



EDITORIAL

Describing a First Nations-led grant program for COVID-19 Research: The APPRISE-Ramsay First Nations COVID-19 grant program

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ABSTRACT

We describe the establishment of a First Nations governed grant program that built on an existing Australian research collaboration during the height of the COVID-19 pandemic in 2020. Following a generous philanthropic donation, a process was initiated to centre and privilege First Nations perspectives and governance in the grant dissemination process. Decision-making was driven by First Nations people, including setting research principles and priorities, eligibility and review criteria, and in overseeing the advertising and grant review. This led to a widely distributed and highly competitive application round and the funding of ten grants from diverse organisations addressing various aspects of the COVID-19 response. The resulting grant outputs were diverse and impactful, including academic publications, articles for general readership, internal reports, social and traditional media, and frameworks. The principles from the grant round have underpinned the more recent formation of the ongoing First Nations Research preparedness network (FIRST), to further embed the important principles of First Nations self-determination for ongoing and future pandemic research.

Introduction

The COVID-19 pandemic swept across Australia, as it did across the world, throwing light on inequalities and inequities in health status and access to services. Aboriginal and Torres Strait Islander people across Australia (hereafter respectfully referred to as First Nations people), comprising about 3.8% of the population¹, braced for impact. Previous pandemics, such as the 2009 H1N1 Influenza pandemic, had hit First Nations people hard²⁻⁴. The long legacy of colonisation continues to impact First Nations communities in Australia at every level. This includes in health, with often elevated levels of chronic disease and lower access to preventive health measures such as vaccination^{5, 6}. Since the 1970s however, Aboriginal Community Controlled health organisations, including primary care and outreach services, have been built by First Nations communities to provide holistic and culturally appropriate health care^{7, 8}. This self-determined, community-centred and community-governed model has transformed primary health care access for First Nations people. This is a result of their trust-building community governance model, focus on the social determinants of health, and the provision of high quality, culturally appropriate healthcare.

The promotion of health equity is particularly critical in pandemic response, since the impacts of co-morbidities, distance and structural racism are amplified during pandemics^{3, 9}. With some careful lessons learned from the 2009 H1N1 pandemic, First Nations peoples and the First Nations community-controlled health sector was ready when COVID-19 hit, despite specific omissions from national pandemic preparedness plans^{10, 11}. The community-controlled health sector response to COVID-19 in Australia was rapid, adaptive, and hugely successful^{7, 11}, with First Nations communities experiencing significantly lower rates of infection and death than the rest of the Australian population, particularly in the first two years¹².

Working within the adjacent research sector, we sought to develop similar community-controlled principles for pandemic research that would be led by and work with First Nations communities to address COVID-19 specific research questions. The Australian Partnership for Preparedness Research on Infectious disease Emergencies (APPRISE) is a national research collaboration established in 2016 and initially funded by the Australian National Health and Medical Research Council. Centred within Western research institutions, APPRISE had supported the Privileging Aboriginal Voices project as a critical component in pandemic preparedness. This project focused on the adaptation of empowering and deliberative consultative practices to address pandemic-related questions with First Nations communities¹³⁻¹⁶. A philanthropic donation to APPRISE from the Paul Ramsay Foundation in 2020 provided an opportunity to establish a grant program that put community-controlled principles into action to elevate the leadership of First Nations researchers in the COVID-19 response, and to fund research projects that inform First Nations responses to COVID-19.

Here, we detail the establishment, process, and impact of the grant program and explore the legacy of

implementing the principles for ongoing pandemic preparedness.

Establishing the grant program

GOVERNANCE ARRANGEMENTS

Establishing First Nations-led governance arrangements was the first priority for the program. Authors Crooks and Miller, both First Nations people, invited eight other prominent First Nations researchers to join the First Nations COVID-19 Research Council to advise on the research principles, COVID-19 research priorities, principles to guide the grant application and evaluation process, and strategies for maximising the impact of the \$AUD2 million donation from the Paul Ramsay Foundation.

A Grant Recommendation Panel was also established, comprising four Research Council members and one non-First Nations member of the APPRISE Executive to provide accountability to the grant-receiving body (APPRISE) and administering institution (The University of Melbourne). The Grant Recommendation Panel oversaw the grant application and advertising process, selected grant reviewers, allocated reviewers to applications and selected grants for funding once the reviews were compiled.

GRANT PRIORITIES AND PRINCIPLES

The First Nations COVID-19 Research Council was rapidly established and met four times in April and early May 2020 to decide the parameters of the grant program. The Research Council agreed on a set of key principles and priorities for the program, including that projects should be led by First Nations researchers; project teams should comprise at least 50% First Nations researchers; enabling applications from a wide range of research settings (not just universities and research institutes); and ensuring applications addressed cultural safety, community governance and engagement and Indigenous data sovereignty. Funding across the preparedness, response and recovery phases were explicitly sought.

Flexibility was prioritised too, enabling applications for larger (\$AUD250-400k) and smaller (\$AUD20-100k) projects; new projects and extensions of existing projects, and projects that addressed a broad range of topics and disciplines.

ADMINISTERING THE GRANT PROGRAM

The grant guidelines and application form were adapted from those previously used for small grants within the broader APPRISE network. Specific sections were added to the application form to ensure the grant principles could be evaluated. This included formal declaration of Aboriginal and/or Torres Strait Islander status for all team members; a cultural safety statement, asking applicants to explain how cultural safety for both communities and study participants would be provided; and a statement on community governance and engagement, asking applicants to address community involvement in study decisions and data collection and how community concerns would be addressed.

The evaluation criteria were also established, with formal criteria to establish eligibility (complete and on-time application led by an Aboriginal and/or Torres Strait

Islander researcher) and five weighted criteria for evaluation. These were:

1. Demonstration of excellence (including methodological details, project governance, community engagement and data sovereignty) (60%);
2. Addressing an unmet need aligning with the identified research priorities (10%);
3. Promotion of equity (through a strengths-based approach) (10%);
4. Cultural safety (no burden for frontline health staff, partnership approach with community; cultural safety training for non-First Nations researchers) (10%); and
5. Feasibility (10%).

The call for applications was distributed widely through existing First Nations networks, assisted by the First Nations COVID-19 Research Council. Applications were open for 5 weeks from 29th June 2020 to 3rd August 2020. Fourteen reviewers were recruited, mostly First Nations researchers (including Council and Grant Recommendation Panel members), with some non-First Nations reviewers selected where their expertise matched the grant applications. All applications were reviewed by two reviewers, at least one of whom was a First Nations researcher. Grant allocations started with applications ranked by review scores, but also considering the other grant program principles and priorities, including how budgets were allocated, the type of organisation the lead applicant belonged to, the seniority of the lead researcher and geographical spread.

SUCCESSSES OF THE GRANT PROGRAM

The urgency of the pandemic situation in 2020, combined with a sense of heightened anticipation for its impact on First Nations communities, meant that the Paul Ramsay Foundation donation was a timely and critical opportunity. Its importance was reflected in the generosity with which many First Nations academics were willing to participate in discussion, design and process for the grant program, despite facing great uncertainty and increased workload at the time.

The First Nations COVID-19 Research Council articulated core principles and priorities for grant funding, including the need for a First Nations lead applicant, the requirement for >50% of the research team to be First Nations researchers, encouraging applications from community-controlled organisations, and ensuring that funding, where possible, was directed towards salaries and support for First Nations staff.

At the close of the 5-week application period, 29 applications had been received from across Australia. As hoped, applications were made by researchers of varied levels of experience and from a variety of settings, including universities, research institutes and community-controlled organisations. Fourteen reviewers were recruited, each reviewing between 2 and 6 grants.

Eleven grants were funded, covering a wide geographic spread and diversity of organisation types (Figure 1).

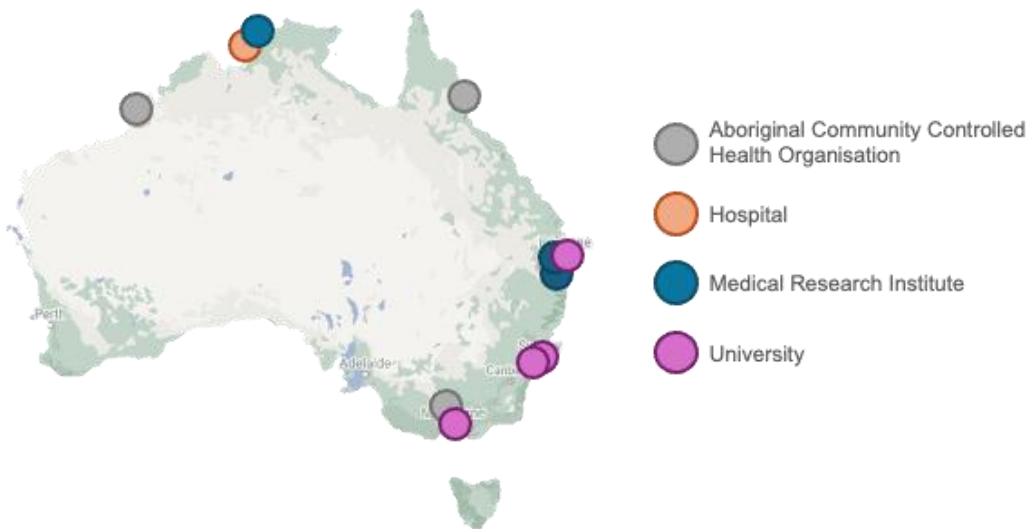


Figure 1: Geographic and organisational spread of successful grants

The funded grants covered a range of topics, as outlined in Table 1. One grant was unable to proceed, with the funds returned towards the end of the grant period which enabled us to host a 2-day symposium. The table lists outcomes such as presentations, reports and publications; however, all grants had additional, less quantifiable impacts in documenting and opening new conversations, and in shedding light on issues and concerns of relevance within communities.

After the grants were announced, grant recipients participated in online meetings to share project progress. These meetings also provided an opportunity to learn how others were experiencing the unintended consequences of the public health response to COVID (including movement restrictions, concern for Elders, disruption to services, spread of misinformation etc.). These meetings forged collegiality and shared encouragement which were reflected in the shared knowledge and value of the completed research presented at the symposium in 2023.

Table 1: Completed grants and their outcomes

Grant Details	Outputs
Developing a culturally responsive trauma-informed public health emergency response framework for First Nations families and communities during COVID-19 <i>Professor Catherine Chamberlain; The University of Melbourne</i>	<ul style="list-style-type: none"> • Symposium presentation¹⁷ • Publications¹⁸⁻²⁰ • Article²¹ • Workshop report²² • Conference presentation²³ • Use in flood response²⁴
Preventing COVID transmission by equipping frail dialysis patients with culturally appropriate COVID-safe practices to avoid unplanned hospitalisations in the Top End <i>Professor Jaquelyne Hughes; Ms Onika Paolucci; Top End Renal Service, Menzies School of Health Research & Flinders University</i>	<ul style="list-style-type: none"> • Symposium Presentation²⁵ • Publications^{26, 27} • Media: NT news²⁸, Local radio stories • Conference presentations^{25, 29-31}
A culturally-specific overcrowding guideline for COVID-19 pandemic planning, response and recovery in remote Kimberley communities <i>Mr Ray Christophers; Nirrumbuk Aboriginal Corporation</i>	<ul style="list-style-type: none"> • Symposium Presentation³² • Internal report • Publication³³ • Conference presentations³⁴⁻³⁷
Aboriginal Community Controlled Health Services and Aboriginal and Torres Strait Islander People's responses to the COVID-19 Pandemic <i>Dr Margaret Raven, Professor Ilan Katz; University of New South Wales</i>	<ul style="list-style-type: none"> • Symposium Presentation³⁸ • Article and video in production
TeleHealth use in Cape York Communities- in response to COVID-19 travel restrictions <i>Professor Yvonne Cadet-James; Apunipima Cape York Health Council</i>	<ul style="list-style-type: none"> • Symposium Presentation³⁹ • Internal report for Apunipima Cape York Health Council
First Nations COVID-19 Pandemic Response: Harnessing the evidence from an urban First Nations health ecosystem to inform ongoing response, recovery and health system adaptation <i>Professor James Ward; University of Queensland</i>	<ul style="list-style-type: none"> • Symposium Presentation⁴⁰ • Internal report for the Indigenous Urban Institute of Health • Article in development
Using systems thinking to better understand risks and protective factors at play for urban Indigenous peoples during COVID-19 <i>Professor Bronwyn Fredericks; University of Queensland</i>	<ul style="list-style-type: none"> • Symposium Presentation⁴¹ • Publications⁴²⁻⁴⁵ • Media⁴⁶⁻⁴⁸ • Conference presentation⁴⁹
Pandemic health messaging for Indigenous peoples during COVID-19 <i>Mr Shea Spierings; University of Queensland</i>	<ul style="list-style-type: none"> • Symposium Presentation⁵⁰ • Article accepted MJA 2024 • Article in development • Conference presentation⁵¹
Revisiting the 'Gambling Bug' during COVID isolation: Developing and evaluating a holistic Aboriginal public health awareness strategy to improve service access and wellbeing in a rural and urban Australian setting. <i>Dr Paul Saunders; Western Sydney University</i>	<ul style="list-style-type: none"> • Symposium Presentation⁵² • Article in development
The experiences of using telehealth in rural and regional Victorian ACCOs during COVID-19: perspectives from health service managers, clinic staff and patients. <i>Mr Dallas Widdicombe; Bendigo & District Aboriginal Co-operative</i>	<ul style="list-style-type: none"> • Symposium Presentation⁵³ • Internal report • Article in development

The grant teams came together for a collegial, uplifting and educational two-day Research Symposium at the beginning of March 2023. Day 1 of the symposium featured presentations from the grant teams, highlighting the strengths of the First Nations-led principles that underpinned the program overall. Additionally, the diverse research questions that were addressed and the different methods and approaches taken provided a rich opportunity for learning and reflection.

The symposium not only provided an opportunity for First Nations researchers to network, but also enabled discussion of how the momentum created through the grant program could be captured for the future. Day 2 included a facilitated discussion on the principles of pandemic research with First Nations communities and desirable features for an ongoing network on First Nations pandemic research preparedness. Reflections from discussions about the possibility of an ongoing First Nations pandemic research network was captured by a graphic recorder (Figure 2).



Figure 2: Reflections from discussions about the possibility of an ongoing First Nations pandemic research network.
Artwork by Dr Sue Pillans www.dr.suepillans.com.

In late 2023, APPRISE launched the First Nations Research preparedness network (FIRST) to put the principles learnt and articulated through the grant program into action. FIRST has a Governance Group of eleven First Nations people⁵⁴, and seeks to continue the culture of enabling culturally appropriate, safe and inclusive research for pandemic issues.

Reflections and discussion

The First Nations-led and governed grant program established during the COVID-19 pandemic is a demonstration of what is possible when First Nations perspectives and priorities are centred and privileged in research funding processes. Embedding a process whereby the entire grant program from advertising, reviewing, and selection, was driven by First Nations governance, principles and priorities, successfully demonstrates that First Nations leadership can lead to culturally appropriate, meaningful and impactful research outcomes.

All projects were led by First Nations researchers from academic and community-led organisations, with diverse project focusses and outcomes. The funded projects covered a diverse range of issues relating to COVID-19, from telehealth to culturally informed, appropriate and responsive pandemic frameworks. The diversity of research topics explored highlights the flexibility of the grant program to support and address community-driven needs and priorities.

Good governance underpinned by First Nations perspectives was fundamental in the program's success. The program structure centred respectful and meaningful engagement processes which enabled the development of principles that could inspire future similar research funding efforts.

While there are challenges in finding suitable reviewers in academic publishing generally, the review of projects for this grant program was done with an excellent, engaged group of First Nations and non-First Nations

reviewers with relevant experience who appreciated the importance of the opportunity. Transparency was an important part of the governance to ensure that application review was shared, and the burden did not rely on a few individuals. This was particularly relevant given the increased demand of First Nations peoples during the COVID-19 pandemic and for those working directly in public health and pandemic response.

The entire grant process embedded First Nations priorities and values from start to end. The requirement for all projects to be led by First Nations peoples and for at least 50% of the research team to be First Nations, encouraged a broader definition of who could be considered a 'researcher'. This included not just academics within research institutions, but also community health workers and health practitioners from community-based organisations. This priority enabled on-the-ground and connected community health workers and practitioners to participate in and contribute to research, which was reflected on with pride at the research symposium. There was a sense, tangible at the symposium, that while all grantees were competing with COVID, they were collaborating with, supporting and celebrating each other.

The grant program revealed a broad range of activity led by Aboriginal and Torres Strait Islander people across Australia focussed on preparedness and response. The scheme was highly time responsive, with the first funding contracts signed within 6 weeks of the application deadline. The symposium event in March 2023 enabled a reflection on what was learned, promoting preparedness for the next pandemic. The full extent of impact of the program is still emerging as additional research outputs are forthcoming.

The principles outlined in this grant program could be applied in additional contexts. The model of First Nations governance, prioritising First Nations leadership and privileging community engagement and data sovereignty, as well as ensuring grant flexibility, could be

adapted in other settings where trusted relationships, adequate resources and motivation coincide.

Conclusions

This First Nations-led grant initiative highlights the impactful and community focused outcomes that are possible when First Nations peoples are enabled, trusted and resourced to direct research. As public health emergencies, including pandemics, continue to emerge, it is important to continue to invest in and prioritise these culturally appropriate governance structures with grant funding programs. Privileging First Nations ways of being and doing in both research and grant distribution approaches provides a strong and genuine, empowered base for future infectious disease challenges.

Conflicts of Interest Statement

The authors have no conflicts of interest to declare.

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