

Aboriginal Review of the PHAA National Conference, Perth September 2005

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Background

Aboriginal health has been a main priority on the national agenda of the Public Health Association of Australia (PHAA) since the first policy on Aboriginal and Torres Strait Islander health was adopted in 1997 in association with the development of the Special Interest Group (SIG) on Aboriginal and Torres Strait Islander health.

During the planning stage of the PHAA national conference in Perth 2005, it was decided that there should be significant involvement of Aboriginal people in the organisation and conduct of the conference. It was also acknowledged that all too frequently, as a result of the lack of appropriate and timely input in to conference organisation, Aboriginal issues have not been presented or addressed appropriately or as effectively as might otherwise have been the case. At several meetings of the conference planning committee and at the governance level it was decided to accept a proposal by the Telethon Institute for Child Health Research (TICHR) to review the conference from an Aboriginal perspective.

Aim

The aim of this project was to review the PHAA conference and presentations in order to consider and evaluate the content, scope and representation of Aboriginal health issues and Aboriginal participation. The underlying purpose has been to provide PHAA with information that it can use to improve its conferences for Aboriginal and Torres Strait Islander people.

Method

The method described below outlines the development of the team assembled, the development of the review tools and the process of conducting the review.

Team

A team of Aboriginal consultants from the TICHHR Indigenous Capacity Building Grant in association with Dr Jane Freemantle from the Telethon Institute for Child Health Research developed the aim and method for the conduct of this project over a series of meetings and discussions.

The Aboriginal consultants involved were:

Daniel McAullay (Office of Aboriginal Health)

Dr Cheryl Kickett -Tucker (TICHHR)

Michael Wright (Sexual Health and Blood Borne Virus Program, Department of Health)

Jocelyn Jones (Office of Aboriginal Health)

Juli Coffin (Combined Universities Centre for Rural Health)

Nola D'Antoine (Centre for Aboriginal Medical and Dental Health, University of Western Australia)

Rani Param (TICHHR)

Colleen Hayward (TICHHR)

Review tools

Following several discussions on how to conduct this review and after consideration of a multitude of criteria for content, scope and representation of Aboriginal health issues the team developed a written review proforma for use by the team and an evaluation form for conference participants to complete. (Attachment 1 & 2)

The review proforma was used as a tool to guide the team in evaluating the conference and individual presentations and was based on the NHMRC criteria for Aboriginal and Torres Strait Islander research. These criteria consisted of Community Engagement, Benefit, Sustainability and Transferability, Building Capability, Priority and Significance.

The evaluation form for conference attendees was based around questions designed to gather information on observed strengths and weaknesses from an Aboriginal participation and content perspective of the conference as a whole and also invited other relevant comments.

Review conduct

Prior to the conference, a list of accepted Aboriginal focused abstracts was used to identify sessions requiring a review. Aboriginal consultants then self-selected relevant sessions based on their experiences, knowledge and qualification. The Consultants reviewed individual presentations that contained one or more of the following criteria:

- presentations with Aboriginal presenters,
- presentations containing Aboriginal health themes and,
- presentations on issues which impact on Aboriginal health, but did not necessarily contain an Aboriginal health theme.

An evaluation form was also developed and disseminated to all conference delegates to complete and return to the consultants. An email address was established to facilitate electronic responses.

Preliminary results were presented to the conference attendees at a facilitated workshop. Attendees were given ample opportunity to present new ideas and perspectives and to validate consultants' reviews.

Findings from the review were analysed for common themes and reported back to the team and the PHAA board (national and WA state level).

Results

Overall 56 presentations were reviewed during the conference. The results below are presented according to the criteria reviewed, the discussion during the feedback forum and the evaluation forms completed.

Review criteria

Community Engagement

This criterion was included to gain information on the level of Aboriginal engagement involved in the presented project or research. It assessed the type of Aboriginal organisation involved, at what stage of the project process the organisation were involved and whether they were appropriately represented and acknowledged during the presentation.

The majority of organisations involved in the research were from university/research institutes, state and commonwealth governments, Aboriginal Community Controlled Health Services (ACCHS) and Non Government Organisations (NGOs). Most of the projects were health service based, community and government based. The organisations involved in the project were represented at all stages of the process according to the presentations.

The majority of the presenters were representatives of the Aboriginal organisations involved and the majority of the presentations included appropriate acknowledgment of Aboriginal organisations.

Benefit

This criterion was included to gain knowledge on whether the presentations appropriately outlined the benefit (retrospective and/or prospective) associated with this project. Most of the presenters sufficiently outlined the benefit from the project in their presentations. Examples presented during the conference included employment benefits to community, education and training benefits for individuals involved and benefits flowing from changes to service delivery.

Sustainability and Transferability

This criterion examines the project's sustainability, which includes the factors that allow the project to be sustained over a period of time and the projects transferability, which looks at factors that allow the project to be successful in other areas, communities or regions. Examples of factors that allow for sustainability include secure funding, community engagement with a strong presence in project leadership and a trained workforce for service delivery. Examples of transferability include factors such as generalised service provision not specific to the setting which can allow for the project to be conducted in other settings.

Most of the presentations did not cover aspects of whether the project could be classed as sustainable or whether it could be transferred into another setting. However, when elements of sustainability and transferability were discussed there was a greater emphasis on sustainability.

The sustainability and transferability of a project can be reflected in the method design and implementation. Most projects presented gave a clear description of the methods used. However, only around half reflected sustainability and transferability in their presentation.

Building Capability

Capability building is about the capacity of individuals and the communities involved and whether there has been benefit in professional and financial terms. Examples may include whether any of the community members have been trained in service delivery techniques or have been able to gain formal accredited qualifications and have been employed to deliver service or be involved in the project. On the community level, capacity may have been enhanced by being able to participate as partners in the project. More specifically from the conference perspective capacity building would have been evident if Aboriginal people involved in the project were given the opportunity to present. However, at this conference most of the presenters were non – Aboriginal and if Aboriginal people were involved in the project, most of the non – Aboriginal presenters did not acknowledge them.

When Aboriginal people were involved in the project they were predominately involved at the steering committee or research assistant level.

However, most of the projects presented did not articulate Aboriginal involvement.
Priority

Almost all of the topics presented at the conference were a priority for Aboriginal people and the majority of the presentations indicated that it was more likely that the results were to influence health, policy and funding areas.

Significance

This criterion was included to allow the reviewers to judge whether the presentation outlined the significance of the project to public health and Aboriginal peoples. Most of the presentations outlined a rationale for the project's conduct and significance. The majority of presentations covered the areas of health promotion, policy and primary health care. Unfortunately most of the presentations did not detail whether the project was of significance to the Aboriginal people involved.

Other questions / issues to think about

Other questions on the review proforma covered areas of presentation skills and Aboriginal cultural issues such as acknowledging Country and permission to use photographs.

Most of the presenters reviewed gave clear, concise and detailed presentations and were relevant, most acknowledged the use of photographs. However, most of the presenters did not acknowledge the Traditional Owners of the Country in which the conference was held. This is the most basic act of cultural acknowledgment and respect when presenting on Aboriginal land.

Workshop and other feedback

Several other issues were raised during the workshop and through communication with participants. These are presented in the two categories of general issues relevant to the conference and those issues relevant to the PHAA and the Aboriginal and Torres Strait Islander SIG.

Conference

It was raised that there needed to be greater Aboriginal involvement in the planning and organisation of the conference especially around the work of abstract selection. This may have gone some way to preventing or avoiding the timetable clash that occurred with two sessions involving Aboriginal health issues being scheduled at the same time. This simple error gave the impression to the Aboriginal participants that the issue of Aboriginal health was not a priority or appreciated by the organisers and the PHAA. It was also suggested that a meeting room be made available for people to debrief and discuss specific issues that may arise out of specific presentations.

PHAA and SIG membership

It was identified by delegates that it was important that more Aboriginal people become more involved as members of the PHAA and the associated Aboriginal and Torres Strait Islander SIG. There was a suggestion that this be done through a recruitment drive targeted at known individuals and key organisations. It was also suggested that consideration be given to appointing Aboriginal and Torres Strait Islander people to the

board and throughout the whole organisation at the state and territory levels and through the administrative structure.

Evaluation forms

Overall, 22 evaluation forms were collected during the conference. When the delegates were asked to comment on what impressed them about the conference the majority wrote about the active participation, involvement and the number and presence of Aboriginal and Torres Strait Islander people as delegates and presenters. Several people mentioned that the level of Aboriginal and Torres Strait Islander involvement in discussions and question time was particularly impressive. It was also noted 'How far PHAA has come since the last conference I attended in Darwin in 1999'.

There were several individual presentations that delegates mentioned as being impressive. These included presentations by Konrad Jamrozik, Tom Ogowang, Sue Gordon, Christina Pollard and the presentations by Joan Vickery and Angela Clarke. Other examples of what impressed delegates included the Welcome to Country by Marie Taylor, the range of Indigenous health issues covered and the diversity of perspectives and the Aboriginal dancing and the welcome at the Sunday session.

It was also raised that the opportunity to provide feedback on Aboriginal and Torres Strait Islander issues and the workshop at the end of the conference was impressive. When asked what could have been done better the majority of responses focused on the need for more Aboriginal presenters, Aboriginal issues presented and Aboriginal chairs of relevant sessions. The possibility of a plenary session on Aboriginal issues to ensure greater exposure of delegates to these issues was raised as a suggestion. There was also a suggestion of a cultural session for those who are unaware of the Aboriginal culture of the area where the conference is being held.

There were suggestions that there be effort to prevent program clashes of presentations with Aboriginal content and less parallel sessions.

Other more specific comments on areas of possible improvement included:

- The Aboriginal Islander forum should have been scheduled prior to the closing session.
- One keynote Aboriginal speaker presented a very divisive presentation on Aboriginal health which was not a good choice and perhaps this should have been a debate or forum would have been a better choice.
- There should have been more opportunity for real debate, engagements, critiques, questioning - some of the tools of public health that we hold dear.
- The development of a protocol for how you present Aboriginal research would be great.

When delegates were asked to give suggestions on anything they would like to see at the next conference similar issues were raised as those asked in the previous questions. These included the need for more Aboriginal and Torres Strait Islander presenters and a greater Aboriginal and Torres Strait Islander presence throughout. Other suggestions included presentations from other areas of Australia instead of a focus on presentations from the NT and WA.

There was also a suggestion of appropriate (not patronising!) subsidisation of membership fees to allow for a greater number of Aboriginal and Torres Strait Islander people to become involved at the membership level.

Yet another suggestion was of more open discussion forums on ‘ethical and political issues with a view to moving the debates forward in a constructive way’ and more innovation in presenting keynote issues such as debates and panel discussions. It was also suggested that there be an acknowledgment of country provided at the podium to prompt speakers and there be information about local Traditional Owners in the program and a brief presentation about this.

From a more organisational level it was suggested that there be greater involvement of Aboriginal people in the review of abstracts and any future organising committees. Delegates were also given the opportunity to provide any other comments which included:

- A great conference, with many speakers now acknowledging and showing commitment to the improvement of Aboriginal health
- Perhaps you – as a group – could make an award or a series of awards in the final session of the next conference – for cultural sensitivity, for cultural relevance, for capacity building, empowerment etc
- How about a yarning space just for you at next conference
- This forum was overwhelmingly useful for me thank you from a Maori Ngai Tahu woman
- I was heartened to see so many Aboriginal health practitioners at the conference. It does take time but it happens
- Noticed on one of the slides the image of a person who had passed on. These issues need to be addressed as it could be upsetting to family members
- Thankyou for this opportunity and feedback
- Many issues raised e.g. – acknowledgment of community, ethics of photos – are relevant to all communities in addition to Aboriginal communities – your feedback makes all of us improve
- It was good to have the feedback done
- It was good to have the positives

Conclusion

Overall, members of the review team were impressed with the increased numbers of Aboriginal and Torres Strait Islander participants at the Perth conference than in previous years. Despite this positive observation, there is room for improvement in order to increase the numbers of Aboriginal and Torres Strait Islander people in a number of roles. It was noted that the PHAA conference should encourage a greater presence of Aboriginal and Torres Strait Islander people in presenting keynote addresses, chiring sessions (especially when the topic is relevant), reviewing papers/abstracts and participating on the conference organising committee.

There is now an opportunity for the PHAA to take on board the results of this review and associated recommendations to ensure that the any future conferences adequately respect the involvement of Aboriginal and Torres Strait Islander people and related

public health issues. There is also a unique opportunity for the PHAA to increase the presence of Aboriginal and Torres Strait Islander people throughout the organisational board and administrative level.

Recommendations

- Aboriginal people should be included at all levels of future conference planning (committee, abstract review and program planning and setting)
- Increase the representation of Aboriginal people presenting and chairing conference sessions
- Aboriginal people should be encouraged to become members of the PHAA
- Aboriginal people should be appointed at the PHAA board level

Acknowledgments

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- Fiona Stanley for being part of the review team.