KEY RESEARCH ISSUES

Culture of exclusion

The number and range of multicultural health research and evidence required for equity in policy and services is limited and uneven. As result, there are communities and health issues that are essentially invisible or unrepresented in research.

In a study of over 4,000 articles published in four major academic health care publications over a 12 year period, only 90 or **4%** of the articles were articles primarily based on multicultural issues (Garrett, Dickson et al 2010). In stark contrast with the latest population statistics: one in four of Australia's 22 million people are born overseas or have a parent who was and 4 million (18%) speak a language other than English

Research with immigrant and refugee communities is often cited as too difficult and/or expensive. In research for population studies, exclusion of diverse groups should be stated: what were the reasons for exclusion?

Population diversity—including culture and gender—has to be at the core of policy and research, not at the margins. The exclusion of considerations of culture then becomes part of the cumulative, practical effect of problems and issues.

The hierarchy of evidence

What counts as evidence? In the research field, there is an implicit hierarchy of evidence in research and within different types of research.

Qualitative versus quantative

For example, although the criteria for judging quantitative studies are well known (e.g. the generation of data via randomised control trials (RCTs) usually implemented in biomedical/epidemiological approaches is regarded as the blue ribbon of evidence). In contrast, the strength of evidence from qualitative research is less well-known and, as a result, more likely to be dismissed.

Qualitative research based on narrative argument and critique rather than measurement and control of variables can highlight health care practices and provide the basis for health policy decisions. However, the relationship between policies and research evidence in not clear-cut. An understanding of the political context can help to explain why some evidence may be more persuasive than other forms of evidence.

The biomedical model	The biomedical model of health continues to be the dominant scientific and political perspective on population health. However, the biomedical model has a tendency to limit the political significance of health to the politics of healthcare services.
Population health	Most public-health initiatives focus on individual risk factors related to physical health thus neglecting mental health. From a prevention perspective, population health also under-estimates the importance of social and environmental determinants.
Community-engagement in research	The purposes of community engagement and partnerships in research are generally to improve lives. Yet, there is a lack of academic merit given to the findings of research using community engagement methods and practices. This can be attributed to several factors: • There is very little research on evaluating or measuring process and impact, beyond an individual research project. • Within a scholarly framework, there is a lack of value placed on the findings as data derived from community-engaged research is not usually included in university quality frameworks. • Traditional measures such as research output in scholarly journals do not adequately take into account the broader context and contribution of community engagement, partnerships and research into policy and practice. Research involving communities, services and policy is often funded by different branches of government and there is an increasing interest on the impact of research funding on national priorities such as health.
The social determinants approach	Social determinants research focuses narrowly on socio-economic factors, notably *inequality*, to the neglect of cultural factors (and vice versa, see 'The use of culture' below).
The use of 'culture'	Although there is now general acceptance of the importance of culture in research and policy, there is still a lack of understanding of what is required in the implementation of culturally appropriate and relevant programs in service delivery. Culture is often conflated with ethnicity and race and/or equated with 'cultural' practices, which means that other important factors such as socio-economic factors are ignored.

Cross-cultural research	The complexity of language and cultural differences continue to be challenges in cross-cultural research, especially in relation to the added cost and extended time required to design and implement culturally appropriate and quality methods.
Bilingual interviewers	Quality assurance methods in cross-cultural research need to include: • Translation strategies which go beyond simple forward and back translations should be applied to all research instruments such as interview schedules/questions • The use of various bilingual mechanisms during each stage of the research including the use of bilingual group reviews/content experts/interviewers/researchers.
Ethics	There are no national guidelines as to the ethical conduct of (health) research with immigrant and refugee women.

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