Why a strategic plan?

Purpose of this Plan

In Alice Springs on the 13th August 2012, staff from Baker IDI in Central Australia and Melbourne and members of the Baker IDI Board of Directors participated in a planning process to define this Strategic Plan.

The purpose of this document is to provide clear direction, strategies and priorities to achieve Baker IDI Central Australia’s vision into the future. Baker IDI will share and refine these strategies by working in partnership with communities, stakeholders, research collaborators, funding agencies and individuals.

Ultimately, our vision is to:

Support health equity for Aboriginal and Torres Strait Islander people, particularly residents of central Australia, by reducing risk and impact of non communicable and communicable diseases that contribute to the significant gap in life expectancy between Aboriginal and Torres Strait Islander people and other Australians.

A note on terminology: In this document, the term “Aboriginal and Torres Strait Islander” is used to refer to Australia’s first peoples, while “Aboriginal” is used when referring to the first peoples of central Australia. “Indigenous” is applied to collaborative health research with first peoples in other countries.
Who we are

Baker IDI Heart & Diabetes Institute is an independent, internationally renowned medical research facility with a central office located in Melbourne.

Baker IDI Central Australia, located in Alice Springs, was founded in 2007 becoming the second health and medical research institute to be located in the Northern Territory and the first in central Australia. This Institute was established to help address the profound disadvantage experienced by Aboriginal people in central Australia and throughout the Northern Territory through scientific research that is rigorous, culturally appropriate and ethically sound. While we focus on the needs of the population in the NT our expertise in research spans many other jurisdictions and enables contributions in Aboriginal and Torres Strait Islander health spanning from major cities to the most remote communities in Australia.

We are dedicated to carrying out collaborative research projects that build much needed knowledge and that provide practical contributions to Aboriginal and Torres Strait Islander peoples’ health. While research is our main business, we are much more than a collection of research projects.

As a clinical service provider, we provide outreach health services to remote communities and Alice Springs Hospital in order to improve access to specialist care. In the way we do our business, we are dedicated to supporting capacity building within the communities and organisations we work with, as well as our own staff’s development. We are passionate about using our skills and expertise to learn more about Aboriginal and Torres Strait Islander health and to contribute to better health outcomes. The depth of our commitment is what defines Baker IDI Central Australia.

Our motivation: Health equity for Aboriginal and Torres Strait Islander peoples

While Australia’s health system and health status indicators rank among the best in the world, the health of the nation’s first peoples is considerably poorer than other Australians. For instance, life expectancy of Aboriginal and Torres Strait Islander people is 10-20 years less than other Australians and the average age of death is a little over 50 years.

Chronic non-communicable diseases in general, and cardiovascular disease in particular, are the greatest contributors to this disparity. Behind this are mental illness, lung disease and diabetes which together lead to substantial loss of life and disability. In addition communicable diseases contribute significantly to excess morbidity of Aboriginal and Torres Strait Islander people.

We are cognisant that at an individual and population level, such health outcomes are related to social and environmental risk factors, such as poverty, poor housing, and discrimination, which are associated with the history of colonisation in Australia. These factors are centrally located within our research methodology. At the same time, Aboriginal and Torres Strait Islanders have shown remarkable resilience through continuity of language, integral connection to place and land, and the primacy of family/kinship with their culture.

Baker IDI Central Australia’s sole commitment is to reducing the health disparities experienced by Aboriginal and Torres Strait Islander people in Australia, with particular attention to the Aboriginal people of Central Australia.

Our mission

Baker IDI’s overall Mission is:

To reduce death and disability from cardiovascular disease, diabetes and related disorders.

Baker IDI Central Australia’s Mission is:

To reduce death disability and illness caused by non communicable and communicable disease amongst Aboriginal and Torres Strait Islander peoples with a particular focus on the residents of Central Australia.

To date, Baker IDI Central Australia has primarily focussed on vascular disease and diabetes, across the following areas:

- Research on prevention, early detection and treatment of disease
- Health services research
- Provision of health services which are complementary to our research
- Health care provider support and education
**Renewed focus**

With the recent appointment of new senior researchers, Baker IDI Central Australia will build on our existing platform by focussing on areas where we have the expertise to address other significant health issues. Our expanded remit will thus also include:

- Communicable diseases, particularly sexually transmitted infections and blood-borne viruses
- Hospital and laboratory-based clinical research
- Epidemiology and data linkage
- National and global Indigenous health collaborations

Baker IDI’s research program will continue to be conducted in close consultation with local communities, partnering with existing community services and will be designed to have tangible benefits to participants.

**How we work**

We are led by the following values and principles in how we approach our work:

- **Meaningful engagement** with Aboriginal and Torres Strait Islander individuals and communities, based on trusting relationships and accountability for what we do.
- **Active partnerships and collaboration** with communities, governments, health service providers, funding agencies and other researchers in fulfilling our mission.

- **Excellence and integrity in scientific research**, ensuring our research measures up to the highest international expectations and is conducted ethically.
- **Translation of research outcomes** to support utilisation by study participants, funders, health service providers, clinicians, patients and remote communities.
- **Being a good employer** including applying policies and practices which attract, retain and develop employees who are Aboriginal and/or Torres Strait Islander.
- **Being careful with our money** in ensuring that we can achieve the maximum contribution towards our mission from all funds entrusted to us.
- **Long term thinking** in planning for our programs and effectively balancing short-term gains with long-term improvement to the health and well being of communities.

**Our ethics**

The philosophy and the principles that inform any work that we undertake reflect and are cognizant of the six principles outlined by the National Health and Medical Research Council’s *Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Health Research* (NHMRC, 2003).
Our Strategic Framework

Baker IDI Central Australia has identified 6 key areas that are critical to our long-term success:

1. **Community relationships**
   Working with Aboriginal and Torres Strait Islander communities in respectful, culturally sensitive and sustainable ways, recognising that it is up to communities to set their own priorities.

2. **World class research**
   Developing a research platform and carrying out research projects to the highest scientific and ethical standards in order to build knowledge and capacity where there is identified need.

3. **Valued clinical services**
   Delivering clinical services which address shortfalls in care needed by Aboriginal community members, and which complement our research.

4. **People and capacity**
   Attracting, retaining and developing great people, including Aboriginal and Torres Strait Islander staff, and ensuring that they have the support they need to carry out excellent work.

5. **Working across Baker IDI**
   Drawing upon the expertise of Baker IDI staff and providing advocacy, support and opportunities to integrate Aboriginal and Torres Strait Islander health research across the Institute.

6. **Profile and finances**
   Effectively communicating the importance and strength of our work in order to build relationships with our stakeholders and secure ongoing resources and funding.
Strategic Objectives

This Strategic Plan is informed by objectives aligned with the six key areas outlined above. Within each of these objectives are strategies which, if successfully implemented, will result in the identified outcomes. This plan is to be supported by an annual operating plan that is formulated by Baker IDI Central Australia and endorsed by the Baker IDI Directors Executive Group and Board of Directors. The success of the Strategic Plan will be appraised against defined key performance indicators at the end of each calendar year.

Objective 1: Community relationships

Working with Aboriginal and Torres Strait Islander communities in respectful, culturally sensitive and sustainable ways, recognising that it is up to communities to set their own priorities.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Develop a research agenda in partnership with Aboriginal communities and representative organisations</td>
<td>Direct community input is demonstrated in all Baker IDI research and clinical priorities and activities</td>
</tr>
<tr>
<td>b. Incorporate community capacity building into our research, service and education activities</td>
<td>All projects have demonstrated investment in the capacity building of community-based individuals and organisations</td>
</tr>
<tr>
<td>c. Engage in advocacy, leverage relationships and expertise, and broker initiatives to meet identified community needs</td>
<td>Increased attention to community priorities, and new resources and projects that meet community needs</td>
</tr>
</tbody>
</table>

Objective 2: World class research

Developing a research platform and carrying out research projects to the highest scientific and ethical standards in order to build knowledge and capacity where there is identified need.

<table>
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<tbody>
<tr>
<td>a. Develop and win funding for innovative projects</td>
<td>New projects that expand the scope of our existing research projects</td>
</tr>
<tr>
<td>b. Strengthen research governance</td>
<td>Our project management staff are skilled in applying project management, ethics guidelines and Good Clinical Practice to projects</td>
</tr>
<tr>
<td>c. Develop international linkages for Indigenous health research</td>
<td>We lead and participate in international Indigenous health and research planning bodies</td>
</tr>
<tr>
<td>d. Reduce the gap between evidence and policy and practice</td>
<td>Greater application of research findings to health programs and policies</td>
</tr>
</tbody>
</table>
**Objective 3: Valued clinical services**

*Delivering clinical services which address shortfalls in care needed by Aboriginal community organisations, and which complement our research focus areas.*

<table>
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<tr>
<td>a. Clinical services reflect local community priorities and support sustainable local health services</td>
<td>Clinical services utilise a standardised needs assessment and are based on a structure that provides high quality care and prioritises local health service capacity building</td>
</tr>
<tr>
<td>b. Provide high quality and accessible clinical services</td>
<td>Our workforce includes clinicians who can provide high quality health care to high need locations</td>
</tr>
<tr>
<td>c. Develop and apply an evaluation framework</td>
<td>Evaluation results are applied to continuous program improvement</td>
</tr>
<tr>
<td>d. Work with primary health care partners to identify appropriate roles and communication channels related to patient care coordination</td>
<td>Health care providers (i.e., our clinical staff and primary health care providers) consistently apply an agreed protocol for patient care coordination and communication related to outreach service delivery</td>
</tr>
<tr>
<td>e. Provide clinical training to staff at primary health care centres to support improvements in healthcare delivery</td>
<td>Staff who receive clinical training feel better prepared to deliver best practice healthcare</td>
</tr>
<tr>
<td>f. Ensure support for clinical governance</td>
<td>All services and clinical service providers meet local health service requirements for credentialing and scope of practice</td>
</tr>
<tr>
<td>g. Expand partnership with Alice Springs and other hospitals</td>
<td>Current and future clinical services identify and exploit synergies with local hospitals and ensure pertinent management decisions made as part of specialist outreach are communicated to hospital staff</td>
</tr>
</tbody>
</table>
## Objective 4: People and capacity

*Attracting, retaining and developing great people, including Aboriginal and Torres Strait Islander staff, and ensuring that they have the support they need to carry out excellent work.*

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>a. Attract, retain and develop Aboriginal and Torres Strait Islander people to work in roles across Baker IDI</td>
<td>We have an increase in the number and seniority of Aboriginal and Torres Strait Islander people working at Baker IDI</td>
</tr>
<tr>
<td>b. Expand the pool of researchers through student placements and post-doctoral positions</td>
<td>Increased research capacity</td>
</tr>
<tr>
<td>c. Support development opportunities - including training and mentoring - for Central Australia staff</td>
<td>Our staff are knowledgeable about advancements in their research or clinical field and are well equipped to carry out excellent work</td>
</tr>
<tr>
<td>d. Identify accessible career pathways for Central Australia staff</td>
<td>Our staff members choose to develop their career within Baker IDI</td>
</tr>
<tr>
<td>e. Support staff engagement in annual planning cycle and other planning activities</td>
<td>Staff input is demonstrated in all Baker IDI research and clinical priorities and activities</td>
</tr>
<tr>
<td>f. Develop and maintain a good workplace culture to support staff wellbeing</td>
<td>Our staff feel enthusiastic about their workplace and are positive ambassadors for Baker IDI</td>
</tr>
</tbody>
</table>

## Objective 5: Working across Baker IDI

*Drawing upon the expertise of Baker IDI staff and providing advocacy, support and opportunities to integrate Aboriginal and Torres Strait Islander health research across the Institute.*

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>a. Identify opportunities for increased cross-office collaboration with Baker IDI Melbourne</td>
<td>Locally supported, high impact and clinically relevant projects in Central Australia which involve sharing of resources and expertise with Baker IDI Melbourne</td>
</tr>
<tr>
<td>b. Clarify and strengthen channels of communication with Baker IDI Melbourne</td>
<td>Improved collegiality, information sharing and administrative consistency between the two offices</td>
</tr>
<tr>
<td>c. Ongoing commitment to planning across Baker IDI</td>
<td>A cross-organisational working party is developed to highlight the mutual benefits to all parties of projects linking Baker IDI Melbourne and Central Australia</td>
</tr>
</tbody>
</table>

Regular annual review of Baker IDI Central Australia’s strategic and operational plan involves research staff from all Baker IDI offices.
Objective 6: Profile and finances

Effectively communicating the importance and strength of our work in order to build relationships with our stakeholders and secure ongoing resources and funding.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>a. Develop a clear and consistent 'narrative' about our work</td>
<td>Baker IDI staff and communications materials have a consistent message about our vision and the work we do</td>
</tr>
<tr>
<td>b. Engage with NT and Australian Governments</td>
<td>Government Ministers and health departments are aware of the work and achievements of Baker IDI Central Australia, and rely on us for comment on Government initiatives and policies.</td>
</tr>
<tr>
<td>c. Promote our work and achievements among local stakeholders</td>
<td>Baker IDI Central Australia has a visible and positive profile within central Australian communities</td>
</tr>
<tr>
<td>d. Develop and maintain good relationships with philanthropic supporters</td>
<td>Donors feel that their investment has made a valuable contribution to achieving our vision</td>
</tr>
<tr>
<td>e. Grow our funding base by identifying and winning new business opportunities</td>
<td>We have an improved financial position</td>
</tr>
<tr>
<td>f. Capital works planning and funding</td>
<td>A capital works planning and funding strategy is developed and implemented to meet the expanding future needs of Baker IDI Central Australia.</td>
</tr>
</tbody>
</table>
## Appendix 1: Our Operating Structure – Whole of Institution

### Board
- **Director / Chief Executive Officer**
  - G Jennings
- **Deputy Director / Chief Operating Officer**
  - D Lloyd
- **Deputy Director / Chief Scientific Officer**
  - M Cooper

### Key Staff
- **Executive Director Science Policy**
  - B Kingwell
- **Executive Director Science Strategy**
  - J Chin-Dusting
- **Director Emeritus Research**
  - P Zimmet
- **Associate Director Global Indigenous Health**
  - J Reading
- **Science Council Chair**
  - M Cooper
- **Aboriginal and Torres Strait Islander Council Chair**
  - J Ward

### Structural Areas

#### Diabetes & Metabolism
- **Diabetes - Clinical & Population Health**
  - J Shaw
- **Cell Signalling & Metabolism**
  - M Febrero
- **Epigenetics**
  - A El-Osta
- **Diabetic Complications**
  - K Jandeleit-Dahm
- **Indigenous Health Research**
  - Exec. Dir. Cardiac Aus (G Maguire)
- **Human Physiology & Behavioural Science**
  - B Kingwell
- **Vascular Lipids & Lipoproteins**
  - J Chin-Dusting
- **Cell Biology & Atherosclerosis**
  - K Peter
- **Hypertension & Obesity**
  - M Schlaich
- **Basic & Clinical Cardiology**
  - D Kaye
- **Preventative Cardiology**
  - S Stewart

#### Cardiovascular Research
- **Diabetes & Metabolism**
  - K Jandeleit-Dahm
- **Human Physiology & Behavioural Science**
  - B Kingwell
- **Vascular Lipids & Lipoproteins**
  - J Chin-Dusting
- **Cell Biology & Atherosclerosis**
  - K Peter
- **Hypertension & Obesity**
  - M Schlaich
- **Basic & Clinical Cardiology**
  - D Kaye
- **Preventative Cardiology**
  - S Stewart

#### Research Support & Administration
- **Research Support & Administration**
  - D Lloyd
- **Deputy Director / Chief Operating Officer**
  - D Lloyd
- **Deputy Director / Chief Scientific Officer**
  - M Cooper

#### Finance
- **Finance**
  - A Furnel

#### Legal
- **Legal**
  - J Lester

#### Corporate Relations
- **Community & Corporate Relations**
  - L Harrison

#### Operations
- **Operations**
  - H Bolton

#### Clinical Services
- **Clinical Services**
  - G Fedysyn

#### Human Resources
- **Human Resources**
  - K O’Hara

#### IT
- **IT**
  - N Briggs

#### Education Services
- **Education Services**
  - M Mack

#### FM
- **FM**
  - R Whitehall

#### Scientific Services
- **Scientific Services**
  - G Pipolo

#### Commercialisation
- **Commercialisation**
  - G Krippner

#### Safety
- **Safety**
  - F Rudge

#### Internal Programs
- **Internal Programs**
  - C Dalton

#### Deputy Director / Chief Scientific Officer
- **Deputy Director / Chief Scientific Officer**
  - M Cooper

#### Deputy Director / Chief Operating Officer
- **Deputy Director / Chief Operating Officer**
  - D Lloyd

#### Science Council Chair
- **Science Council Chair**
  - M Cooper

#### Aboriginal and Torres Strait Islander Council Chair
- **Aboriginal and Torres Strait Islander Council Chair**
  - J Ward

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### Note
- The structure is an overview and may not represent all departments and staff.
Appendix 3: Our Current Projects

**Global Indigenous Health**
- **Associate Director**
  - Jeff Reading

**Aboriginal and Torres Strait Islander Health Lab**
- **Chief Investigator**
  - Alex Brown

**Executive Director**
- Graeme Maguire

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**Canadian Institutes for Health Research**
- Aboriginal and Torres Strait Islander Healing Foundation
- Baker IDI
- CIPHER Competencies in Indigenous Public Health Evaluation and Research

**NHMRC**
- Australian Primary Health Care Research Institute
- APICBI Center of Research Excellence
- Kanyini Gap PolyPill Study
- Kanyini Qualitative Study
- Diabetes in Pregnancy Monoclonal / Baker IDI
- Stress, Depresion and Chronic Disease Study
- Central Australia Heart Protection Study (CAHPS)
- Baker IDI

**Commercial**
- NSW Users & AIDS Association
- Baker IDI
- Cree REACCC
- STI in urban ADDCCHE
- NSW Kirby
- Home-based Outreach Chronic Disease Management Exploratory HOME Study
- Baker IDI
- Kanyini Chronic Care Model
- Baker IDI
- STRIVE RCT STI-Quality Improvement
- UNSW Kirby
- CReA - REACCC
- STI in rural communities
- Chlamydia pilot
- UNSW
- TTANGO
- Point of care testing for STI
- RCT
- UNSW Kirby
- Record linkage: Chlamydia and reproductive health
- UNSW Kirby
- SHWNER
- NSW Health
- UNSW Kirby
- Evaluation of SRH and IHC programs
- UNSW Kirby
- HIV Modeling Grant
- UNSW Kirby

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**Other Grants / Funding Source**
- STH/BBV ARC Linkage Grant
- UNSW Kirby
- DAHA Health Workforce in rural communities
- UNSW Kirby
- SHWNER
- NSW Health
- UNSW Kirby
- Evaluation of SRH and IHC programs
- UNSW Kirby
- HIV Modeling Grant
- UNSW Kirby
- DoHA Health Workforce in rural communities
- Chlamydia pilot
- Uni Melb
- SHIMMER NSW Health
- UNSW Kirby
- Evaluation of SRH and HCV programs
- UNSW Kirby
- Kanyini Qualitative Study
- Baker IDI
- Kanyini Chronic Care Model
- Baker IDI
- Stress, Depresion and Chronic Disease Study
- Baker IDI
- Northern Australia Physical Activity Study (Baker IDI)
- Sleep service evaluation
- Baker IDI
- NST utility in a remote setting
- Baker IDI
- Predicting CAD risk
- JCU
- Sharing Success JCU
- Town Camp Chronic Disease Project
- Baker IDI
- Alice Springs Hospital Readmissions Reduction Project
- ASH RAPP
- Kimberley Burden of Lung Disease
- BOLD
- JCU
- Be Our Ally Beat Smoking
- BOABS
- WYA
- ARF RHD secondary prevention trial
- Meritex
- Northern Australia Physical Activity Study
- Baker IDI
- Sleep service evaluation
- Baker IDI
- NST utility in a remote setting
- Baker IDI
- Predicting CAD risk
- JCU
- Sharing Success JCU
- JCU
Contact Baker IDI Central Australia

Internet: http://www.bakeridi.edu.au/central_aust/

Phone: 08 8959 0111

Email: catherine.geraghty@bakeridi.edu.au

Mail: Post Office Box 1294, Alice Springs, NT 0871

Office locations:
* W & E Rubuntja Research & Medical Education Building
  Alice Springs Hospital
  Gap Road, Alice Springs NT 0870

* 5/19 Hartley Street
  Alice Springs NT 0870