

Australian Government

National Health and Medical Research Council

Draft Road Map 3: A Strategic Framework for Improving Aboriginal and Torres Strait Islander Health through Research Public consultation

Email Submission Form

Completed forms are to be emailed to NHMRCroadmap3@nousgroup.com.au by 10 December 2017 at 11.59pm (AEST). Extensions will *not* be provided.

The NHMRC will only consider submissions that address the consultation questions using the template provided.

Demographic Questions

*Denotes a required response

This submission reflects the views of: *	An organisation	
Please indicate your <i>Organisation Name</i> (if applicable): *	Australian Medical Association Ltd.	
Personal Details	First Name: * AmandaLast Name: * WingettEmail: * awingett@ama.com.auPhone: * 02 6270 5410Street Address: 42 Macquarie Street, BartonState: ACTCountry: AustraliaPost Code: 2600	

Artwork: Jordan Lovegrove, Indigenous Artist

The artwork (top of page) for the National Health and Medical Research Council's work with Indigenous health and medical research communicates empowerment of people over their health and the progression of learning and knowledge out from the meeting place (NHMRC— bottom left corner), where many people are gathered. In the streams there are the sources of nutrition and health—ants, berry bush and fish, as well as stars, which symbolise new ideas.

Do you identify as an Aboriginal and/or Torres Strait Islander	Aboriginal
person?	Torres Strait Islander
	□ Both
	□ Neither
	Prefer not to say
Permission to publish on the NHMRC website: *	Yes, NHMRC may publish my submission on the NHMRC website
	□ No, I do not consent to my submission being published on the NHMRC website
	My submission contains some information which I do not want published on the NHMRC website. I have clearly marked the information I'd like redacted before NHMRC may publish my submission.
	*Note: Any submission made to the NHMRC may be subject to the requirements of the <i>Commonwealth Freedom of Information Act 1982</i> . NHMRC retains the right to determine which submissions it will publish. All personal information should be removed from your submission if permission to publish has been granted. Submissions may not be made public if personal information is included in the submission.
Agreement: *	🛛 l agree
	I am aware that if I agree to release information from my submission, it will be widely available, e.g. it may be placed on NHMRC's website and made available in hard copy. I am also aware that the information may be further referenced in later publications. I consent to NHMRC contacting me in regards to this submission for clarification purposes. You should be aware that any submission made to the NHMRC may be subject to the requirements of the <i>Commonwealth Freedom of Information Act 1982</i> . By checking this box you agree to the above conditions and agree that you have read and understood the "Submission Guidelines" page at https://consultations.nhmrc.gov.au/submission-guidelines.
Finalise submission	My submission is complete: *
	Complete, this submission is complete and is ready for NHMRC consideration.
	By checking the above box and signing below you agree that your submission has been finalised and is ready for review by NHMRC.

Amanda Wingett

awingett

[print name] *

[signature] *

Date: 8 December 2017

Questions

Question 1.A: 1. Is the proposed obje (Please circle one)	ective of Road Map 3 rele	evant?	
Agree	Neutral	Disagree	N/A
Question 1.B:			
Why/why not? Please	provide further commen	ts to support your respon	ise to Question 1.A.

The AMA agrees that the proposed objective is relevant however believes that only identifying community driven research fails to capture the importance and necessity of Aboriginal and Torres Strait Islander peoples involvement at all levels of the research process.

While the AMA commends the NHMRC expanding the functions of the Principle Committee Indigenous Caucus (PCIC), inclusion of Aboriginal and Torres Strait Islander researchers, and Aboriginal and Torres Strait Islander representation on application review processes in the overall objective or within the interrelated components, ensures that these essential elements remain priorities.

Question 2.A:

2.Are the three priority areas of Road Map 3 accurate? (Please circle one)

Agree	Neutral	Disagree	N/A
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Question 2.B:

Why/why not? Please provide further comments to support your response to Question 2.A:

While the AMA acknowledges that a number of leading health issues have been identified, including RHD, Ear Health (addressed in our Report Card on Indigenous Health in 2016 and 2017 respectively), and Kidney Health (a potential future Report Card emphasis), there are also several glaring omissions, including:

- under Item 4.3 a failure to address women and girls health. While maternal health is mentioned, there is a need to promote better literacy of foetal origins of adult disease. Investments in family planning services, pregnancy planning, the health of girls and young women, better antenatal care, better intrapartum care and better support of the mother-child unit to age 2yo are all important examples of primary prevention of Diabetes, Hypertension, Obesity, etc.;
- under Item 4.3.1 while the 'social determinants of health' examples provided are clearly not
 intended to be exclusive, the addition of nutrition, food security, or nutritional literacy should be
 considered for inclusion. We know that optimal nutrition, or lack thereof, contributes significantly to
 malnutrition, overweight and obesity, and the development of chronic diseases, with
 disproportionate rates reported among Aboriginal and Torres Strait Islander people. With reduced
 support for preventative health initiatives demonstrated by a number of governments, the AMA

would encourage the continued explicit promotion of those social determinants with the largest impact for improved health outcomes; and

 under 4.3.2 – the syphilis outbreak occurring in multiple States, and particularly across northern Australia, as well as disproportionate levels of other Sexually Transmissible Infections (STI) among Aboriginal and Torres Strait Islander people, demonstrate continued failures of the health system and warrant the inclusion of STIs as a priority research topic.

The AMA also supports the recommendation raised by AIDA in their submission, that the NHRMC consider the interrelated nature of the priority areas. The AMA further suggests that additional consideration could be given to research that addresses the relationship of these priority areas.

Question 3.A:

Are there any further priority areas to add? Please provide further details.

Acknowledging the recommendations above, the AMA has no additional changes to the current priority areas.

Question 4:

Is there anything missing from Road Map 3? Please provide further details.

The AMA is in agreement with AIDA that the Road Map 3 should explicitly address, or provide appropriate reference to data sovereignty and intellectual property considerations for all research undertaken with, in or about Aboriginal and Torres Strait Islander communities.

Question 5:

Are there any other comments you would like to make regarding Road Map 3? Please provide details.

The AMA strongly supports the submissions presented to the NHMRC public consultation process by AIDA and Professor Ian Ring, with specific acknowledgment that the overwhelming majority of research conducted in Aboriginal and Torres Strait Islander communities is conducted by non-Indigenous people.

We agree that to achieve the goals of this strategic framework, stronger emphasis is needed to promote and advance Aboriginal and Torres Strait Islander leadership in research. There is an opportunity for Road Map 3 to include explicit targets to develop Indigenous researchers and/or to expand on the NHMRCs Targeted Calls for Research.

In noting this, the AMA also strongly supports AIDAs recommendation to "...enable *communities to directly engage/commission research relevant to them via the NHMRC.*" The AMA agrees that such a process would give Aboriginal and Torres Strait Islander communities greater influence and autonomy over the research conducted within their community.