

STRENGTHENING SYSTEMS FOR INDIGENOUS HEALTH CARE EQUITY

Focus Area 1: Aboriginal and Torres Strait Islander Leadership

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Leadership in Numbers



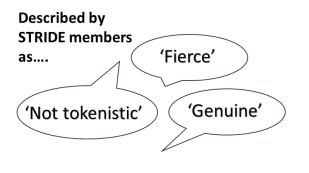
50% Aboriginal and/or Torres Strait Islander leadership on core projects/ streams CRE-STRIDE has a governance structure that includes an Aboriginal and Torres Strait Islander

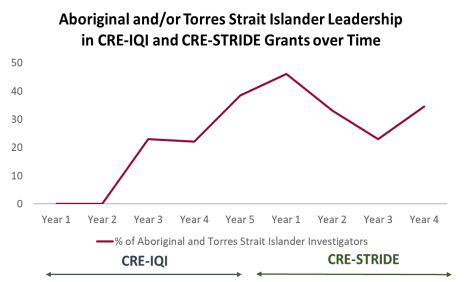
reference committee. Fifty percent of investigators are Aboriginal and/or Torres Strait Islander investigators. Furthermore, all individual STRIDE projects are led or co-led by Indigenous researchers. All work across STRIDE is done with Indigenous people, and never without.

This work has been a continuation of over 20 years of scholarship and engagement in Indigenous primary health care and continuous quality improvement – and the graph below indicates the intentional rise in Aboriginal and Torres Strait Islander leadership over time, including the previous CRE (IQI).

Leadership in Actions

Decision making has been cited by STRIDE members as one of the key identifiers of Aboriginal and Torres Strait Islander leadership being enacted in practice. The everyday processes within STRIDE gatherings and meetings, such as ensuring that rotation of chairing in meetings occurs, that an Indigenous person chairs the meeting if present, and in STRIDE project work, a relevant Indigenous researcher attends community visits. While these may seem to be the norm and expectation in Indigenous health research now, it is important to acknowledge their importance and the impact of these processes being upheld across the CRE.





Leadership into the Future



of **career development positions** with STRIDE are held by Aboriginal and/or Torres Strait Islander researchers

NEXT STEPS: Please let us know how STRIDE is achieving its aims or if you have any outcomes to share. Contact Tessa Benveniste at <u>t.benveniste@cqu.edu.au</u> or share via the following <u>Survey link</u>