the results from this evaluation project.

You will not receive any direct benefit from participating in this research, however your participation may benefit Aboriginal communities participating in research in the future.

When you have read this information, the research team member will discuss it with you further and answer any questions you may have. If you would like to know more at any stage, please feel free to contact Dr Sally Nathan on (02) 9385 1061.

This project has been approved the Aboriginal Health & Medical Research Council (AH&MRC) Ethics Committee, the Aboriginal Health Research Ethics Committee (AHREC) of South Australia and the Aboriginal Medical Service Western Sydney (AMSWS) Ethics Committee.

Investigator and Project Staff- Consent form

Project Title	An evaluation of research governance, processes and capacity building in the Research Excellence in Aboriginal Community Controlled Health (REACCH) collaboration
Short Title	REACCH: Evaluation project
Principal Investigator	**Dr Sally Nathan**
Location	Aboriginal Medical Service Western Sydney (AMSWS),
	Nunkuwarrin Yunti of SA Inc.
	Goondir Health Service
	Victorian Aboriginal Health Service

I, …………………………… …..…………………………………………………………….
have consented to participate in the above research project on the following basis:

6. I have received the Participant Information Statement and have had the opportunity to ask questions. I understand the purpose of the research and my involvement in it.

7. I have the right to withdraw my consent and cease any further involvement in the research project at any time without giving reasons and without any penalty.

8. Any information I provide during the course of this research will remain confidential. Where the results of the research are published, my involvement and my personal results will not be identified

9. I understand that interviews may be audio-taped and transcribed, with transcribed documents stored securely and then destroyed 7 years after the completion of the project. Audio files will be destroyed after transcription.

10. I understand that if I have any complaints or questions concerning this research project I can contact the principal researcher, the Chairperson or CEO of the local Aboriginal Community Controlled Health Service: or the Chairperson of the relevant Ethics Committee

AH&MRC Ethics Committee:	AMSWS Ethics Committee	*AHCSA Ethics Committee:*
The Chairperson	Aboriginal Medical Service	The Chairperson
AH&MRC Ethics Committee	Western Sydney Ethics	Aboriginal Health Council of
P.O. Box 1565	Committee	South Australia
Strawberry Hills NSW 2012	PO Box 3160	PO Box 981
Telephone: (02) 9212 4777	MT DRUITT VILLAGE NSW	UNLEY SA 5061
	2770 Tel: (02) 8805-2129	Telephone: (08) 8273 7200

Name: ……………………………………………………………………………………….

Signature ………………………………………...… *Date* …………………………..

Witnessed by …………………………..……………… *Date* …………………………...

Researcher's signature : …………………………………………*Date* …..………………

Appendix 2: Interview Schedules

Interview Schedule – ACCHS staff

The aim of the interview is to explore experiences, knowledge and value of the REACCH project including issues pertaining to project governance and participation, scope, reach and impact of the capacity building activities. (<u>Probe for examples).</u>

1. Can you tell me about your involvement in REACCH (explain REACCH if needed)?
Probes: How did you become involved? Was research already part of your role? How did you manage REACCH activities with your existing role?

2. Can you tell me about specific REACCH activities you have been involved in?
Probes: What was your experience? How did you come to be involved? What helped you become involved? What made it difficult to be involved? If you didn't take part in any activity can you tell us more about that?

3. Did you receive any one on one support as part of REACCH?
Probes: What kind of support? How accessed? Did it meet needs? How could it have been improved? If not, what do you think of the idea of one on one support for research?

4. What helped or hindered your participation in REACCH activities?
Probes: service level, program (REACCH level), personal/professional level? (role and career goals)

5. Did you find REACCH to be a collaborative process?
Probe: Success of this?, What things made it more collaborative, what made it less so? How could things have been done better?

6. Did you find REACCH to be a community-controlled approach?
Probe: Success of this?, What things made it more community-controlled?, what made it less so? How could things have been done better?

7. Has your involvement in REACCH helped you participate in other research?
Probe for examples

8. Has involvement in REACCH helped you in your clinical activities?
Probe for examples of how it has or why it hasn't

Interview Schedule – Investigator & Program team

The aim of the interviews is to explore the experiences and perceptions of the investigators and project staff in relation to REACCH research governance and capacity development. Interviews will examine issues pertaining to project governance and participation, scope, reach and impact of the capacity building activities.

1.   Can you tell me about your involvement in REACCH?

Probes: What was your role? What did you do as part of your role? How was your time allocated to REACCH? How did it pan out – time and roles?

2.   Can you tell me about the REACCH capacity development activities you participated in?

Probes: List of possible activities, What was your experience? Enablers? Challenges?

3.   Can you tell me about the one-on-one support you provided as part of the REACCH team?

Probes: What kind of support? Requested or offered? To whom? How did it meet participant needs? How could it have been better?

4.   Can you tell me about the factors that helped, in your view, overall participation in REACCH?

Probes: What factors at the services helped (e.g. general support for research activities)? What factors at REACCH helped (e.g. REACCH consulted on relevant training)? What personal or professional factors helped?

5.   REACCH was designed as a collaborative project, can you tell me about how this worked?

Probes: How would you judge the success of this aim? What things enhanced the sense of collaboration or made ACCHS organisations feel like partners? How could things have been done better?

6.   REACCH was designed as a community-controlled research project, can you tell me about how this worked?

Probes: How would you judge the success of this aim? What things enhanced the sense of community-control? How could things have been done better?

7.   Imagine someone like you, working in a similar REACCH program team. Pretend you have been asked to advise them about getting involved in leading a collaboration like REACCH. What are the three most important things you would tell them?

8.   Do you think REACCH achieved its aims?

   1. Enhance the clinical research capacity of individual participating ACCHS

   2. Ensure effective translation of research skills and training into clinical practice

   3. Develop a new clinical research network with services by building capacity to expand the scope of activities beyond the initial funding period.

Appendix 3: Training provided

AMSWS

Training provided at site (by Kirby Investigators):
Introduction to qualitative research
Interviews (to evaluate existing services)

Training provided at site (by RO):
Research plan: planning the research, research proposal, and ethics applications
The literature review
Qualitative methodologies
Data collection
Analysis
Writing and dissemination

Training attended by site participant (RO):
STATA/ Epidemiology

Goondir

Training provided at site (by Kirby Investigators):
STI overview
STI contract tracing
Introduction to research
Literature searches
Qualitative research/ interviewing (provided by an investigator associated with Kirby)

Short courses attended offsite:
Epidemiology (Introduction)
Biostatics (Kirby)
Academic writing skills (week long introductory course at Kirby)
The RO also commented that attending the REACCH Annual meetings built capacity in presentation skills and writing abstracts

Nunkuwarrin Yunti

Training provided at site (by Kirby Investigators):
Qualitative research and interviewing
Literature searches

Short courses attended off site
Nvivo training (provided externally in Adelaide (RO and Public Health Officer)
Biostatistics (STATA) (RO and Public Health Officer)

Course undertaken (RO)
Diploma of Project Management in Health Program Evaluation

VAHS

Training provided at site:
Survey administration
Patient consent

Group Training (provided at Annual Meetings):
Clinical Quality Improvement delivered by QAIHC team
Clinical Audits
Research overview

Appendix 4: Conferences and publications

PEER REVIEWED PUBLICATIONS

1. Harrod ME, et al., *Markers of hepatitis B infection and immunity in patients attending Aboriginal Community Controlled Health services.* Medical Journal of Australia, *Sep 15 2014*
2. Aboriginal Medical Service Western Sydney. *Evaluation of the Aboriginal Medical Service Western Sydney Antenatal program.* 2015. Retrieved from Australian Indigenous Healthinfonet 10th February 2016.

CONFERENCE PRESENTATIONS AND POSTERS

1. Harrod ME, Delaney Thiele D, REACCH: the sue of health technology to enhance STI and BBV service delivery within an Aboriginal Community Controlled led research collaboration Australasian Sexual Health Conference. 2014: Sydney (invited presentation)
2. Harrod ME, Couzos S, Donovan B, Kaldor J, Williams S, Hammond B, Gregson S, Delaney Thiele D, Saunders M, Ward J. Opportunistic testing for gonorrhoea in four Aboriginal Community Controlled Health Services. 2014. Australasian Sexual Health Conference, Sydney.
3. Harrod ME, Dore, G, Gregson S; Belfrage M, Delaney Thiele D, Hammond B, Williams S, Donovan B, Mooney Sommers J, Saunders M, Kaldor J, Ward J. A descriptive Analysis of routine HCV testing data from Four Aboriginal Community Controlled Health Services: Testing, Positivity, Follow Up and Context of testing. World Indigenous People's Conference on Viral Hepatitis. 2014. Alice Springs.
4. Mooney Sommers J, Nori A, Hammond B, Harrod ME, Kaldor J. Client experiences of undertaking HCV Through an Aboriginal Community Controlled Health Service: Insights from a Qualitative Evaluation. World Indigenous People's Conference on Viral Hepatitis. 2014: Alice Springs.
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