

# #87 - How equitable are Western evidence-based practice and review in Aboriginal and Torres Strait Islander settings?

## Presenting Author(s)\*

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### **Objectives/aims**

In the last two decades Australian governments have increasingly called for Aboriginal and Torres Strait Islander health and social policies, programs, and services to become more evidence-based. Here, "best" evidence, as represented through contemporary evidence hierarchies and evidence review processes, has been promoted as the means to transparent decision-making in policy and programming. However, in recent years, Indigenous scholars and Aboriginal Community Controlled Organisations have come to question the equity and applicability of this 'system'. This presentation considers the ethics and appropriateness of privileging Western evidence, such as the 'gold standard' method of randomised controlled trials (RCT) in Aboriginal and Torres Strait Islander health and social settings. In doing so it aligns with the second theme, Context counts: Translation, adaption, and transportability of evidence across people, place, culture and systems.

#### Methods

In this presentation we examine the quality and ethical strength of research and evaluations utilising RCT's conducted in Aboriginal and Torres Strait settings.

#### Main findings

For RCTs conducted between 2000-2021, we found most were at high risk of bias and of highly variable ethical strength. "Best" evidence, as represented through

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contemporary evidence hierarchies and evidence review processes, has been promoted as the means to transparent decision-making in policy and programming. However, in recent years, Indigenous scholars and Aboriginal Community Controlled Organisations have come to question the equity and applicability of this 'system'. First, it risks marginalising the important perspectives, experiences and knowledge of Aboriginal and Torres Strait Islander peoples. Secondly, there are concerns that current evidence review processes pay limited attention to the "cultural quality of evidence", including if research or evaluations were conducted ethically. While RCT design and practice needs to be more accountable where used in relation to Aboriginal and Torres Strait Islander health and social settings, more importantly, there is a need to interrogate evidence-based practice processes for determining "best" evidence more fundamentally. Greater control and cultural transparency for all stages of research and evaluation by Aboriginal and Torres Strait Islander peoples and organisations are needed - from what research and evaluation gets commissioned, to the ethical review process, to how research evidence is assessed and applied. This is essential if self-determination in knowledge development and translation for Aboriginal and Torres Strait Islander people is to be realised.