Centre for Research Excellence: Strengthening Systems for Aboriginal and Torres Strait Islander Health Care Equity

The CRE-STRIDE Story (2020-2024)

This is a summary report of the CRE-STRIDE activities, research and evaluation findings, with messages for action to improve quality and equity in comprehensive primary health care.

Acknowledgements

In the spirit of respect, CRE-STRIDE acknowledges the people and the Elders of the Aboriginal and Torres Strait Islander Nations who are the Traditional Custodians of the land and waters of Australia.

We acknowledge the many ways in which our partners and collaborators have contributed to the success of CRE-STRIDE, oth during the grant period and in the foundational decades before CRE-STRIDE. CRE-STRIDE was funded by the National Health and Medical Research Council (Grant ID #1170882), and is a collaboration between research organisations, universities, service and policy organisations, and service providers.

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About the STRIDE Logo

Our logo was collaboratively developed by the STRIDE team during an introductory meeting in 2019, where groups put on their creative caps to develop initial logo concepts. The logo was inspired by all six group designs and heavily influenced by the team that included Associate Professor Megan Williams (Wiradjuri STRIDE Investigator). The concepts were then massaged into digital designs by Emma Walke (Bundjalung STRIDE Investigator) and fine-tuned by Talah Laurie (Gumbaynggirr & Yaegl Research Project Officer).

The centre circle represents the healthcare equity aim of STRIDE. It also represents Aboriginal and Torres Strait Islander values of responsibility, respect and reciprocity. The four inner streamlines represent the four research programs: 1) community involvement; 2) health system quality improvement capacity; 3) social and emotional wellbeing; and 4) health promotion and prevention. They also represent the Indigenous elements of 1) relationality; 2) leadership; 3) knowledge and sovereignty; and 4) an 'All teach, all learn' capacity strengthening process that is continuous and reflective. The knowledge streams move through community, understanding context and priorities for better health and wellbeing. The knowledge flows into iterative cycles of continuous learning, resulting in collaborative, valuable, impactful research (represented by the outer dots). The U-shaped figures represent our mob sitting together. We are all on this journey together.

Abbreviations

CRE-STRIDE:	Centre for Research Excellence: Strengthening System for Indigenous Health Care Equity (herein referred to as **STRIDE**)
CRE-IQI:	Centre for Research Excellence: Integrated Quality Improvement
CQI:	Continuous Quality Improvement
PHC:	Primary Health Care
QI:	Quality Improvement

Contents

Photo credits

Page 3 top: VOICE men's group round 1 yarning circle, Minjilang (Croker Island NT) © VOICE Project

Page 3 bottom: Aunty Trisha's hand & yellow berries, Barrapunta (Emu Springs NT) © Talah Laurie

Page 8 top: VOICE Aboriginal and Torres Strait Islander advisory group meeting, Kaurna Country (Adelaide SA) © VOICE Project

Page 8 centre left: Aunty Judy Atkinson & baby Willow, Coodjinburra Country (Kingscliff NSW) © CoW Project

Page 8 centre right: Connecting our Way investigator team, Coodjinburra Country (Kingscliff NSW) © CoW Project

Page 8 bottom: LEAP Project Team, Meanjin (Brisbane QLD) © LEAP Project

Page 25: Deadly Poets Society writing retreat, Minjerribah (Stradbroke Island QLD) © DPS

Page 23 top: Smoking ceremony, STRIDE final gathering, Gadigal Country (Sydney NSW) © STRIDE Project

Page 23 bottom: Knowledge synthesis workshop, STRIDE final gathering, Gadigal Country (Sydney NSW) © STRIDE Project

Page 29 top: STRIDE investigator team, Coodjinburra Country (Kingscliff NSW) © STRIDE

Page 29 bottom: STRIDE final gathering, Gadigal Country (Sydney NSW) © STRIDE

The STRIDE story

The Centre for Research Excellence in Strengthening Systems for Indigenous Health Care Equity (STRIDE) was part of a quality improvement research collaboration journey spanning two decades, focused on strengthening Aboriginal and Torres Strait Islander primary health care systems.

In many ways, the story of STRIDE and other Indigenous health research has mirrored the evolution of Australian black political advocacy and resistance. Community voice has driven the STRIDE story, represented here through a series of pivot points as black academia turned the critical lens of research onto Western systems of health and evidence production. Thriving on the legacy of previous Indigenous research leaders, STRIDE aimed to broaden the focus of primary health care (PHC) systems to be community-driven and inclusive of social and cultural determinants of health – a model more closely aligned to Aboriginal and Torres Strait Islander holistic health and wellbeing. Over time, the meaning and application of quality improvement (QI) has shifted with increasing acknowledgement of the importance of holistic health that transcends existing health system structures.

Understanding quality improvement through an innovation platform crossing health system levels

Before STRIDE, the Centre for Research Excellence in Integrated Quality Improvement (CRE-IQI; 2015-2019) brought together PHC researchers, policy makers and health service providers who were committed to improving First Nations health outcomes through system-wide quality improvement. Some of the CRE-IQI members had collaborated in research for many years, developing quality improvement tools and processes based on clinical practice guidelines and building the evidence base for continuous quality improvement (CQI). The CRE-IQI's 'innovation platform' approach enabled members to continue to collaborate in research, to continuously reflect, learn from each other and share their expertise for enquiry and knowledge translation across eighteen quality improvement research projects and several evaluation approaches.

Pivot Point 1: First Nations voices and leadership; "All teach, all learn"

The diversity of QI research and network membership evolved as the CRE-IQI progressed, with First Nations voices setting priorities and directions for future research and ways of working. CRE-IQI members were united through their commitment to improving health equity through participatory research, use of systems thinking approaches and increased First Nations leadership.

What was learnt?

The research generated evidence about the quality of clinical PHC and priorities for improvement, ways in which CQI can improve best-practice care, what supports CQI, and the use of systems thinking, CQI and knowledge translation processes. The work of the CRE-IQI reinforced the critical importance of First Nations communities leading research about First Nations health, of intersectoral partnering, and of using research for impact and advocacy.

Pivot Point 2: STRIDE (2020-2024) ushered an Indigenous-led program of research focused on shaking up both health systems and health systems research.

Strengthening systems through community engagement and intersectoral collaboration

STRIDE applied a new governance model and research framework to emphasise and practically demonstrate the application of Indigenous ways of knowing, being and doing into our research. We worked in place-based, relational ways to bring community voice into research priorities and project implementation.

What was learnt?

Operating at the intersection between Indigenous Knowledge Systems and academic health research was challenging and difficult to navigate. STRIDE helped to push boundaries in academic publication systems [25, 38] and non-traditional research outputs to increase visibility of Aboriginal and Torres Strait Islander knowledge systems. Indigenous methodologies and ways of knowing, being and doing were made explicit in research activities and outputs [28, 40] while strategies were put in place to strengthen Aboriginal and Torres Strait Islander governance, leadership and career development [57]. The STRIDE research program systematically centred community in research design and direction, bringing together otherwise disparate sectors related to Indigenous health and wellbeing (e.g., caring for Country, climate change, environment, education and health/wellbeing services) [8, 36, 34, 35, 50; HEAL Network & STRIDE 2021]. STRIDE was part of the broader movement to embed enhanced ethical standards into Aboriginal and Torres Strait Islander health research, including Indigenous Data Sovereignty principles, and increased Indigenous leadership of research [37, 47].

Pivot Point 3: The rejection of the VOICE 2023 referendum, denying Aboriginal and Torres Strait Islander people an ongoing influence in policy-making processes and health outcomes for their communities.

Rebuilding Nations and resetting PHC standards

After a decade of community consultation across the country, the VOICE referendum was seen by the majority of Indigenous Australia as a necessary next step in a sequence towards treaty and truth-telling. Spurred by the rejection of the referendum, STRIDE undertook to step beyond government and policy processes to facilitate Indigenous Nation (re-)Building for self-determined health and wellbeing.

The Stronger Together As Unified Nations for Community Health (STAUNCH) project (NHMRC Synergy Grant 2025-2029) is the continuing story of the STRIDE research collaboration. STAUNCH is driven by five participating Nations (Bundjalung; Gugu Badhun; Jirrbal; Warumungu; Yuin). The research team, including STRIDE investigators, new members and community organisations will form a learning community to facilitate the development of health and wellbeing plans based on expressed wishes and aspirations of each Nation. Informed by Indigenous experience overseas and within Australia, a process of Nation (re-)building will be tailored to each Nation's needs and priorities. In a parallel process, STAUNCH will prepare policymakers for improved relational ways of working with Aboriginal communities, supporting implementation of the plans through a Health in All Policies, inter-sectoral approach within Indigenous Sovereignty and Governance frameworks.

STAUNCH will use learnings from community self-determined health and wellbeing plans to develop national health care safety and quality standards and processes that align with the unique Aboriginal Community-Controlled Health Organisation model supporting comprehensive and culturally appropriate care. These new standards will form the best practice comparator for the development of QI tools and processes spanning systems that support all health and wellbeing determinants. The next five years will continue the STRIDE story of working with organisations and communities to support community-driven holistic health and wellbeing services and to develop associated PHC indicators to drive QI processes into the future.

The STRIDE Work Program

STRIDE extended the clinical application of QI to address broader health system issues, strengthen cross-sectoral action that addresses social and emotional wellbeing (SEWB) and health promotion and prevention, and empower communities to guide health care improvements. Four research programs brought together projects and people from across Australia in a collaborative, participatory research model, using Indigenous methodologies and systems thinking approaches to generate new knowledge.

Research Program 1 – Strengthening community engagement in quality improvement processes

This program focused on developing and testing methods, tools and strategies for engaging consumers and communities in QI processes. The aim was to make services more responsive to people's needs and help achieve better health care outcomes.

Research Program 2 – Strengthening health system capacity for quality improvement

This program aimed to embed QI more deeply into both clinical and non-clinical areas of comprehensive PHC. Research has focused on strengthening health service governance, supporting workforce development, engaging staff and leadership in QI processes, and creating tailored tools to address service-specific challenges such as clinical follow-up.

Research Program 3 - Quality improvement of Social and Emotional Wellbeing

This program partnered with communities, services and sectors to co-design, implement, and evaluate organisational QI strategies aimed at supporting the SEWB of young people. The focus was on creating approaches that are both effective and culturally relevant.

Research Program 4 - Quality improvement for Health Promotion and Chronic Disease Prevention

This program aimed to build, refine, and test QI tools and processes that can be used across different sectors and disciplines. The aim was to support collaborative efforts in chronic disease prevention and health promotion through practical, adaptable solutions and interventions.

For more information go to: https://cre-stride.org/our-research/

The STRIDE Indigenous Research Framework was developed by Aboriginal and Torres Strait Islander STRIDE investigators to guide our research processes. For further information and description of the core principles and application see https://cre-stride.org/indigenous-research-methodologies-frameworks/

Indigenous Research Framework

How do we use this framework?

Individual

Take time to establish relationships with community and stakeholders.

Think holistically, be a 'boundary spanner', look for expertise in other sectors to inform your work.

Program/Project

Assessment of projects against existing tools related to Indigenous health research: Quality Assessment Tool for Indigenous Health Research; Research for Impact Tool; CONSIDER statement.

Establish multi-disciplinary teams to incorporate consideration of broader social and cultural determinants into research.

Collaboration

Design and deliver a masterclass on skills for inter-sectoral research.

Embed cultural competencies within capacity strengthening activities.

External

Advocate policy-makers and program managers to work outside of silos. Lead by example!

Individual

Keep an open mind, make efforts to understand and respect Indigenous perspectives.

Look to provide opportunities to grow Indigenous research leadership.

Build confidence in students and early career researchers through supportive mentorship.

Program/Project

Establish Indigenous co-leadership arrangements of programs/projects.

Collaboration

Use of the Indigenous reference committee as a strategic advisory group for program/project issues.

External

Advocate funding bodies to recognise value of Indigenous investigators irrespective of academic metrics.

Individual

Seek out and incorporate Indigenous input on issues. If unsure where to start, ask a colleague.

Critically reflect on your current practice and viewpoints and how this relates to Indigenous Knowledge Systems.

Program/Project

Have project discussions early on (at project concept) with community/ health services to incorporate their perspectives on research questions and appropriate methodology, e.g., storytelling. (Randomised Controlled Trials may not be the best approach!)

Develop research agreements with communities /health services about Indigenous Cultural and Intellectual Property and Indigenous Data.

Collaboration

Offer masterclass on Indigenous Data Sovereignty.

Ensure research translation processes/ products are appropriate for community and health service staff.

External

Collectively promote and advocate Indigenous rights and perspectives with community and other like-minded CREs

Individual

Seek out Indigenous/ non-Indigenous reciprocal learning relationships with researchers or policy/service provider partners.

Program/Project

Cultivate community/health staff research participation through provision of development opportunities across all phases of the research project.

Collaboration

Regular discussions about implementation of this framework, engendering a process of reflection and continuous improvement.

Offer workshops to community/health service collaborators to demystify research and assist them to set their own research agenda and effectively engage in research.

Engage policy makers to promote research knowledge translation

External

Continue to broaden the collaboration by inviting policy people, other health services, and people representing other sectors.

The STRIDE Developmental Evaluation

The value in collaborative networks such as STRIDE and its predecessor CRE-IQI has been highlighted in multiple ways [12, 27, 58]. As STRIDE grew and developed, it was important to capture the impact and outcomes that arose from our three key focus areas (Fig 1), and the mechanisms and contextual factors influencing how, through being a collaborative, we worked towards achieving STRIDE's aims.

The evaluation was designed and guided by the STRIDE evaluation working group and conducted by a Research Evaluation Fellow, alongside other STRIDE research fellows – or 'Fellas' (see p.16). Together, these groups represented diverse experiences and roles across the CRE, eight members were Aboriginal researchers and seven were non-Indigenous researchers. In line with the goals of STRIDE to incorporate Indigenous leadership and methodologies across all aspects of the collaboration, we drew on the Ngaa-bi-nya Evaluation Framework to guide decision making on evaluation metrics and monitoring (Ngaa-bi-nya means to examine, try, and evaluate in the language of the Wiradjuri peoples of central New South Wales) (Grant & Rudder, 2010; Williams, 2018).

A developmental evaluation approach enabled the STRIDE collaboration to 1) 'learn as we go' by capturing data in cycles, including feedback from members, 2) adapt our practices accordingly, in response to that data, and 3) share knowledge across the collaboration in timely and relevant ways. Our evaluation findings drew on a range of data sources including semi-structured interviews, visual workshop summaries, meeting notes and metrics about research activities and membership. Aboriginal and Torres Strait Islander leadership of the developmental evaluation enabled the STRIDE evaluators to collect, present and respond to data in ways reflective of holistic ways of knowing, being and doing. By doing so, the collaboration elicited the underlying value that existed in the body of work conducted across the research collaborative.

Figure 1. Focus areas of STRIDE evaluation

Overview of STRIDE Developmental Evaluation Findings

The following is an overview of the findings collated across the STRIDE developmental evaluation. Anonymised quotes are provided from STRIDE members who voluntarily participated in the evaluation.

Focus Area 1: Indigenous Leadership

The number of Aboriginal and/or Torres Strait Islander investigators on STRIDE grant applications doubled across the collaboration. Analysis of STRIDE publications indicates approximately 30 per cent increases in Indigenous authorship overall, as well as in first and last authorship. Key enablers for ***"genuine"***, ***"non-hierarchical"*** and ***"non-tokenistic"*** leadership that were identified by STRIDE members included funding Indigenous advisory groups on grants, reducing burden by use of existing Indigenous leadership structures where possible. Challenges were also acknowledged, including recognition of the need to support the social and emotional wellbeing of our leaders.

> *"You're accountable to institutions and funding bodies, but you're also very much held accountable by communities directly. If you're an Aboriginal leader in a project, it adds extra dimensions… and there's a lot of risk… so we have to be the in-between to find workarounds"*

Focus Area 2: CQI to enhance community linkages and Social and Emotional Determinants of Health

> *"Multi cross-sectoral collaboration is very difficult, but the benefits are obvious when you do get people talking across their areas you know - 'cause ultimately, education, health… you're working towards the same ends- and that's improving wellbeing of mob"*

Trends in our publications, grant applications and projects demonstrate that Aboriginal and Torres Strait Islander leadership of STRIDE has led to projects with a more holistic approach to health and wellbeing. Our work tackled this at global and local levels, responding to community, and Country's, needs. Partnerships with community-based organisations were prioritised, as were linkages between sectors, for example, education, employment and training, land management, justice, and domestic violence and family services. However, we also recognised that tensions can arise in this work, where questions from partner communities or organisations may be asked such as ***'how will this benefit us'?*** Therefore, strategic approaches and adapting for different audiences are key.

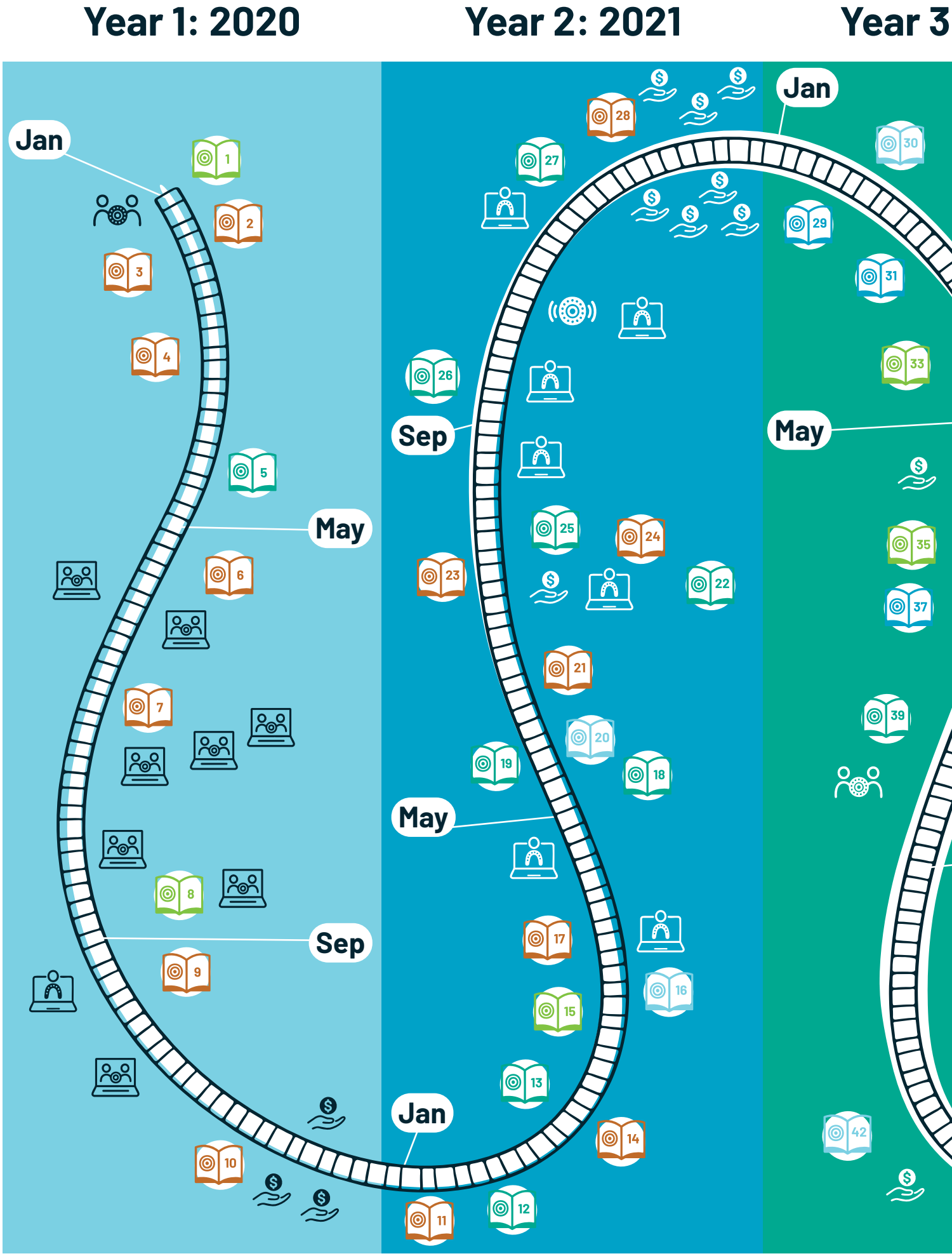
Focus Area 3: Application of Indigenous Knowledge and Methodologies

Turning the gaze to the system, STRIDE challenged existing academic systems, putting Indigenous Data Sovereignty at the forefront and determining research impact based on relationships with community and addressing community priorities. A strong focus included data translation and engagement in ways best suited to mob - such as place-based research, visualisation of data and yarning on Country.

> *"I love the relationality, that's so big and that's driving our hope… going back to communities and giving them back their data and their stories."*

Relationships and relationality were a strong undercurrent to all aspects of STRIDE. The 'all teach, all learn' (two-way or 'all way' learning) was described as ***'central to the ways of working'*** and ***'very prominent'*** within the network and reflects the collectivist way of being and doing.

The STRIDE Journey



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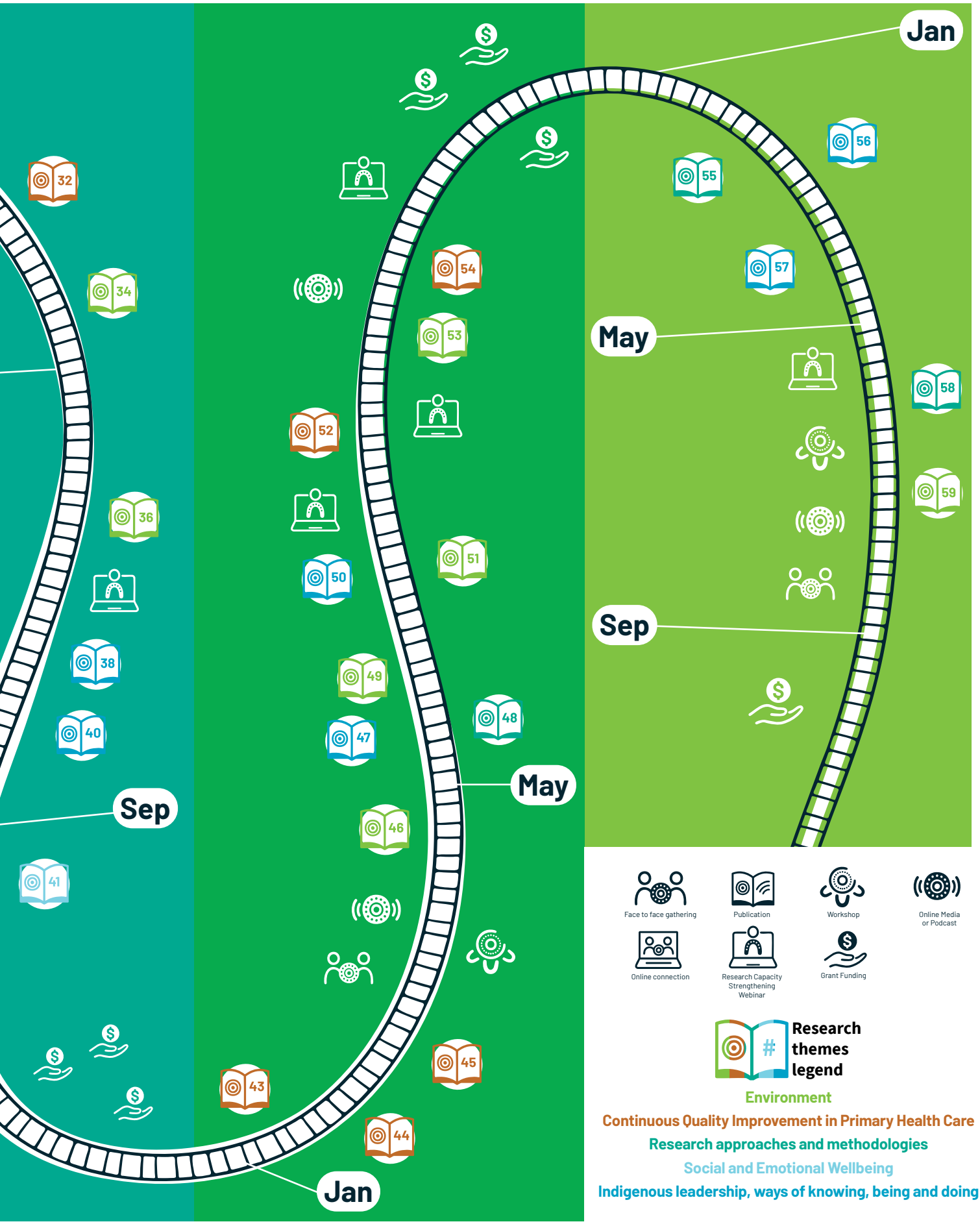


Our Research Outputs

WRITTEN PUBLICATIONS AND REPORTS

59 Peer review Publications

2 Research and Technical Reports

1 Book

2 Book Chapters

5 Online Articles and Podcasts

SHARING OUR WORK

28 Conference Presentations

7 Conference Posters

COMING TOGETHER

5 STRIDE Gatherings

2 Writing retreats

EXTERNAL FUNDING

Over **35** Million in funding

2 Scholarships, Fellowships

COLLABORATIONS

There are numerous collaborations within and connecting STRIDE work. Two key external collaborations were with the NHMRC's National Network for Aboriginal and Torres Strait Islander Researchers - OCHRe Network ($10mil), and the Healthy Environments and Lives (HEAL) National Research Network ($10mil).

POLICY

STRIDE worked to inform climate and health policy development through: membership on Health Minister's Advisory Group; commissioned evidence reviews and submissions to parliamentary inquiries.

NON-TRADITIONAL RESEARCH OUTPUTS

When we think about research, it's easy to consider impact only by the outputs that are made up of journal articles, publications and reports (once termed by a local community member as "researcher love letters to each other") – but there's a whole other world of knowledge sharing that speaks to people's hearts and lived experiences.

Non-traditional research outputs - like videos, creative writing, visual art, performances, and community storytelling play a powerful role in how we connect, reflect, and learn together. These are the kinds of works that go beyond the page and into real life, meeting people where they are.

STRIDE has really embraced this approach. Across our collective work, we've used creative and community-led ways to share stories, celebrate culture, and drive change in Indigenous health care and research engagement. Whether it's co-designed resources, visual frameworks, or arts-based events, we focus on making research something you can see, feel, and engage with - not just read about.

It's about honouring Indigenous ways of knowing, doing, and being - where research isn't just data, it's relationship, creativity, and action.

Some examples of our NTRO's can be found on the next page, as well as at https://cre-stride.org/publications/

STRIDE DEADLY POETS' SOCIETY

Born in the silence of lockdowns and the noise of systemic change, the Deadly Poets Society began as a circle of Indigenous and non-Indigenous health researchers who met fortnightly to write, reflect and hold space for one another. What started as a response to the isolation of COVID-19 became something far deeper: a creative practice rooted in trust, Country and connection. An anthology of the poems, 'Finding What Always Was', will soon be published by Friesen Press.

STRIDE Deadly Poets' Society is:

… a space, where time is left for scholarship to evolve.

… for creative minds to come together, acknowledge and be.

… the ebb and flow of life, never still, ever moving, building to a new spiral of knowing, being and doing. Collectively open and ready.

… for all. No tall poppies here.

… to challenge the dominant narratives, to recreate new meaning, new hope.

… fills our cups, after times of stress and pressure, a great pleasure.

… a cold sip of water on a hot, sweaty academic day.

… a family of allsorts connected through the sweetness of creative learning.

… an antidote to bitterness.

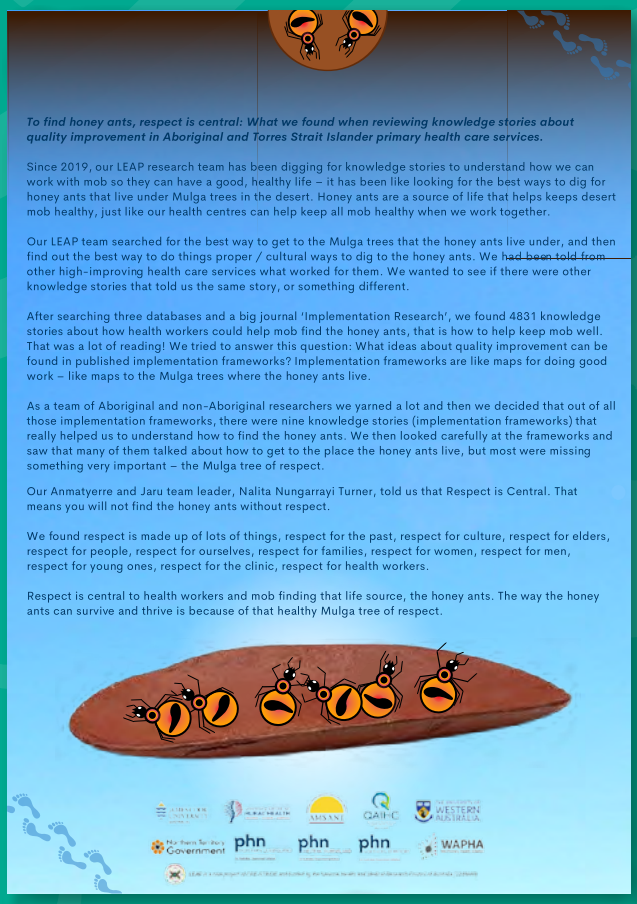
… quiet reflection and yarning for wellbeing.

… a tender dressing for academic hurt and injury.

RESPECT IS CENTRAL: THE HONEY ANT STORY

What the LEAP Project found when reviewing knowledge stories about quality improvement in Aboriginal and Torres Strait Islander primary health care services. Find out more here:

https://www.jcu.edu.au/crrths/health-systems-strengthening-and-workforce-development/the-leap-project



To find honey ants, respect is central: What we found when reviewing knowledge stories about quality improvement in Aboriginal and Torres Strait Islander primary health care services.

Since 2019, our LEAP research team has been digging for knowledge stories to understand how we can work with mob so they can have a good, healthy life – it has been like looking for the best ways to dig for honey ants that live under Mulga trees in the desert. Honey ants are a source of life that helps keeps desert mob healthy, just like our health centres can help keep all mob healthy when we work together.

Our LEAP team searched for the best way to get to the Mulga trees that the honey ants live under, and then find out the best way to do things proper / cultural ways to dig to the honey ants. We had been told from other high-improving health care services what worked for them. We wanted to see if there were other knowledge stories that told us the same story, or something different.

After searching three databases and a big journal 'Implementation Research', we found 4831 knowledge stories about how health workers could help mob find the honey ants, that is how to help keep mob well. That was a lot of reading! We tried to answer this question: What ideas about quality improvement can be found in published implementation frameworks? Implementation frameworks are like maps for doing good work – like maps to the Mulga trees where the honey ants live.

As a team of Aboriginal and non-Aboriginal researchers we yarned a lot and then we decided that out of all those implementation frameworks, there were nine knowledge stories (implementation frameworks) that really helped us to understand how to find the honey ants. We then looked carefully at the frameworks and saw that many of them talked about how to get to the place the honey ants live, but most were missing something very important – the Mulga tree of respect.

Our Anmatyerre and Jaru team leader, Nalita Nungarrayi Turner, told us that Respect is Central. That means you will not find the honey ants without respect.

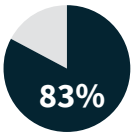
We found respect is made up of lots of things, respect for the past, respect for culture, respect for elders, respect for people, respect for ourselves, respect for families, respect for women, respect for men, respect for young ones, respect for the clinic, respect for health workers.

Respect is central to health workers and mob finding that life source, the honey ants. The way the honey ants can survive and thrive is because of that healthy Mulga tree of respect.

Research Capacity Strengthening

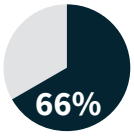
A multi-pronged approach was applied to research capacity strengthening and support for development future research projects. In aid of this, the following activities were funded internally by STRIDE.

6
scholarships



5 out of 6 scholarships were awarded to Aboriginal and/or Torres Strait Islander researchers

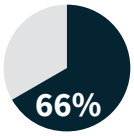
9
seed projects



6 out of 9 of these projects were led by Aboriginal and/or Torres Strait Islander investigators

This funding was allocated to support smaller projects such as gathering pilot data or short-term projects that add to current work, aid in development of new research partnerships, or provide the foundation for future research.

3
knowledge translation projects



2 out of 3 of these projects were led by Aboriginal and/or Torres Strait Islander investigators

13
Webinars

were delivered and shared with the STRIDE network, covering a range of topics
View the webinar recordings here

2
Masterclasses

on Policy Translation and Indigenous Nation Building were delivered face-to-face at STRIDE gatherings

STRIDE Fellas

Traditional academic structures rarely support the relational, culturally safe, and community-driven approaches that Indigenous scholarship requires. To foster ethical collaboration and growth, inclusive environments are needed where both Indigenous researchers and allies can learn, connect and thrive.

The 'Fellas' initiative supports a diverse cohort of Indigenous and non-Indigenous STRIDE research fellows, higher degree students and Early Career Researchers (ECRs) in a non-hierarchical, relational, and culturally safe environment. The group includes individuals from varied academic and community backgrounds, challenging traditional definitions of ECRs and offering a sanctuary from conventional academic structures. Weekly virtual yarns as well as one in-person writing retreat offered consistent opportunities for connection, reflection, and collaboration in a flexible and supportive setting. The yarns are intentionally unstructured, enabling members to reflect on professional and personal experiences - including successes ('wins') and challenges (anything requiring support) – fostering mutual support, capacity building, and resource sharing.

The Fellas space has supported Indigenous researchers and allies in developing confidence, integrity, and reflexivity in their work. Reflections from STRIDE Fellas highlight the importance of relationality, collective growth, and a sense of belonging—describing the Fellas not just as a research group, but as a community and family.

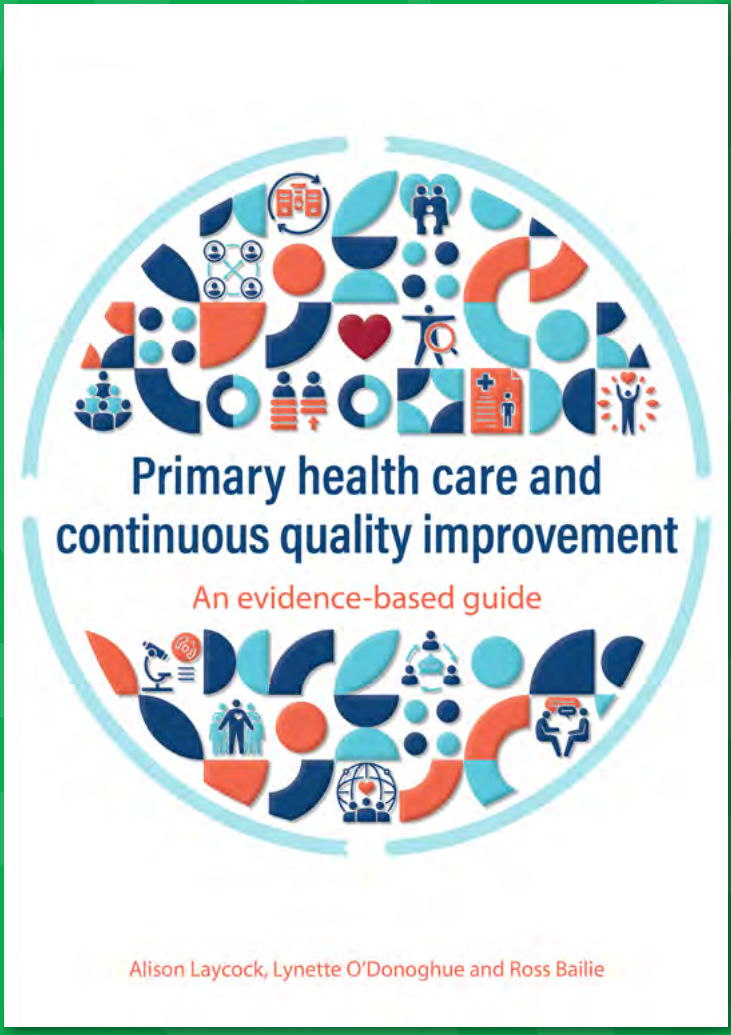
By centring care, reciprocity, and shared learning, the Fellas played a significant role in strengthening research capacity and collaboration across the network. Investing time in transgenerational, reciprocal learning and relationships, STRIDE Fellas has shaped - and will continue to shape - our research career pathways over time, as well as the health and research systems we are part of. It has helped us hold and be STAUNCH within rapidly changing research environments.

STRIDE Research Translation

Primary Health Care and Continuous Quality Improvement: An evidence-based guide

A key research translation output for STRIDE is a book by Alison Laycock, Lynette O'Donoghue, and Ross Bailie, published by Sydney University Press (June 2025). Primary Health Care and Continuous Quality Improvement: An Evidence-Based Guide synthesizes more than 20 years of practical experience, research, and leadership in Aboriginal and Torres Strait Islander health, developed through our long-standing quality improvement research collaboration. Many CRE-STRIDE and CRE-IQI members contributed to the research that underpins this book and by reviewing chapters and sharing CQI stories and insights. The book provides broad guidance across four parts: I) Core concepts in PHC and CQI; II) CQI data, tools, and processes; III) Applying CQI to improve PHC; IV) Strengthening systems for PHC equity.

Open access: https://open.sydneyuniversitypress.com.au/9781743329269.html



"It's been a meaningful journey bringing decades of CQI research and learning together to produce this book. I feel honoured to have worked alongside Alison and Ross throughout this process. It gave me an opportunity to reflect on Ross's outstanding leadership, and the dedication of the many researchers, management committee members, community advisory groups and organisations that helped to bring the CQI vision to life. It has been a privilege to work in partnership and collaborate with diverse stakeholders — especially with Aboriginal and Torres Strait Islander health services and primary health care teams. Their deep understanding of clinical realities, combined with their energy and long-term commitment to improving systems, has been truly inspiring and vital to achieving better care for our communities.

This journey has been transformative for me as well. I've been given incredible opportunities, loved working with so many wonderful people, and deeply value the friendships formed throughout the continuous quality improvement research journey.

Thank you all".

Lynette O'Donoghue-Feeney

Our Research Projects

Projects that include STRIDE affiliated investigators, aligned with STRIDE aims

- Women's action for Mums and Bubs (WOMB) (Larkins, S., & Felton-Busch, C., et al)
- Health from the Grassroots (Matthews, V., et al)
- Validating Outcomes by Including Consumer Experience (VOICE): Developing a Patient Reported Experience Measure for Aboriginal and Torres Strait Islander people accessing primary health care (Passey, M., & Walke, E., et al)
- Implementation of quality improvement in Indigenous primary health care: Leveraging Effective Ambulatory Practices (LEAP) (Larkins, S., & Matthews, V., et al)
- Working it Out Together! Aboriginal and Torres Strait Islander led co-design for a strong and deadly health workforce (Larkins, S., & Matthews, V., et al)
- Promoting healthy ageing to reduce dementia risk in Aboriginal and Torres Strait Islander communities (Strivens, E., et al)
- System-level integration to promote the mental health of Indigenous children: A community-driven mixed methods approach (McCalman, J., & Bainbridge, R., et al)
- Integrating research into youth services in remote communities (Shakeshaft, B., & Bainbridge, R.)
- Enhancing the DESDE-LTC as a tool for mapping social and emotional wellbeing and mental health services in Indigenous Countries/ Communities (Saunders, V., et al)
- Family Wellbeing Research Partnerships (Tsey, K., et al)
- Navigating the Carceral Interface (Longbottom, M., et al)
- Testing up for scale: An Indigenous social and emotional learning program (McCalman, J., et al)
- Torres and Cape Health Care (TORCH) Commissions Fund Project Evaluation (McCalman, J., et al.)
- Relighting the Firesticks: Accelerating diffusion and progressing to sustainability of innovative care to foster a healthy start to life for Aboriginal and Torres Strait Islander families (Chamberlain, C., et al)
- Connecting our Way: Improving the wellbeing of Aboriginal and Torres Strait Islander children aged 5-12 years (Dickson, M & Cameron, D., et al)
- Working together: A collective impact approach to achieve the reforms underpinning the Closing the Gap targets (McCalman, J., et al)
- Counting what counts: Using a national cohort study to develop, validate and apply an Indigenous Quality of Wellbeing Utility Index and quantifying key determinants of health (Lovett, R., et al)
- Yumba Meta: Counting what counts for First Nations wellbeing at home (Saunders, V., et al)
- Creative business champions (Ellison, L., et al)
- Healing Country: Weaving knowledge systems to meet climate change challenges (Matthews, V., et al)
- Clean Energy for HEAL (Vardoulakis, S., et al)
- '10 thing we can do' – developing air pollution exposure reduction and lung health advice for people with asthma (Vardoulakis, S., et al)
- Preference-informed model to improve access and equity in bowel-screening for Australia's First Nations people through home care services (Garvey, G., et al)
- Extreme Heat and pregnancy complications: harnessing the diverse Australian climate and population for global answers (Wyrwoll, C., et al)
- Smoke Messaging and AQFx – Indigenous Communities (Wheeler, A., et al)
- Coming Home, Making Home, Valuing Home (Matthews, V., Vine, K,. et al)
- Stronger Together As Unified Nations for Community-led Health (STAUNCH) (Matthews, V., et al)

Seed funded projects

Projects designed to develop new quality improvement research and collaborations, possibly leading to larger projects

- Dismantling systemic racism through virtual understanding of Aboriginal and Torres Strait Islander experiences (Walke, E., et al)
- The development and testing of an audit tool for assessing the current standard of dementia care in Aboriginal and Torres Strait Islander residential aged care facilities (Hornby-Turner, Y., et al)
- Enhancing point of care testing and local workforce capacity in Aboriginal communities through a continuous quality improvement approach (Spaeth, B., et al)
- Developing a Manager's Toolkit for implementing promising practices (Onnis, L., et al)
- Indigenous-led capacity building for community in response to natural disasters (Cameron, D., et al)
- Reviewing the client outcome assessment tool for DIYDG's family-oriented program for children in the child safety system (Nona, M., et al)
- Aryna Songline Methodology Pilot (Wirrer-George, F.)
- Enhancing the DESDE-LTC as a tool for mapping social and emotional wellbeing and mental health services in Indigenous Countries/Communities (Saunders, V., et al)
- Mibbinbah Be The Best You Can Be: Health promotion quality improvement through development of evaluation framework and tools (Bulman, J., & Williams, M.)

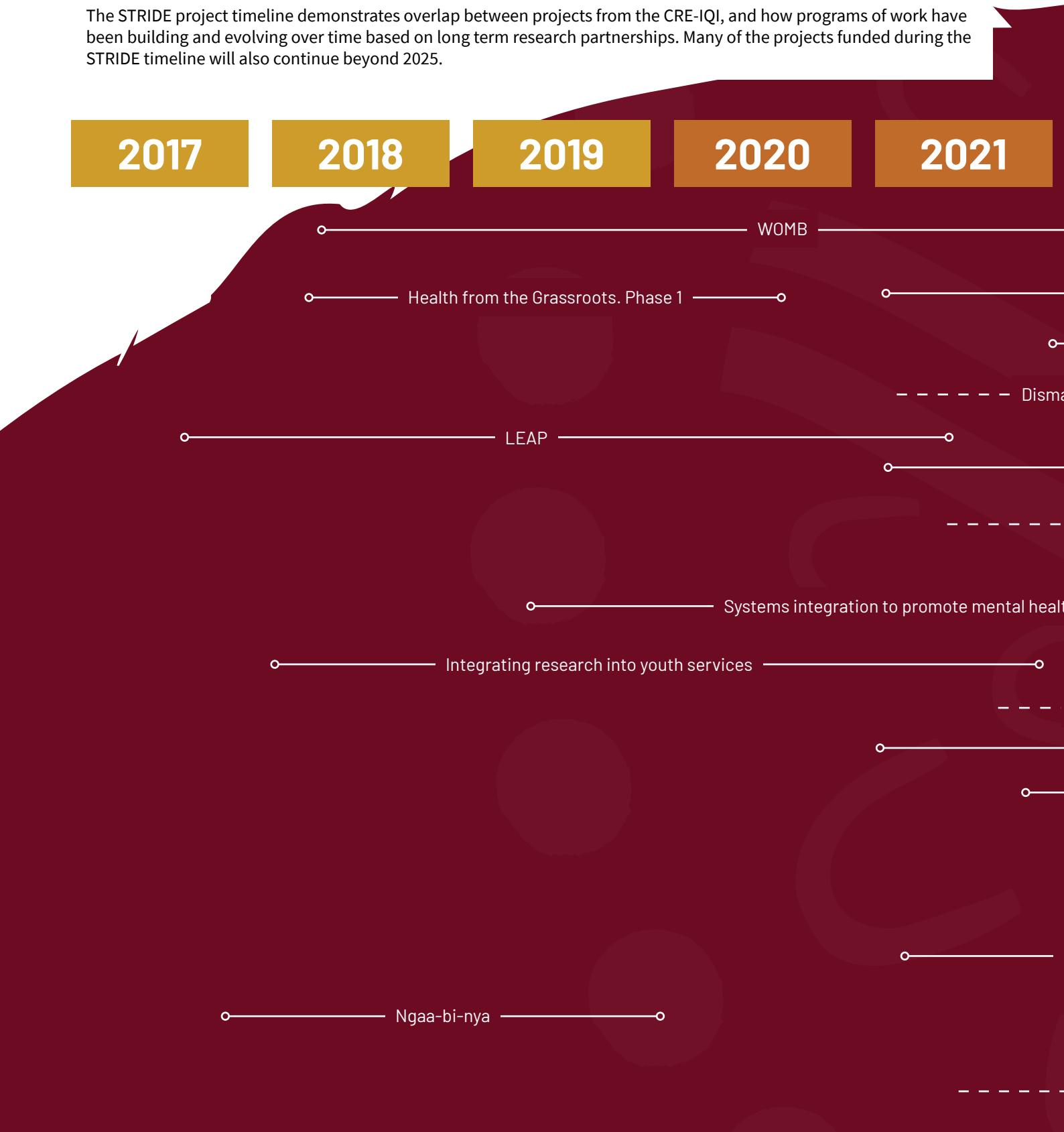
Scholarships

- Culturally appropriate Model of Care for Aboriginal people with osteoarthritis (Linton, J.)
- Pathways to benefit for Indigenous Australians in Genomic Medicine (PhD by portfolio) (Pratt, G.)
- Working together with Torres Strait Islander people: Understanding the practice of professional helping in Torres Strait culture (Wyamrra, M.)
- Growing community control in Yarrabah - a historical study (PhD by portfolio) (Fagan, R.)
- How does caring for Country improve health outcomes for waarru-biin and wajaarr (People and Country)? (Atkinson, A.R.)
- The co-creation and application of Aboriginal community monitoring and impact evaluation resources for wholistic health - self, community and Country (Vine, K.)

For full project descriptions, see https://ucrh.edu.au/research/research-projects/

STRIDE Project Timelines

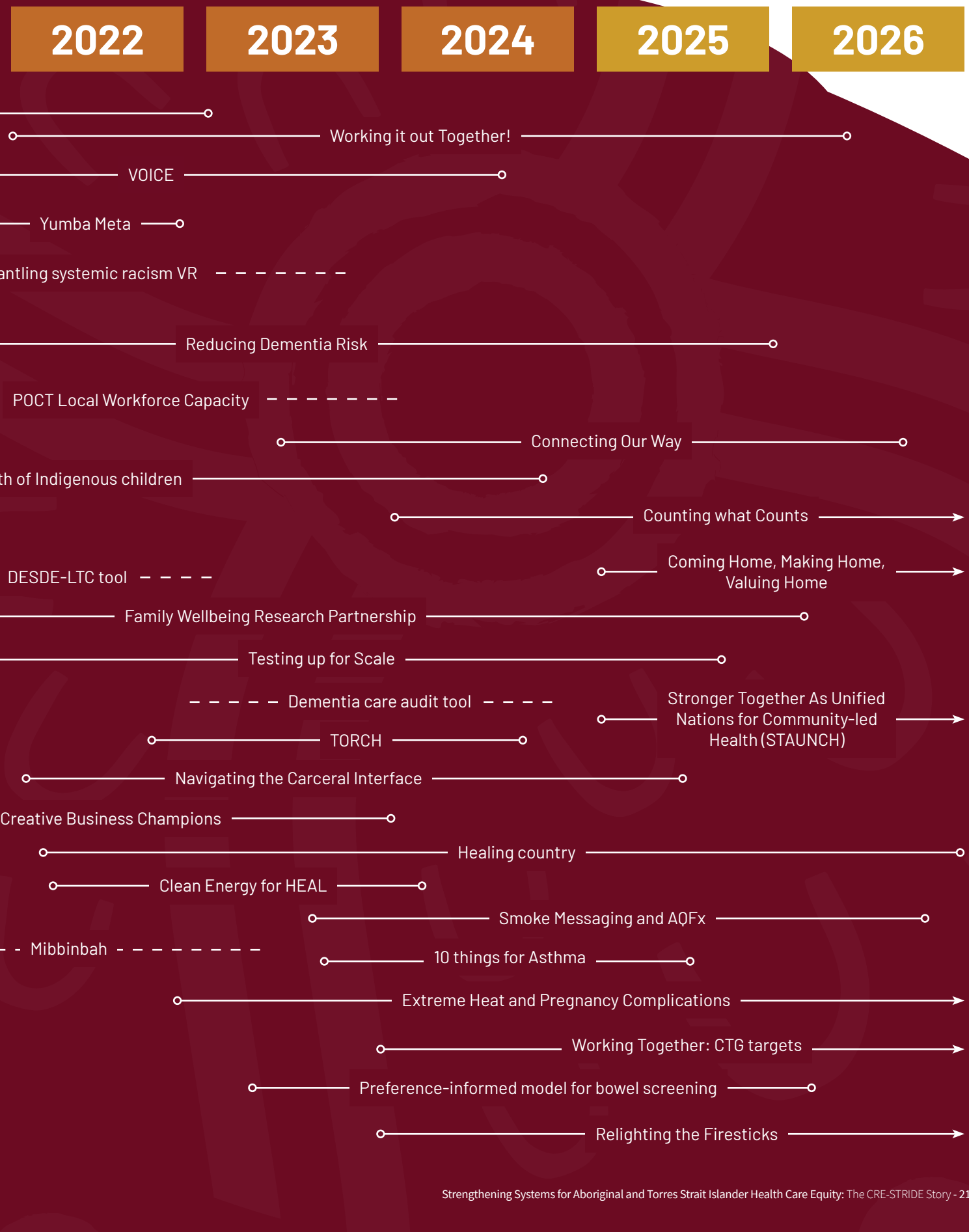
The STRIDE project timeline demonstrates overlap between projects from the CRE-IQI, and how programs of work have been building and evolving over time based on long term research partnerships. Many of the projects funded during the STRIDE timeline will also continue beyond 2025.



Key:

External funding =

STRIDE seed funding =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Working it out Together!
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POCT Local Workforce Capacity
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TORCH
Navigating the Carceral Interface
Creative Business Champions
Healing country
Clean Energy for HEAL
Smoke Messaging and AQFx
Mibbinbah
10 things for Asthma
Extreme Heat and Pregnancy Complications
Working Together: CTG targets
Preference-informed model for bowel screening
Relighting the Firesticks

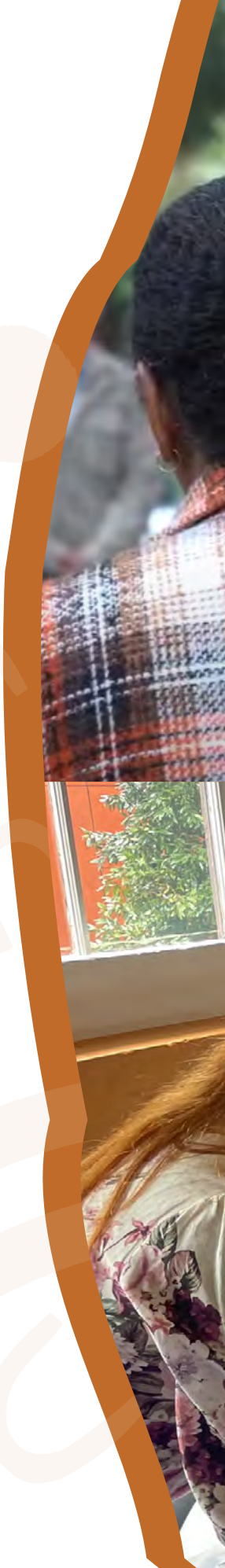
STRIDE Knowledge Synthesis

STRIDE researchers published close to 60 peer reviewed papers between January 2020 and July 2024. In August 2024, STRIDE members gathered on Gadigal Country and used a collaborative process to identify the most important findings and insights from this published research. We used an innovative workshop process that had proven successful for synthesising CRE-IQI findings [55]. The process explicitly linked experiential knowledge to academic research, with two main aims: 1) to produce deeper insights relevant to working in Aboriginal and Torres Strait Islander community and policy contexts, and 2) to ensure Indigenous perspectives were reflected in the interpretation of our academic outputs.

Before the workshop, the peer reviewed papers were divided into five categories reflecting key areas of STRIDE research: CQI in primary health care; health and environment; Indigenous leadership, ways of knowing, being and doing; research and evaluation approaches and methodologies, and; social and emotional wellbeing. A brief summary of each paper's aim, methods and findings was prepared.

The facilitated process involved participants working in five groups to review the publication summaries. Each group reviewed one category of papers. Group members collectively identified key findings and used their knowledge and experience to write key messages for action, impact and further research. Insights from each group were then shared with all workshop participants for discussion and refinement. The results of the knowledge synthesis process are summarised on pp. 24-27.

The knowledge synthesis was conducted as a point-in-time process. Some STRIDE outputs were not captured at this time or were published after the knowledge synthesis process. These papers added further valuable contributions to communities, our overall findings and future directions.




RESEARCH APPROACHES & METHODOLOGIES (GENERAL)

Findings and Insights from STRIDE

Continuous quality improvement and primary health care

A key finding from the CRE-IQI was that CQI has proven effective for strengthening the delivery of evidence based PHC across a range of Aboriginal and Torres Strait Islander settings. STRIDE research focused on engaging communities, health services and other organisations in CQI processes and strengthening system capacity focused on holistic wellbeing. The findings provide guidance for system strengthening and further research at different system levels:

- There is limited evidence about the sustainability and efficiency of the **quality management systems** currently used in Australian PHC, or how well these systems holistically measure the quality of care delivered by Aboriginal Community Controlled Health organisations (ACCHOs) [24].
- For PHC services and communities, **priority areas for improving care** are community driven health and planning (cultural safety); community engagement; shared ownership and team approach around CQI; strengthening systems and consistency in service approaches; and strengthening the local workforce [11].

Improving communication between service providers and across teams was identified as a priority:

- **Communication** between hospitals and PHC services, and **continuity of care** are not generally done well for Aboriginal and Torres Strait Islander people with cancer [2, 6]. Encouraging communication is among the attributes valued in **clinical governance leaders** [7].

It is important that health action, capacity strengthening and quality improvement approaches are tailored to people, place and context:

- **Community-driven, holistic, culturally sensitive and adaptive approaches**, including collaboration across agencies, are effective when responding to major health issues, such as COVID-19 [23].
- **Cultural appropriateness, ability to apply training and accessibility of training** were important in the uptake and roll out of brief intervention training [14].
- Stakeholder **knowledge of the local context** was pivotal in the successful development and use of a CQI health promotion systems assessment tool [45].
- Use of CQI appears well-suited to drive improvements in service delivery for **unhealthy alcohol use** [4].

Using a range of PHC and CQI strategies may be more effective than a single strategy in improving health outcomes:

- Follow-up and review of abnormal clinical findings is a continuing CQI challenge [32]. **Various feedback approaches can help clinicians respond effectively to clinical variation** and understand when improvement action is warranted [3].
- Participatory women's groups use a range of methods to achieve **improvement in maternal and child health (MCH)** [31]. Research is needed to understand how contextual factors and group processes influence MCH outcomes in Aboriginal and Torres Strait Islander settings.
- Screening and treatment programs with three **essential CQI elements (data-guided activities, considering local conditions; iterative development and testing)** demonstrate positive outcomes compared with programs where CQI elements are not clearly identified [4].

Environment and health

Health and wellbeing outcomes are inextricably linked to health of Country and the environment. In responding to the immediate needs of community, STRIDE expanded into investigating the impacts of environment and climate extremes on health that were becoming prominent. Drawing on published research, we provided guidance for PHC professionals to practice with a climate lens [59].

- Aboriginal and Torres Strait Islander people are **disproportionately exposed** to a range of climate extremes, expected to increase with climate change [34, 36].
- This exposure contributes to disproportionately high **mental health impacts** of extreme weather events in marginalised communities, including First Nations communities [1, 51].

To mitigate these impacts:

- **Social capital** was demonstrated as **protective** against adverse mental health outcomes in the context of an extreme flooding event [8].
- Community partnerships that enable **Indigenous-led, participatory disaster planning, response and recovery** are needed to improve preparedness, build social capital, strengthen resilience, and lessen the risk of long-term distress post-disaster [1, 8, 36].
- Strategies should be **multisectoral** and informed by **meaningful engagement** with community health services [33, 34, 35, 36, 49]. To monitor progress in efforts to mitigate climate change impact on Aboriginal and Torres Strait Islander health, we are developing an indicator that reflects Indigenous concepts of connection to healthy Country.

Indigenous leadership, ways of knowing, being and doing

Central messages in STRIDE work reflect a need and right to claim Indigenous space and to continue to actively challenge the status quo; asserting Indigeneity to achieve self-determination in the academy – put the academy on notice!

- Elevating and respecting the **knowledges and perspectives** of Aboriginal and Torres Strait Islander peoples is essential in **all steps of the research process. Cultural and Intellectual Property** rights, **Indigenous Data Sovereignty**, and community benefit are indicators of such respect [25, 50, 56].
- **Indigenous governance** (e.g., reference or leadership groups) across all levels of scholarship (e.g., journal editorial teams) is recommended to continue decolonising the academy [38, 47].
- **Indigenous-led approaches** (for example, cultural story forms) in teaching and research promote cultural awareness and safety of emerging health workforces [29, 37].
- Ongoing work is needed to continue **reforming systems** that deny Aboriginal and Torres Strait Islander people the right to claim and connect to their identity and place [57].
- Tools within Indigenous **arts-based research** can support the decolonisation of academia, and to enhance sense of belonging [40].

Research and evaluation approaches and methodologies

As part of the body of work within STRIDE, we explored and integrated Indigenous research processes and methodologies. Insights from this work pertain to individual and collaborative research and evaluation efforts:

- As with other complex systems, **evaluations of research collaborations** benefit from the use of multiple (pluralist) evaluation approaches [27] and participatory engagement with stakeholders. Methods useful for evaluation of Indigenous research collaborations include co-author [18] and social network analysis [39], developmental evaluation [5], and Participatory Synthesis [55].
- **Research collaborations are successful** when they are able to work from collaboratively developed values which guide and are upheld in their ways of working [12].
- **Evaluation and implementation frameworks need to be prospectively adapted** to fit with community and cultural context [5, 13, 14, 26].
- Implementing evaluations with Indigenous communities requires **reflexivity and flexibility** [58]. **Clear and detailed reporting** on adaptations and reflective learnings will provide better understanding of what works and what may be challenging in such adaptations, in order to support understanding and use in future evaluations [22, 48, 58].

Social and emotional wellbeing

Social and Emotional Wellbeing (SEWB) is critically important for positive health outcomes in First Nations communities. Applying a CQI lens more broadly in STRIDE uncovered some key insights in relation to enhancing systems to support SEWB:

Several projects within STRIDE focused on **child and youth** mental health and wellbeing, reporting that:

- Largely, programs, services and interventions for youth and wellbeing mental health are reactive, and not **preventative** [41]
- Resourcing should be targeted to **Indigenous-led models** that include youth empowerment, family wellbeing and a preventative approach [41, 42].
- There is a limited evidence base for **cultural wellbeing promotion, mental health screening, management and referral pathways** for younger First Nations children (under 12 years) [41, 42].
- Strategies to support SEWB (such as building resilience) can be applied at a **systems level**, for example the education system, with potential for larger, more widespread and **sustainable impact** than individualised support [16].

Our work also developed broader approaches to supporting SEWB, such as an adapted **cultural capability measurement tool** to enable ongoing monitoring of the effectiveness of cultural safety in health professional education [28].

A study of the **economic impacts on wellbeing** highlighted the importance of responding to the immediate needs of individuals and incorporating Indigenous-specific approaches to financial services [20].

The STRIDE program of work also provided evidence of the importance of **connection to country** to SEWB, for example:

- The healing capacity of connection to Country experiences was evidenced through evaluating re-connection strategies for Indigenous peoples who were **disconnected or had their connection disrupted** [30, 46].
- There is grief and loss being experienced in the damage to Country caused by climate change and extreme weather events, adding to collective trauma experienced in First Nations communities [46].

Messages for Action, Impact and Research

Topic Area	Health services	Policy/ Government/ support organisations	Researchers/ service-policy-community-research collaborations'
CQI and primary health care	• Modify systems to improve communication and care coordination across sectors, service providers and teams. • Increase and support the Aboriginal and Torres Strait Islander health workforce at all levels of service delivery, and develop strategies for strengthening the local workforce. • Allocate resources and time for all staff to participate in cultural safety and CQI training. • Continue the use of CQI methods to tackle clinical variation and to drive improvements in health promotion and prevention programs.	• Invest in systems to improve communication and coordination between service providers and promote continuity of care. • Invest in increasing and supporting the Aboriginal and Torres Strait Islander health workforce at all levels. • Develop and uphold policy that empowers communities to design and implement holistic, culturally sensitive and adaptive health and wellbeing programs. • Invest in implementation research that identifies and tests place-based, holistic health solutions.	• Continue to advance the application of CQI and implementation research for engaging intersectoral action to improve health and wellbeing. • Undertake research to develop quality indicators and quality management systems that align with the holistic PHC approach used by Aboriginal and Torres Strait Islander communities. • Build evidence that supports relevant accreditation, quality improvement and system strengthening efforts in the ACCHO sector. • Conduct research to advance understanding of how contextual factors and the processes used by community action groups (e.g., women's groups) influence health outcomes in Aboriginal and Torres Strait Islander community settings.
Environment and health	• Advocate for appropriate community infrastructure to be in place to improve housing quality, heat and energy security in remote areas. • Develop systems that can respond appropriately and advocate for community needs in relation to extreme weather events. • Practice with a climate lens and introduce CQI processes to improve sustainability of PHC services.	• Work with communities and services in disaster planning, preparedness, response and recovery. • Support Indigenous community-led, multisectoral research that responds to the impacts of climate change in diverse contexts. • Develop Aboriginal and Torres Strait Islander health and climate indicators to monitor adaptation and mitigation needs.	• Use local data to inform models that predict climate-related health risks and the needs of at-risk populations. • Continue to undertake solution-based research that addresses the compounding impacts of extreme weather events on health and health systems. • Conduct place-based and community-led research to increase understanding of the importance of Indigenous knowledges in addressing the effects of climate change.
Indigenous leadership, ways of knowing, being and doing	• Include indigenous-led approaches and elevate cultural awareness and safety in the training of health professionals. • Empower Aboriginal and Torres Strait Islander communities in developing and implementing place-based health and wellbeing programs and strategies.	• Review proof of Aboriginal and Torres Strait Islander identity policies and procedures by government agencies and educational institutions. • Invest in systems that support and uphold Indigenous Data Sovereignty, Indigenous cultural and intellectual property rights, and Indigenous ways of knowing, being and doing.	• Increase Aboriginal and Torres Strait Islander leadership and ways of knowing, being and doing in research and academia. • Promote Indigenous Data Sovereignty. • Employ tools within arts-based research to support application of Indigenous leadership in research. • Improve Indigenous governance in research systems including academic journals. • Review and critique editorial governance of publications to identify Indigenous authorship and research leadership, and to support Indigenous peer review.

Topic Area	Health services	Policy/ Government/ support organisations	Researchers/ service-policy-community-research collaborations'
Research and evaluation approaches & methodologies	• Develop new or prospectively adapt evaluation and implementation frameworks with community to fit with community, service and cultural contexts. • Maintain commitment to clear and detailed reporting on adaptations to evaluation tools and frameworks used in Aboriginal and Torres Strait Islander settings. Tools should be presented in a format that can be readily taken up and applied by communities.	• Commission and apply flexible evaluation approaches that can be adapted by communities for ongoing use.	• Establish collaboratively developed values for research collaborations and uphold the values in ways of working. • Take time and dedicate effort to build collaborative research relationships that include cultural and community perspectives.
Social and emotional wellbeing	• Develop and implement proactive and preventative strategies to support child and youth wellbeing.	• Provide resourcing to Indigenous-led models that foster youth empowerment and family wellbeing. • Address wellbeing holistically, including consideration of financial determinants of social and emotional wellbeing. • Apply strategies to support wellbeing at a systems level.	• Develop further evidence for positive social and emotional wellbeing impacts of connection to country and strategies for strengthening connection when disrupted.
Concluding message	• Continue to collaborate in quality improvement and health systems research in Aboriginal and Torres Strait Islander health. • Continue to build multi-sectoral relationships to enhance health outcomes for Aboriginal and Torres Strait Islander communities. • Build new CQI tools and processes that reflect PHC service connection to other sectors supporting social, cultural and environmental determinants of health .	• Continue to invest in intersectoral health policy and research development driven by Aboriginal and Torres Strait Islander Nations. • Honour commitments made in the Closing the Gap refresh and priority reforms: share decision-making, strengthen community-controlled sector, transform government organisations to work better for communities; and share access to data and information to enable Aboriginal and Torres Strait Islander communities to make informed decisions.	• Continue to collaborate in intersectoral, place-based research that advances self-determined, holistic approaches for improving Aboriginal and Torres Strait Islander health and wellbeing.

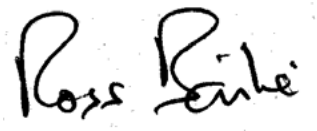
Thankyou

We'd like to take this opportunity to thank everyone who has contributed to the success of this collaboration – both within STRIDE and across the decades of foundational work that came before it. Whilst there are far too many people to name individually, we hope you know who you are. STRIDE would not be what it is without your collective efforts - as leaders, community members, researchers, health workers and allies – working together to strengthen health systems and celebrate mob ways of knowing, being and doing.

We look forward to continuing this work in partnership with First Nations communities to achieve health equity, centring Nations as the source of policy and program solutions, through STAUNCH and future projects.

From all of us at STRIDE: thank you to the entire STRIDE network for staying connected, for your deadly contributions, and for your unwavering support. We look forward to continuing our collective advocacy for mob doing it their own way.

A/Prof Veronica Matthews
STRIDE Co-Lead Investigator



Prof Ross Bailie
STRIDE Co-Lead Investgiator

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