



# Centre for Remote Health

A joint centre of Flinders University and Charles Darwin University

## **Primary Health Care Research, Evaluation & Development (PHC RED) Strategy**

*Centre for Remote Health*

### **RESEARCH CAPACITY BUILDING INITIATIVE – 2009 BUSINESS PLAN**

Submitted to the Commonwealth Department of Health and Ageing, 12<sup>th</sup> January 2009.

## Summary

The overall aim of PHCRED in the Northern Territory (NT) is to increase understanding, undertaking and utilisation of primary health care research and evaluation to encourage evidence-informed practice among PHC professionals that will contribute to improved health for all Territorians.

The aim of the 2009 Business Plan is to complete current activities from 2008, and build on existing strengths and activities and to continue, enhance or elaborate these. In the coming year CRH will also continue to focus on collaboration with other organisations to achieve set objectives.

In summary, the Business Plan aims to:

- Expand research and evaluation training,
- Conduct more research and increase research opportunities, and
- Improve dissemination to allow for better uptake of research findings.

There continues to be a strong focus on building capacity in regard to evaluation as a key area in developing the research agenda and in building research and evaluation capacity among Indigenous people.

## **Introduction**

CRH receives funding under the Research Capacity Building Initiative (RCBI) of the 2006-2009 Primary Health Care Research, Evaluation and Development Strategy (PHCRED) in order to build research capacity in primary health care.

The overall aim of PHCRED in the NT is to increase understanding, undertaking and utilisation of primary health care research and evaluation to encourage evidence-informed practice among PHC professionals that will contribute to improved health for all Territorians. In order to achieve this, the PHCRED NT continues to build on the three objectives stated in the 2007 Annual Business Plan. These objectives are:

1. To increase the pool of PHC Researchers by up-skilling early-mid career researchers and supporting the sustainable advancement of research careers in PHC.
2. To support early-mid career researchers to undertake more high quality PHC research and ensure its relevance to policy and practice by aligning with identified needs and priorities.
3. To disseminate and facilitate the uptake of evidence in policy and practice.

For each of the three objectives, there were several strategies for focussing activities during 2008, many of which began under Phase One. These objectives were continued along with some minor changes to the strategies including increasing the number of activities. For 2009 we plan to consolidate the changes initiated in 2008. Detailed performance indicators and budget requirements are provided to this end.

This Annual Business Plan reflects progress towards the overall PHCRED Strategy Goals and specific RCBI objectives for the Department. The plan builds upon activities of earlier years and represents a refinement on the experience of past years.

## NT RCBI Program Description

### Service area

CRH is the only NT University Department of Rural Health (UDRH) funded under the RCBI. Its catchment area provides unique challenges and opportunities for the continued implementation and development of the RCBI. This area includes the entire NT, as well as cross-border areas in South Australia and Western Australia. Issues of access to PHC services, transport, supporting community control and Indigenous researchers, as well as the unique demographics of the population are all central to our research effort. The total population of the NT is small, i.e., around 200,000, and it should be recognised that the pool of (potential) researchers is also comparatively smaller. This issue is more apparent outside of Darwin and impacts on recruitment and retention of qualified staff for most organisations and government agencies in the NT. The Indigenous proportion of the NT population comprises almost one-third, yet the pool of potential Indigenous researchers is very small. This has particular importance and relevance, given the health status and disadvantages most Indigenous persons face.

The Centre's particular focus is on remote communities where the Indigenous proportion of the population is higher than one-third. We face high morbidity and mortality rates with arguably the worst access to PHC in the country. CRH has strong links with local health services and Aboriginal organisations, as well as strong links with national professional bodies and other relevant national groups such as APCHRI, Council for Remote Area Nurses, Services for Australian Rural and Remote Allied Health and the National Rural Health Alliance. These strong relationships have informed and driven CRH educational and collaborative research activities. There has been a strong focus on research transfer.

The balance of expenditure on staff and research activity is a product of limited NT research capacity outside of Darwin, and limited capacity to support early to mid-career researchers. The level of human investment put forward in this Business Plan is required to support primary health care providers in their research training and implementation. It is also an investment in the future in that the Research Officer (Level A/B) and the Researcher Development Program (RDP) positions are specifically aimed at continuing to build research capacity among Indigenous people.

## Program staff

The core NT RCBI team for 2009 comprises a senior researcher and Program Director at 1 FTE (based in Alice Springs, with territory wide coverage), an Indigenous Research Fellow at 1 FTE (based in Alice Springs) and currently vacant, and one Research Advisor – at 0.5 FTE in Darwin. The 0.5 Research Advisor position funded from this program in Katherine in 2008 will be funded from PHCRED at 0.2. Two 0.5 RDP positions (one in Katherine and one in Alice Springs) will also be funded by PHCRED. CRH thus ensures geographical coverage in research capacity building across its very large catchment area.

- **Program Director Level C (Dr Melissa Lindeman)**

This position fulfils the roles of PHCRED Director (with support from the Director of CRH) and PHCRED Coordinator for the NT. Dr Melissa Lindeman took up this position in April 2008. Key aspects of the role are:

- Provision of enhanced project management and research support to the other positions employed within the PHCRED program in regard to the design, development and evaluation of primary care health research projects in the region.
- Provision of leadership in the design and execution of other research and evaluation projects by CRH staff, as well as to other PHC researchers.
- Involvement in the design and delivery of training and education programs in research and evaluation methods, accessing external funds for identified projects and disseminating research findings through research collaborations, presentations and publications.
- Assistance with education, professional development and skills development pathways, as well as providing mentorship opportunities for Indigenous researchers, other PHCRED and CRH staff, as well as primary care practitioners and higher degree students in the area of PHC research and evaluation.
- Allocation of bursary awards (with the NT team). The amount available for bursaries in the NT has been increased from \$12,000 in 2008 to \$16,000 for 2009.
- Developing and maintaining the research framework and playing an important role in collaboration with other organisations and maintenance of the partnership with the PHCRED Advisory Committee.

Melissa brought with her to CRH an NHMRC project focussed on Indigenous Dementia Services in remote areas (lead agency University of Western Australia, with the National Ageing Research Institute). This important research has been focussed in the Kimberley region and will also be undertaken in Central Australia (from September 2008). A key role for Melissa in this project is to provide training and support to the Indigenous researchers who are employed through the project. Melissa will also be involved with the provision of training for Primary Health Care providers who work with Indigenous older people and people with dementia in remote

areas in a separately funded project. This training will assist in establishing a research and evaluation agenda for ageing and dementia and contributes significantly to the dissemination and translation of research findings in this challenging area.

In 2009 Melissa will continue to coordinate the research seminar series, with assistance from Rikkisha Collins, and will establish and facilitate a peer support group for research higher degree students in Central Australia. She is also hopeful of attracting research higher degree students to the Centre for Remote Health to work on areas of priority research. Two research scholarships have recently been advertised in the Northern Territory for commencement in 2009. Melissa will coordinate the Masters topic in Research Methods offered by the Centre for Remote Health, a role which provides the opportunity for enhanced research training and linkages with Primary Health Care practitioners interested in research. Melissa also plans to develop proposals for Category 1 research projects, to be undertaken in the NT, in collaboration with other organisations and individuals.

- **Indigenous Research Officer Level A/B (vacant)**

Ms Tahniah Edwards vacated this position in August 2008 to take up an academic position (Lecturer, Primary health Care - Social and Emotional Wellbeing) at Batchelor Institute of Indigenous Tertiary Education. She had been employed at the Centre for Remote Health for six years.

The Indigenous Research Officer is central to the NT RCBI program, playing a significant role in the promotion, development and contribution of Indigenous perspectives in PHC research and evaluation. This is a key function as building Indigenous research capacity is an essential element in this Business Plan. The position serves a supporting role to the position of the PHCRED Director, but is also a capacity building position for the incumbent. The position is based in Alice Springs. The position was advertised in August but we were unsuccessful in filling the position, and was advertised again in November, with the recruitment process to be completed in 2009.

- **Research Advisor Level B Darwin (Ms Karen Piper)**

The primary role of the Research Advisor is to strengthen and broaden the pool of PHC researchers, increasing the capacity for research and evaluation through skills development, planning and collaboration, linking PHC providers and existing research capacity, and facilitating research translation.

Karen Piper is based in Darwin and in 2009 will be continuing a number of existing activities. Together with the rest of the team, she will be working to develop and deliver a series of training workshops and seminars on research and evaluation, as well as to continue development of relevant dissemination products. To this end, Karen produces the PHCRED e-newsletter which is distributed via

email, bimonthly to about 200 people throughout the NT. In 2009 she will be assisted in this task by Ms Kylie Stothers (RDP scholar). Karen has contributed to several research and education projects and this will continue in 2009. These projects have highlighted the importance of collaboration with government and non-government agencies with academia. Karen will continue to act as secretary for the PHCRED NT Advisory Committee; will continue to facilitate the evidence based practice group in Darwin and will attempt engage other Allied Health Professionals, she will continue be involved in relevant grant applications; and will be part of the team that review PHCRED bursary applications as in previous years. A key role remains for Karen Piper in linking and building relationships with relevant organisations in the Top End, including Charles Darwin University, Menzies School of Health Research and Divisions of General Practice and PHC. In 2009 she will contribute to teaching the Research Methods topic in the Masters program offered at the Centre for Remote Health. This additional task will significantly expand the reach of the RCBI strategy in the NT, and is an area of work that Karen has identified for her own professional development.

- **Research Advisor Level C Katherine (Dr Phil Entwistle)**

This position was funded by PHCRED in 2008 and in previous years. However, there is insufficient funding in PHCRED to continue the 0.5 contribution to the position. CRH is committed to furthering the research capacity of the Katherine Region and will fund the continuation of Dr Phil Entwistle through alternative funding sources, with a 0.2 contribution from PHCRED. Dr Entwistle will continue to provide a day-to-day support role to RDP trainee Ms Kylie Stothers, who is based in the Katherine office, and will continue to work on research projects and research related activities in Katherine

- **Research Development Program placement (Ms Rikkisha Collins)**

Rikkisha was appointed to the PHCRED, RDP position at CRH in May 2007. Rikkisha adjusted well to her role within the RDP, and took maternity leave for several months. She returned from maternity leave in August 2008 and has enthusiastically engaged with research activities since her return. She has attended a number of research training opportunities, including research workshops and seminars. These opportunities have contributed significantly to growing Rikkisha's knowledge about research, contexts of health and primary health care. Rikkisha is now involved in a research project, which aims to explore stress factors among remote area nurses. This project is funded by an ARC grant.

Rikkisha will continue to be supported by the PHCRED Director, the PHCRED team and other mid-career and senior researchers of the CRH. With encouragement from the PHCRED Director, Rikkisha has enrolled in a Bachelor of Primary Health Care (Health Promotion) at the Batchelor Institute of Indigenous Tertiary Education, to commence in first semester 2009. In 2008 she played an important role assisting and supporting visiting and casual Indigenous researchers who were working temporarily at the CRH on an Indigenous dementia project. She will continue with this role in 2009 when these researchers return to complete their project.

Rikkisha's confidence, her professional networks and contacts, and her interest in and commitment to Indigenous health, continues to strengthen through her work at the Centre for Remote Health. Extending Rikkisha's position, and supporting her in her higher education studies, is an important investment in Indigenous health research capacity for the region.

We have learnt from our prior RDP placements that it is worth investing time and resources in continuing these placements, beyond the 12 month scope of funding provided by DOHA to get results - this strategy was supported by DOHA. Rikkisha commenced another 12 month contract in August 2008 and, provided funding is available, we plan to continue her position on an on-going basis.

- **Research Development Program placement (Ms Kylie Stothers)**

NT RCBI offered a second RDP placement at 0.5 FTE for an early career Indigenous researcher, and Ms Kylie Stothers commenced in this position in August 2008. Kylie is a social worker with postgraduate qualifications in Indigenous Health Promotion who is keen to pursue a career in research and academia. Kylie will be supported and mentored by the PHCRED Director, and on a day-to-day basis by Dr Phil Entwistle. Ms Karen Piper will also work with Kylie on particular projects such as the PHCRED newsletter. Kylie and Rikkisha Collins will also be encouraged to work together and both are active members of the UDRH Indigenous Researcher's Network. In addition, Kylie has been invited to take an active role in the newly established National Indigenous Allied Health Network in 2009. Kylie will also commence a Masters degree, and was supported by CRH to attend a short course in Indigenous Health research, offered by the Menzies School of Health Research in November 2008. Kylie has elected to complete the assessment task for this short course so she can count this subject towards her Masters degree.

In 2009, Kylie will complete an evaluation of the CRH mental health seminar series that was offered in Central Australia and the Katherine region in 2008. She will remain active in research and practitioner networks in the Katherine region, an important strategy for the RCBI program and for the overall profile of CRH in the region.

- **PHCRED Mid-Career Fellow (Dr Pim Kuipers)**

Dr Pim Kuipers is the recipient of a four-year PHCRED funded Mid-Career Fellowship. He occupies the position of Head of Research and Assistant Director at the Centre for Remote Health. While not directly part of the CRH PHCRED program, he collaborates on a number of activities and outcomes of the program. Pim is actively engaged in developing research proposals and managing research projects and has contributed significantly towards building research capacity at CRH by involving local allied health and other practitioners in research. He has also built collaborations with other researchers in clinical and policy areas. In 2009 he will continue to contribute to the provision of research training through the presentation of seminars and guest lectures, as well as on a one-on-one or small team basis as needed.

**Plan**

The following tables provide objectives and strategies against each of the PHCRED Strategy goals, activities planned for 2009, associated performance indicators, and linkages with PHCRED Strategic Plan objectives.

**OBJECTIVE 1: TO INCREASE THE POOL OF PRIMARY HEALTH CARE RESEARCHERS BY UP-SKILLING EARLY-MID CAREER RESEARCHERS, AND SUPPORTING THE SUSTAINABLE ADVANCEMENT OF RESEARCH CAREERS IN PRIMARY HEALTH CARE (NOTE: THIS IS THE PRIMARY OBJECTIVE FOR RCBI)**

This objective meets the first Goal of the PHC RED Strategy - an expanded pool of primary health care researchers

STRATEGIES	ACTIVITIES	INDICATORS
<ol style="list-style-type: none"> <li>1. Improve the research and evaluation skills of early-mid career researchers through the provision of research and evaluation training and support.</li> <li>2. Improve knowledge and understanding of and skills related research and evaluation among Indigenous people.</li> </ol>	<ol style="list-style-type: none"> <li>1. Continue to develop and implement a graded series of research <b>and evaluation</b> training workshops and seminars, in collaboration with the SA, NT and GGT PHCRED collaboration, as well with Menzies School of Health Research (MSHR) and Charles Darwin University (CDU).</li> </ol>	<ul style="list-style-type: none"> <li>Menu of courses available on website</li> <li>Number of courses or workshops delivered (minimum of four)</li> <li>Number of participants by discipline with evaluations where appropriate</li> </ul>
<ol style="list-style-type: none"> <li>3. Provide opportunities, mentoring and support for early-mid career researchers to gain experience in research or evaluation projects.</li> <li>4. Encourage effective models of collaboration and research participation across disciplines and geographic areas.</li> </ol>	<ol style="list-style-type: none"> <li>2. Develop research and/or evaluation mentorship opportunities for individuals and groups, through collaboration with the Tristate collaboration, MSHR and CDU.</li> </ol>	<ul style="list-style-type: none"> <li>List of research topics for prospective researchers</li> <li>Number of early-mid career researchers linked with mentors (at least two)</li> </ul>
<ol style="list-style-type: none"> <li>5. Develop and implement a local communication strategy to promote RCBI and to raise the profile of</li> </ol>	<ol style="list-style-type: none"> <li>3. Provide RDP placements for Indigenous early career researchers</li> </ol>	<ul style="list-style-type: none"> <li>Number and type of research and/or evaluation training opportunities provided</li> <li>Number and type of research participated in</li> <li>Type of research process experience</li> <li>Number and type of mentoring, support and training sessions</li> </ul>

<p>research and evaluation, including strategies for identifying and involving early-mid career researchers in RCBI activities.</p>	<p>4. Provide bursaries to support research and evaluation, as well as research and evaluation training for early to mid career researchers.</p>	<p>Number of researchers supported by discipline Number and types of outputs for 2009, e.g., publications, oral presentations, grant submissions, etc.</p>
	<p>5. Continue to strengthen CRH collaboration with relevant Divisions of General Practice/PHC, the SA, NT and GGT PHCRED partnership, CDU, The NT Department of Health and Families, MSHR, CRCAH and relevant Aboriginal organisations.</p>	<p>Number of guest lecturers from relevant organisations in CRH courses Number of collaborative activities, including mentoring and co-writing Number of meetings with other organisations</p>
	<p>6. Complete research framework resource for early career researchers and consumers in collaboration with the Tristate partners.</p>	<p>Research Framework available on web and on CD Number of persons provided with CD by background/discipline</p>
	<p>7. Continue with current activities as stated:</p> <ul style="list-style-type: none"> <li>I. Link and support other components of the PHCRED strategy</li> <li>II. Offer lunchtime seminar series</li> <li>III. Distribute enewsletter</li> <li>IV. Support attainment of postgraduate qualifications - Indigenous Research Officer</li> <li>V. Advertise all workshops and seminars through Divisions' newsletters, relevant professional organisations, and on the CRH website</li> <li>VI. Recruit to PHCRED vacancies (Indigenous Research Officer).</li> </ul>	<ul style="list-style-type: none"> <li>I. Number of instances of collaboration and referral</li> <li>II. Number of participants by discipline Number of seminars presented (at least eight)</li> <li>III. Number of newsletters (at least four) Number of recipients on list</li> <li>IV. Enrolment in, and successful completion of, subjects/courses.</li> <li>V. Number of participants by discipline in attendance at workshops/seminars Number of events where RCBI staff participated</li> <li>VI. Appointment of Indigenous Research Officer.</li> </ul>

**OBJECTIVE 2: TO SUPPORT EARLY-MID CAREER RESEARCHERS TO UNDERTAKE MORE HIGH QUALITY PRIMARY HEALTH CARE RESEARCH AND ENSURE ITS RELEVANCE TO POLICY AND PRACTICE BY ALIGNING IT WITH IDENTIFIED NEEDS AND PRIORITIES.**

This objective meets the second Goal of the PHC RED Strategy - More research relevant to primary health care policy and practice.

STRATEGIES	ACTIVITIES	INDICATORS
1. Undertake dialogues with policy advisors, practitioners and other key stakeholders at local and national level to inform and maximise the relevance of local programs	1. Build research capacity and increase opportunities for involvement in research by increasing the number of grants applied for and by undertaking more research following successful grant applications.	Number of grants applied for Number of successful grants
2. Increase the amount of relevant research undertaken under RCBI by early-mid career researchers.	2. Develop research and/or evaluation mentorship opportunities for individuals and groups, through collaboration with the Tristate collaboration, MSHR, and CDU	List of research topics for prospective researchers Number of early-mid career researchers linked with mentors (at least two)
3. Undertake relevant research projects and involve early-mid career researchers in these projects.	3. Provide RDP placements for Indigenous early career researchers.	Number and type of research and/or evaluation training offered and attended
4. Provide opportunities, mentoring and support for early-mid career researchers to gain experience in research or evaluation projects.	4. Provide bursaries to support research and evaluation, as well as research and evaluation training for early to mid career researchers and evaluate the outcomes and impact.	Number of researchers supported by discipline Number and types of outputs for 2009; e.g., papers, grant submissions
5. Encourage effective models of	5. Continue to strengthen CRH collaboration with relevant Divisions of general practice/PHC, the SA, NT and GGT PHCRED partnership, CDU, CRCAH, MSHR, and relevant Aboriginal organisations.	Number of guest lecturers from relevant agencies/organisations in CRH courses Number of collaborative activities, including mentoring and co-writing

<p>collaboration and research participation across disciplines and geographic areas.</p>	<p>6. Continue Advisory Group meetings in order to inform research practice. Effectiveness of Advisory Group structure and process to be evaluated and recommendations for continued advisory/consultation mechanism developed.</p>	<p>Number of meetings held and minuted (at least two). New consultation/advisory structure developed if appropriate.</p>
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**Suggested Strategies/Activities:** RDP placements, local bursaries/awards, research practices, working on existing grants eg NHMRC priority-driven and investigator-driven grants, APHCRI research grants

**OBJECTIVE 3: TO DISSEMINATE AND FACILITATE THE UPTAKE OF EVIDENCE IN POLICY AND PRACTICE.**

This objective meets the third Goal of the PHC RED Strategy - In consultation with other relevant organisations, contribute to well informed primary health care practice and policy (focus is dissemination and use).

STRATEGIES	ACTIVITIES	INDICATORS
1. Engage with peak bodies/policy makers throughout the planning, implementation and dissemination of RCBI supported research.  2. Use multi-faceted, targeted dissemination strategies tailored to the needs of stakeholders.  3. Increase visibility of PHCRED program within the NT.	1. Continue NT PHCRED Advisory Group meetings (or alternative recommended structure) in order to in form research practice and facilitate uptake.	Number of meetings held and minuted (minimum two, aim to conduct four)
	2. Offer bursaries to support early-mid career researchers in preparing publications	Number and type of publications
	3. Provide support opportunities to RCBI funded researchers and CRH staff and other researchers to increase the number of peer-reviewed publications	Number and type of meetings/workshops  Number and type of publications
	4. Complete and document a peer-review process for RCBI and CRH reports and similar publications	Number of reviewers  Number and type of publications reviewed
	5. Increase conference papers and other presentations by NT RCBI staff and RCBI supported researchers.	Number and type of presentations by NT RCBI staff (at least one per staff member)
	6. Develop a strategy to facilitate media reports of research activities.	Type, number and coverage sites for media reports (e.g. print media, radio, television)
	7. Improve use of website by making products more available and by linking with other relevant organisations (e.g., PHCRIS)	Number and type of content on website(s)
	8. Facilitate evidence based practice groups in Darwin and Katherine	Number of meetings  Participant discipline and numbers

	9. Attend PHCRED national conference	Number of NT PHCRED RCBI who attended or presented at 2009 GP-PHC conference
	10. Offer lunchtime seminars series	Number and type of seminars offered (aim for minimum 6)  Number of attendees present
	11. Distribute e-newsletter Link e-newsletter to CRH website	Number of newsletters (minimum three to be distributed)  Enewsletter available on CRH website  Number (and diversity of professional backgrounds and organisations) of recipients on mailing list  Number and type of PHC and research activities reported