



Chronic Conditions program statement

February 2005

Goal of the Chronic Conditions program

Improve chronic conditions prevention, early detection and management services and strategies to reduce the impact of chronic conditions in Indigenous communities.

The CRC for Aboriginal Health is committed to carrying out research that will improve Aboriginal health. To do this, we know we must have strong partnerships between research, industry, Indigenous community partners and organisations in the broader community. We understand that our research must be directed towards priorities identified by Aboriginal and Torres Strait Islander people and by those industry partners such as health services which can make use of the research. We must also incorporate capacity development and research transfer throughout our work. This program statement sets out how we will do these things in the Chronic Conditions Program.

1. Background

The Chronic Conditions Program is one of a small number of programs through which research development within the CRC is organised. Within the Chronic Conditions Program Statement, other program and administrative areas of the CRCAH are incorporated for a whole CRCAH approach and include research, research transfer, education and training, capacity development and knowledge brokerage as well as current activities undertaken through the partners. This Program Statement defines the breadth of activities falling within this program area.

It is also the purpose of this program statement to set a framework that will guide the planning, monitoring and implementation of the Chronic Conditions program. This framework will focus on: current achievements and identification of gaps in research; a comprehensive understanding of factors that contribute to the development and onset of chronic conditions; and the gaps and barriers to the uptake of knowledge for change.

2. Program Scope

The program should contribute to an evidence base that enables policy makers and service providers to improve chronic conditions prevention and management for individuals and populations. The program will achieve this by:

Addressing research questions identified as relevant and timely by Indigenous people and organisations. This will be achieved by reference to published research priorities of key Indigenous organisations, and by identifying and developing mechanisms through which Indigenous people and organisations can contribute to identifying research priorities. The Small-Medium Enterprise (SME) forum of the CRCAH is likely to have an important role;

Evaluating existing and innovative interventions and service models;

Finding effective ways to apply existing knowledge; and

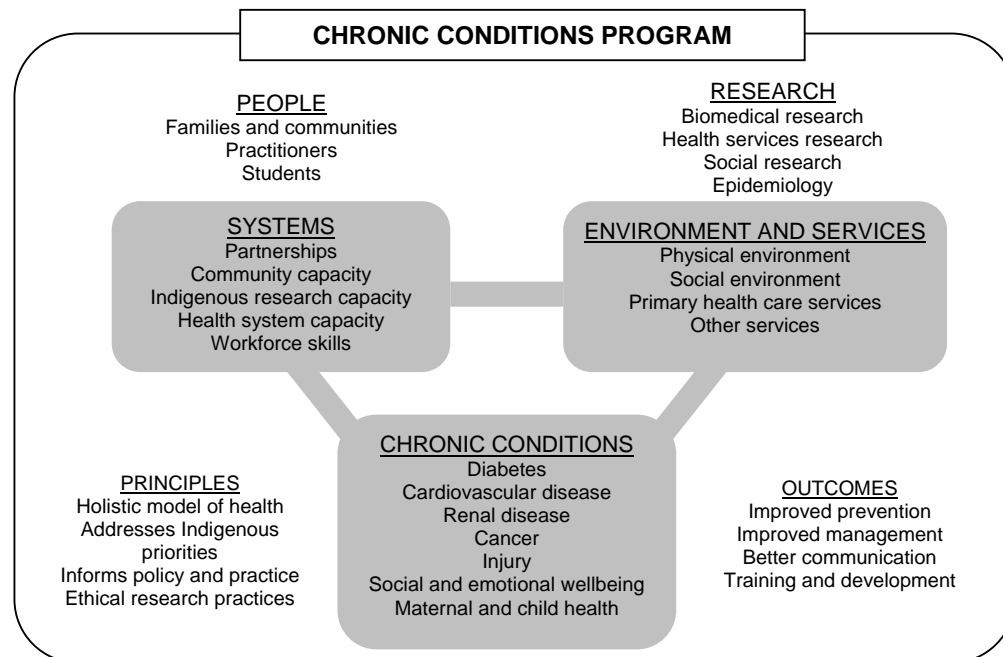
Building and enhancing knowledge of the complex causal pathways to chronic conditions such as diabetes, cardiovascular disease and renal disease.

The program will focus on diabetes, cardiovascular disease and renal disease but does not exclude other issues such as maternal and child health, cancer, social and emotional well-being and injury.

The planning and implementation of this program will be closely integrated with the work of other research programs of the CRAH, especially the Comprehensive Primary Health Care, Health Systems and Workforce, and the Social Determinants programs. These program areas relate directly to the causes and management of chronic conditions.

This integrated approach may be conceptualized as in Diagram 1. All aspects of the Chronic Conditions Program are subject to national and local ethical guidelines appropriate to research with Aboriginal and Torres Strait Islander communities.

Diagram 1: The range of components that make up the Chronic Conditions Program.



Research in this area will address gaps in knowledge critical to reform and development in policy, service delivery and practice that will maximise the achievable health gain for Aboriginal people.

Research design and implementation will be undertaken in ways that recognise Aboriginal authority in framing problems, setting priorities and valuing outcomes.

3. Outcomes

3.1. Health outcomes

Improved prevention, early detection and management of chronic conditions in Indigenous communities.

This health outcome will be achieved through the combination of research, policy and practice, and capacity development outcomes outlined below.

3.2. Research outcomes

Research in this program will result in evidence that can be used by policy makers and service providers about:

service models (including governance, management and information systems, workforce characteristics, funding, range and scope of services, multi-sectoral approaches) which have greatest impact on chronic conditions outcomes. This includes cost effectiveness so evidence is useable by governments.

interventions that improve outcomes in chronic conditions at both preventative and management levels. For example food supply interventions, sporting infrastructure, town/ community planning infrastructure for encouraging physical activity, maternal education, alcohol supply, smoking, clinical intervention.

effective models for self-management and self-management support which have an impact on chronic conditions outcomes. This may include psychosocial aspects of management and causality.

key indicators around quality improvement in chronic conditions prevention, early detection and management. These indicators to be relevant, accessible and meaningful for Aboriginal organisations and individuals, and be informed by Indigenous knowledge and understanding.

key factors in successful uptake of evidence, barriers to that uptake and evaluation of interventions to improve the uptake of evidence.

processes that produce sustainable change at the practitioner, community and organisational levels.

3.3. Policy and practice outcomes (research transfer)

Policy and practice outcomes will be achieved through the combined efforts of the CRCAH's research and industry partners. These include:

Influence the development and implementation of strategies and policies to address chronic conditions in Aboriginal populations at national, state/ territory and local levels.

Contribute to development and use of clinical, public health and educational materials for chronic conditions management suitable for use by Aboriginal and Torres Strait Islander communities, individuals and organisations.

Inform clinical and public health chronic conditions management best practice

Improved access to and uptake of evidence (in policy, service development and practice).

3.4. Capacity development outcomes

Sustainable workforce models for prevention, detection and management of chronic conditions are identified and communicated broadly.

Pathways for Indigenous health practitioners to acquire research training are identified and strengthened.

Increased Indigenous research capacity through scholarships, traineeships, professional development strategies and/or cadetships.

non-Indigenous researchers learn to work appropriately and effectively with Aboriginal and Torres Strait Islander communities and agencies; bridging the gaps (in language and experience) between researchers and industry, between Indigenous and non-Indigenous partners.

Communities have capacity to initiate and manage their own chronic conditions programs.

Communities, families and individuals adopt healthy life-styles practices that minimise the impact of chronic conditions.

Incorporation of evidence-based practice about chronic conditions into education and training for both Indigenous and non-Indigenous practitioners.

Greater understanding by researchers, practitioners and clients of mainstream biomedical and Indigenous knowledge of chronic conditions.

4. What we don't know – knowledge and implementation gaps

The current CRCAH portfolio of research includes a substantial body of work around chronic conditions, much of it in-kind (See list of current projects related to this program on the website at www.crcah.org.au). This body of work includes a small number projects about underlying causes of chronic conditions, such as healthy lifestyle interventions and research on smoking and stress; and a considerable number of individual projects on chronic conditions management practice, eg ABCD. The current CRCAH portfolio includes two longitudinal studies. There are a number of potential in-

kind projects such as the MSHR's large program grant which are likely to be brought into this program area.

Further work is needed to identify knowledge and implementation gaps within existing work in this program. This will be done by:

Development of a more complete description of projects, including potential outcomes, indicative research questions, research strategies, research transfer, education and training, capacity development activities (planned or potential).

Consideration of how existing projects contribute to the program goals.

Identify any other potential in-kind work that might be brought into this program, through circulation of draft program statement via Link People (see below).

Development of linkages and collaborations between projects. Multidisciplinary research projects have a greater chance of achieving transferable outcomes.

4.1. The key gaps identified to date are:

Identification of public health interventions that prevent and improve outcomes in chronic conditions at both a primary and secondary level. For example food supply initiatives, sporting infrastructure, community/ town infrastructure to encourage physical activity, maternal education and child health, alcohol supply, smoking.

It is these gaps to which the CRCAH's resources should be targeted.

5. Indicative research questions

The following research questions are indicative and will require further development and discussion through an iterative process involving researchers and industry and community collaborators.

What services and interventions are improving the management of chronic conditions for Aboriginal people?

What is the range of services required, and how do the services best work together, to maximise health gain.

What is considered current best practice in chronic conditions management? How is "best practice" defined and for whom is it best?

Given the historical and contemporary social determinants of Aboriginal health, what should services and systems focus on to maximise health gain in the short and long term?

What are effective ways of communicating health knowledge and management best practice to clinicians, health workers, patients and their families and the wider community?

What is the role of psychosocial stress and personal and collective capacity in determining chronic conditions outcomes?

In seeking to provoke and facilitate a discussion within the network of researchers and practitioners participating in this program we are proposing to focus in some degree on 'indicative research questions'. Indicative research questions in this context are stepping stones as we move from the identified priority areas to rigorous and productive research proposals. The philosophy behind the programmatic approach to formulating indicative research questions to achieve identified outcomes is discussed in Appendix A.

6. Development and implementation of the program

6.1. Program management

Working in collaborative groups such as those proposed in the CRCAH programmatic approach will require some innovative approaches to research program management. A team will be established to manage and implement program and will comprise of;

Program Leaders

This role will provide leadership in the development of the program proposal and implementation, ensuring research, transfer, communications and capacity development activity are integrated within the program (normally an in-kind role). Each program should have both an industry and research leader, and these program leaders should be nominated through a transparent process. Wherever possible, Indigenous research capacity should be built through the involvement of Indigenous people in the senior roles in each program.

Program manager

The program manager is the key operational role to ensure the program's implementation and partnerships, and the effective delivery of its outcomes in research, transfer and capacity development. Program managers will be recruited and funded by the CRCAH.

6.2. Facilitated collaborative research development

This program will achieve its outcomes by drawing together existing funded and in-kind research projects, and where necessary, undertaking additional research.

Developing a robust and productive research plan involves articulating specific questions that can be answered by research, identifying methods of data collection and analysis, negotiating settings and partners. This is commonly a highly iterative process, visiting and revisiting the questions, methods, data and settings until a tight powerful protocol has been developed.

In the context of CRCAH research this cycle of iterations will also include questions about community involvement, transfer and dissemination and education and training.

The CRCAH is keen to encourage the community of researchers and the wider CRC community to participate cooperatively, not just in identifying research priorities but also in the shaping of the projects themselves. This is a marked change from customary practice; research planning is often a quite private activity involving a small group of colleagues. This is partly because of the traditionally competitive process for evaluating research proposals.

This program will be supported by appropriate information systems to retrieve and review current information about previous and current research. These resources will ensure that the network of researchers participating in this program will be aware of the opportunities for building on what has gone before.

6.3. Integrating research, research transfer and capacity building

The program will also include provision for research transfer and capacity building, including education and training, in accordance with the CRC's broad objectives in these areas.

Provision for transfer and dissemination will be incorporated into research design from the earliest stages. This will include researcher- and CRCAH-initiated strategies (offering resources and opportunities) as well as industry- and community-initiated strategies (responding to and supporting practitioners who are asking questions and looking for better ways of doing things). It will include all avenues from accredited training to outreach to the internet.

Opportunities for capacity building, including education and training, will be incorporated into research design. Capacity refers to health research as well as health policy and health care delivery. Capacity building includes organisational development as well as workforce development.

Research transfer and capacity building will be facilitated by building close links with Aboriginal health care organisations and communities in the design and implementation of the research.

6.4. Network of interest

Critical to the development and implementation of this Program Statement will be the formation of a network of interested researchers and practitioners from across the CRCAH community who will work together to develop and undertake a series of fundable projects and linked groups of projects. The network will include:

- researchers and practitioners associated with projects already funded by the CRCAH in this program area;

- researchers and practitioners from CRC member organisations who have an interest in this program area (including RDG members);

relevant experts (people from outside the CRCAH may be invited if necessary);
industry representatives including people from the SME forum.

It is a responsibility of the program leaders and coordinator to build this network of interest and support its involvement in developing and implementing the program.

Communication within and across the network will involve:

face to face meetings at Convocation, at round table meetings and also at other times as needed;

teleconferences (including VOIP1 teleconferencing – chat rooms);

webpage, listserv and bulletin board.

an improved CRCAH information system that is better able to support program development and management.

6.5. Program development strategy – following Board approval of Program Statement

Following Board approval of the Chronic Conditions Program Statement, a Program Proposal will be developed through the following process.

Circulate the Program Statement across the CRCAH community and invite researchers and practitioners to join the program network and engage in the program discussions.

Refine the indicative research questions and develop concept plans for research required, transfer and capacity development activities.

Prioritise and timetable the rollout of potential research projects or other activities (having regard to the limited resources and the breadth of the agenda sketched above).

Facilitate research proposal development to a level of peer review fundability (including fundability in external programs). This facilitation will involve the RDG and may involve recruiting mentors to work with particular researchers and groups. These mentors will be the kind of people who might be asked to be peer reviewers.

Proposals peer reviewed and recommended to Board.

6.6. Budget for program development

Budget for program development to include administrative support for program planning and management, and provision for seed funding for research proposal development.

6.7. Program Evaluation

Monitoring and evaluation strategies will be established and implemented to ensure each program regularly reports on research details, transfer and capacity development outcomes achieved, and strategic plans for any additional strategies required to promote research uptake.

7. Linkages with other programs

There is a high degree of overlap between this program and the Comprehensive Primary Health Care, Health Systems and Workforce program. The Chronic Conditions program will also build strong linkages with the other CRCAH program areas which include:

Healthy Skin – centred around health promotion and service provision at the community level;

Social Determinants of Health – how social determinants of health can be addressed through interventions beyond the health system;

Aboriginal Social and Emotional Wellbeing – boosting resilience of children and families in a community and health context.

¹. VOIP (voice over internet protocol) teleconferencing is much cheaper than phone mediated teleconferencing

APPENDIX A: The Programmatic Approach: Underpinning Philosophy

We have in place an existing body of knowledge about Aboriginal health, descriptive, explanatory and prescriptive; and a range of customary ways of working, including government policies, organisational strategies and clinical practices. We also live amidst a range of debates and variations in practice many of which flag important uncertainties about causes, policies, strategies and practices.

Some of this conventional wisdom and best practice is referenced in the various policy documents that have been produced at federal and state levels, in the indexed literature and in the grey literature, much of which is produced through industry organisations. However much of the conventional wisdom is carried in the current understandings and practices of Aboriginal health practitioners and managers as well as policy makers, funders and educators.

It is this assemblage of conventional wisdom, best practice and debate with which the research sponsored through this program will engage. This includes:

- clarifying causes,
- evaluating existing policies, strategies, models and practices,
- developing and evaluating better policies, strategies, models and practices, and
- clarify the conditions for their implementation.

This kind of research is not and cannot be value free. In defining problems, setting priorities and steering implementation the research sponsored or funded through the CRAH will be oriented around the concerns, interpretations and aspirations of Aboriginal people. The continuing influence of Aboriginal perspectives will be effected through the increasing role of Indigenous researchers and the active partnership role played by community organisations and practitioners in all facets and stages of research development and implementation.

Building on previous and current CRAH sponsored research

Research planning within this program will build on previous and current research sponsored through the CRC. This will include following promising leads, filling in gaps, harnessing synergies and complementarities and capitalising on existing relationships and methods.

Developing specific research questions

The processes and arrangements adopted for this program are designed to support conversations among the researchers and practitioners who are involved in this program; conversations about research questions which address the identified research priorities and about the methods, data and settings through which such questions can be addressed.

Ideally the list of indicative research questions would in aggregate represent a comprehensive approach to addressing the identified research priorities. This is clearly not the case for the indicative research questions as they stand but they do represent a starting point.

We are hoping that the indicative research questions (as developed over time) will provide starting points from which researchers (including practitioners) can proceed to develop interlinked project proposals which in sum will comprise the work of this program.