Summer May Finlay and Marie McInerney reported on the 5th Aboriginal and Torres Strait Islander Health Summit (#IndigenousHealthSummit), held in Sydney on Friday 22 June 2018, for the Croakey Conference News Service.

Croakey is a social journalism project for public health based in Australia. http://croakey.org
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PREVIEW: Aboriginal and Torres Strait Islander health – it’s time to reset

The need for new ways of working and for government agencies to make space so Aboriginal and Torres Strait Islander people can lead the conversations on health and wellbeing was the focus of a major national Indigenous Health Summit held on Friday 22 June in Sydney.

The 5th Aboriginal and Torres Strait Islander Health Summit – a biennial event of the National Aboriginal and Torres Strait Islander Health Standing Committee, established by the Australian Health Ministers Advisory Council (AHMAC) – was co-hosted by the NSW Ministry of Health’s Centre for Aboriginal Health and the Aboriginal Health & Medical Research Council of NSW (AH&MRC). It was facilitated by Meriam woman of the Torres Strait, Professor Kerry Arabena, Chair for Indigenous Health and Equity Unit at the University of Melbourne and Executive Director and Lead Investigator on the First 1000 Days Australia study.

Summer May Finlay, a Yorta Yorta woman, public health researcher and Croakey contributing editor, covered the #IndigenousHealthSummit for the Croakey Conference News Service. In this preview article below, she set the scene for the day’s agenda.

See also below a quick Q&A with Jason Ardler, Head of NSW Aboriginal Affairs, on what he hoped would emerge from the Summit – including the strong message that he says came from NSW Aboriginal communities to the state’s health system to “prioritise healing”, in order to keep people out of the service system in the first place.

Conference artwork created by Sonny Green from the Kamilaroi people
Among those speaking and presenting at the Summit were Federal Indigenous Health and Aged Care Minister Ken Wyatt, NSW Health Minister Brad Hazzard, journalist Stan Grant, researcher Associate Professor Gregory Phillips, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) CEO Janine Mohamed, and University of Tasmania Pro-Vice Chancellor (Aboriginal Research and Leadership) Professor Maggie Walter and University of Sydney Acting Pro-Vice Chancellor Professor Juanita Sherwood.

Click here for the full program or see all the speakers and panelists at the bottom of this post.

Summer May Finlay writes:

Aboriginal and Torres Strait Islander people have poorer health and wellbeing than other Australians. This is well known. The ongoing gap is despite increased investment in Aboriginal and Torres Strait Islander health, under the Closing the Gap Framework, which was introduced by the Coalition of Australian Governments in 2009.

So what is happening? What needs to be done? Why are the current solutions not working? And what policies need to be in place to see real and meaningful change? Ultimately the lack of substantive change means it’s time to “reset” the Aboriginal and Torres Strait Islander health approach. This cannot and should not be done without Aboriginal and Torres Strait Islander people.

“Aboriginal health – it’s time to reset” is the theme for the 5th National Health Summit to be held in Sydney on Friday 22 June, and to be hosted by the New South Wales Ministry of Health and the Aboriginal Health & Medical Research Council of NSW.

With a program that features almost entirely Aboriginal and Torres Strait Islander people, the Summit will be a meeting of the top policymakers in the country, both Aboriginal and Torres Strait Islander and non-Indigenous, and from the government and the non-government sectors. They are the people who can drive a reset agenda.

One summit will not and cannot address the health outcomes and change policy overnight. What it can do is assist in shifting the approach. Shift the underlying ideology away from being government-led to community-led. And a shift is what is required. There is no hiding that Aboriginal and Torres Strait Islander people, the country’s first peoples, the traditional owners of this land, have always fared worse than those who have subsequently migrated here.

So it is good to hear of the Summit’s intent in the welcome message from Elizabeth Koff, Secretary of NSW Health, who acknowledges the need to privilege Aboriginal voices. She writes:

“With the theme ‘Aboriginal Health – It’s Time to Reset’, we acknowledge that we need new ways of working to achieve meaningful change in the health and wellbeing of Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander people must be leading conversations about health and wellbeing and this requires government agencies to make space for this to happen”.

To call for a reset is brave. The agenda is bold, courageous even. The first panel discussion, with only Aboriginal presenters, will outline why a reset is required. An all-Aboriginal panel is making a statement: that Aboriginal and Torres Strait Islander people need to be leading the way if we are to indeed reset.
The second panel, which is mostly Aboriginal, asks “How do we reset?” with a focus on Aboriginal community-led ways to wellness and health. Since the National Aboriginal Health Strategy, the first national attempt to address Aboriginal and Torres Strait Islander health, there has been a call from Aboriginal and Torres Strait Islander communities for community-led solutions.

The concept of community-led solutions is not new; however, rarely have we seen policy that genuinely embraces this approach, which is why it is essential it is on the agenda for the National Summit.

**Where to from here?**

The afternoon session includes a short update on the Closing the Gap Refresh by Professor Ian Anderson, the Deputy Secretary for Indigenous Affairs, Prime Minister and Cabinet. With much of the consultation already completed, it will be interesting to see how the Refresh will align with the approaches suggested during the National Summit.

The meat of the day, however, and probably the most challenging session, will be the last: “Where to from here?” This will be led by Professor Kerry Arabena, Chair for Indigenous Health and Director of the Indigenous Health Equity Unit at the University of Melbourne, and journalist, author and filmmaker Dr Jeff McMullen.

Change is challenging. It means that each individual needs to look at their own ways of working and consider how they are contributing to the status quo, i.e. the Aboriginal and Torres Strait Islander health disparity.

It is in the uncomfortable that I believe we will see real change. The uncomfortable is where we start to question and review our own underlying beliefs and attitudes. It is through this process that we can shift our own ways of doing business to assist in creating a better future for Aboriginal and Torres Strait Islander people.

Some of the attendees, an invitation-only group from across government, health and social sector organisations, and research institutions, may be stretched beyond their comfort zones; however, there is no doubt that all levels of governments and non-government sectors want to work towards better outcomes for Aboriginal and Torres Strait Islander people. Those who are there on Friday hopefully will walk away feeling reset themselves and with a renewed vigour for the work ahead.

Resetting the Aboriginal and Torres Strait Islander health agenda: it’s not an easy task but a necessary one for Aboriginal and Torres Strait Islander people and all Australians.
Q&A with Jason Ardler, Head of NSW Aboriginal Affairs

Jason Ardler was one of five Aboriginal panelists for the Summit session on: “Why do we need to reset?” As Head of NSW Aboriginal Affairs, he is responsible to the Secretary of the NSW Department of Education, and was recognised in the recent Queen’s Birthday Honours for outstanding public service to Indigenous people in NSW. He talked to Croakey ahead of the Summit. You can follow him on Twitter at @JasonArdler.

Summer May Finlay:

Q: Why is the theme important to you?

Jason Ardler:

A: The NSW Government committed to reset its relationship with Aboriginal communities following the release of its Aboriginal affairs plan OCHRE: Opportunity, Choice, Healing, Responsibility, Empowerment in 2013.

This commitment came in response to overwhelming community sentiment that services to First Peoples must be provided “with” First Peoples, not “to” or “at” them. This is as true for health services as it is other services.

First Peoples have long called for co-design of services and programs delivered or funded by Government. Preventative and early intervention measures that are co-designed and delivered by Aboriginal communities are essential to achieving better health outcomes.

The Aboriginal community-controlled health sector in Australia is leading the way in this regard, and must meet the challenge of sustaining these approaches.

Summer May Finlay:

Q: What is the one point you hope to get across at the Summit?

Jason Ardler:

A: When the NSW Government asked Aboriginal communities in 2011 what a new Aboriginal affairs plan should include, Aboriginal people across the state warned us that if we continued to focus on providing services to fix people up, we would continue to achieve the same poor outcomes.

Instead, we were told to prioritise keeping people out of the service system in the first place – and that means prioritising healing.

Intergenerational trauma is a significant issue for First Nations’ families and communities and healing is essential to improved health and wellbeing outcomes. As one young person said in the National Youth Healing Forum Report: “We need increased focus on positive programs that keep people happy and healthy rather than only targeting them at crisis point.”

Healing is a process that is necessarily different for every individual, family and community – which is why “co-design” with the First Peoples is critical.
Summer May Finlay:
Q: What do you recommend people read or watch in the lead up to the event?

Jason Ardler:

Local decision making: www.aboriginalaffairs.nsw.gov.au/working-differently/local-decision-making


National review to investigate low Indigenous kidney transplant rates

"Country heals you." Renal patients want treatment at home.

from Menzies School of Health

Summer May Finlay and Marie McInerney write:

The Federal Government has announced a national inquiry into barriers faced by Aboriginal and Torres Strait Islander people in need of kidney donations, following concerns of biases in the health system, including systemic racism, lack of access for inland areas and issues of co-morbidity, that have left too many off the kidney transplant list.

Indigenous Health Minster Ken Wyatt told the 5th Aboriginal and Torres Strait Islander Health Summit on Friday that Indigenous people suffered end stage renal disease at seven times the rate of non-Indigenous people but were “much less likely to receive a donor kidney”.

Wyatt said that, in December 2016, there were 1,987 Aboriginal and Torres Strait Islander Australians receiving either dialysis or a kidney transplant for kidney failure. He said:

“Of these, 13 per cent had received a kidney transplant, compared with 50 per cent of other Australians, revealing that First Nations people were nine times as likely to be reliant on dialysis”.

(You can watch his speech to the Summit here, recorded as part of Summer May Finlay’s reporting on the event for the Croakey Conference News Service: bookmark the coverage here. Or read the Minister’s speech here).
Wyatt announced $250,000 funding for an expert panel, led by the Transplantation Society of Australia and New Zealand (TSANZ), to “investigate and identify any barriers faced by First Nations people in need of kidney donations, to help ensure equity of access to lifesaving and life changing transplants”.

**Need to heed Indigenous patient voices**

One of the members of the panel will be Dr Jaqui Hughes, Australia’s only Aboriginal and Torres Strait Islander nephrologist, based at the Royal Darwin Hospital and at the Menzies School of Health Research, who said the news of the inquiry was “really welcome”.

It was, she said, the result of much clinical expertise and passion across Australia, including a 7 point call to action last year from Aboriginal and Torres Strait Islander people with chronic and end stage kidney disease and their carers that was documented in this report: *Indigenous Patient Voices: gathering perspectives, finding solutions for chronic and end stage kidney disease.*

One of those points was that Indigenous patients and carers “wanted to know who is in charge of transplantation, what’s going on and how can we have better access and improve outcomes,” she said.

> “You know, this thing with the dialysis machines and all that…..it was set up in the city and I think they sort of made it for themselves, to treat themselves (who live in cities). And we see it as Indigenous people. We have our own country out bush and we’d like it (dialysis and transplantation) to be out there with us, you know? Treating our people in our home, in our country where we belong. Safe.”

Participant quote from the Indigenous Patient Voices project.

Late last year, Darwin kidney specialist Dr Paul Lawton, also at Menzies and involved in the Indigenous Patient Voices project, raised alarm in the media about “structural racism” and “systemic bias” which meant that Aboriginal and Torres Strait Islander people were missing out on transplants compared to non-Indigenous people.

He was reported as saying an Indigenous person in the Northern Territory would have a “15 per cent chance, so 85 per cent less chance, of getting a kidney transplant even though they’re the same age, same gender, same illness profile” as a non-Indigenous person in the same place.

A national cohort study identified, as far back as 2003, that lower rates of acceptance onto the transplant waiting list and a lower rate of moving from the waiting list to transplantation for Aboriginal and Torres Strait Islander people were not explained by differences in age, sex, comorbidities or cause of disease.

Indigenous Australians also have poorer outcomes following kidney transplantation, particularly in terms of infectious complications.
Multiple biases driving low access rates

Hughes said there are many biases that impact on Aboriginal and Torres Strait Islander people with chronic kidney conditions, including “travel biases” where most transplant units are based in coastal areas, far from where many Aboriginal and Torres Strait Islander people who need them live.

“Another bias is we know people do really well with transplantation if they’ve only got single organ disease, that is injury to the kidney that only affects the kidney,” she said.

As a result, the greater burden of comorbid illness, including diabetes, among Aboriginal and Torres Strait Islander people can see some patients deemed medically unsuitable, she said.

“There are certainly biases in the system, that’s why it’s important to have comprehensive review of everything to understand where biases lie,” she said.

Hughes said another “amazing” outcome of work like the Indigenous Patient Voices project had been the announcement in April that the Federal Government had added dialysis services to the Medicare Benefits Schedule (MBS) to provide Aboriginal and Torres Strait Islander people living in remote areas better access to lifesaving treatment.

“More people will now be able to go home and have assisted dialysis – that’s terrific, but people also want to go home with all options for all kidney treatment modalities, and that includes transplantation,” she said.

“Many stories of trauma and heartache”

In a statement following Friday’s announcement, Wyatt said he had heard “many moving stories of the trauma and heartache caused by renal disease, including in my own family”.

The Minister said the inquiry panel will comprise people with expertise in working in community, clinical settings, research and public policy and will consult widely across First Nations communities and the health and transplantation sectors.

“This review aims to increase Aboriginal and Torres Strait Islander transplant rates, reduce the burden of regular dialysis and give more First Nations people the chance to live fulfilling lives on country and in their communities.”

Its work will also help inform development of a long-term strategy for organ donation, retrieval and transplantation being undertaken by the Commonwealth, as agreed by the COAG Health Council, he said. He hoped a strategy will be ready for consideration by COAG in 2019.
“Ensuring transplant equity is fundamental to fairness and Closing the Gap in health equality,” he said.

“By identifying the barriers and developing a national framework to address them, this panel can advise on an integrated model of care to change and save lives.”

Hughes said the inquiry panelists do not want a “long, drawn out process”.

“Clinicians have a lot of good ideas, the struggle is to get them spoken about and have a strategic agreement in Australia across states and territories with different health systems,” she said. “It’s really important to bring them together with a national focus”.

Aboriginal health is a story of Truth, Power and Love – but it’s no fairy tale

The 5th Aboriginal and Torres Strait Islander Health Summit – a biennial event of the National Aboriginal and Torres Strait Islander Health Standing Committee, established by the Australian Health Ministers Advisory Council (AHMAC) – was held in Sydney.

Co-hosted by the NSW Ministry of Health’s Centre for Aboriginal Health and the Aboriginal Health & Medical Research Council of NSW (AH&MRC), the event brought together Indigenous and non-Indigenous leaders, from government and non-government sectors, and from policy, research and practice areas across health and health care.

Its focus on finding the ways to “reset” Aboriginal and Torres Strait Islander health through self-determination and privileging Indigenous voices had the event hashtag #IndigenousHealthSummit trending nationally throughout the day.
Aboriginal health is a story of Truth, Power and Love – but it’s no fairy tale.

Co-hosted by the NSW Ministry of Health’s Centre for Aboriginal Health and the Aboriginal Health & Medical Research Council of NSW, the theme of the Summit was “Aboriginal health – it’s time to reset”.

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Through varying keynotes and panel presentations, power, truth and love were all discussed through an Aboriginal and Torres Strait Islander lens.

Our Cultures were front and centre either implicitly or explicitly because the majority of speakers were Aboriginal and Torres Strait Islander people. An Aboriginal and Torres Strait Islander agenda was a deliberate strategy to demonstrate that, we, Aboriginal and Torres Strait Islander people, really are the knowledge holders of our communities. That we are the solution.

Power = Self-determination

Power was a persistent and dominant theme. Power of the majority to maintain the status quo. Power where people other than Aboriginal and Torres Strait Islander people made and make decisions affecting us and we are merely consulted. Power in deciding what information is collected about us and how it’s used.

We heard how that power plays out in the health system and in individual people’s lives daily. Throughout the day, Aboriginal and Torres Strait Islander people, many working at senior levels in the health and research sectors, recounted personal experiences of poor treatment and care in the health story or those of people they know. They all agreed that the sub-standard care and treatment was driven by racism: individual and institutionalised.

Federal Indigenous Health Minster Ken Wyatt’s announcement at the Summit of an expert panel to “investigate and identify barriers faced by First Nations people needing kidney donations” was a powerful illustration of how the system is skewed against us.
This national inquiry is driven by the evidence that Aboriginal and Torres Strait Islander people with chronic kidney disease are more than three times less likely to receive a donor kidney than non-Indigenous patients, and nine times more likely to be reliant on dialysis.

In another keynote address, Janine Mohamed, CEO of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSInaM), spoke of how Aboriginal and Torres Strait Islander people are often expected to solve the issues facing their communities, yet it’s the 97 per cent of non-Indigenous Australians who hold power.

The responsibility lies with them to share power so Aboriginal and Torres Strait Islander people can lead, she said.

Mohamed described the current decision-making systems, i.e. governments and other bodies which are the current “operating system”, as “a colonial apparatus”, in which we are constantly described in deficit and therefore viewed as the problem.
It’s a system and perspective that was famously rejected by Rosalie Kunoth-Monks on ABC TV’s Q&A, when she declared: “I am not the problem”, a sentiment echoed through the Summit discussions.

“The system needs to reflect on itself; it needs to problematise itself, not us,” Mohamed said, calling for recognition from those in power that the current system is the problem and that there is a “fundamental need to redistribute power”.

Queensland University Associate Professor Gregory Phillips, whose PhD is entitled ‘Dancing with Power: Aboriginal Health, Cultural Safety and Medical Education’, also discussed the impact of power on voice and funding.

He said the voices of Aboriginal and Torres Strait Islander people are often ignored or drowned out by the weight of the 97 per cent of non-Indigenous people. This is either intentional or unintentional but both are products of past and ongoing colonisation, he said.

Self-determination is what is needed, and is not something that government “do for us” but rather something they should “give us”, he said. “Government’s role is to get out of the way”, he said.

Phillips highlighted the Victorian Government’s recent support for Aboriginal self-determination as an example of what can be achieved. He said the Victorian Government was also “getting out the way” in April this year when it **handed the responsibility and funding** for Aboriginal children in out of home care to the Victorian Aboriginal Child Care Agency (VACCA) and, in late 2016, when it handed over responsibility of social housing to Aboriginal Housing Victoria.

Phillips said Aboriginal and Torres Strait Islander people should not be playing the role of consultants in these processes – which only served to maintain the power imbalance – but should be in the decision-making seat, directing how and where the money is spent.

Pro Vice Chancellor Maggie Walter from the University of Tasmania agreed, saying she no longer agrees to be on advisory committees because “that’s not voice” and it also maintains the power of the “97 per cent”.

She believes that advisory committees are “so 1980s” – stemming from the mentality that things should be done “for” or “to” Aboriginal and Torres Strait Islander people rather than being led by us or at least done “with” us.

Walter is a champion of **Indigenous data sovereignty**, a growing international movement which calls for Indigenous people to determine what data needs to be collected, how it’s analysed and how it’s used.

She said Aboriginal and Torres Strait Islander people are conflicted by a “data paradox”, where there is both “too much and not enough (data) at the same time”. We are “saturated” with studies looking at the “prevalence of disease”, but have little data on other issues, such as how many people are from each Aboriginal nation or the extent to which racism impacts our health, she said.

What’s needed to address that, she said, is to have Aboriginal and Torres Strait Islander people leading the research so they can determine what data needs to be collected to assist our communities and how it will be used.
Aboriginal health is a story of Truth, Power and Love – but it’s no fairy tale

Pat Turner, CEO of the National Aboriginal Community Controlled Health Organisation, was unable to attend the event due to ill health but subsequently published her speech. She also called for self-determination.

“Why are the Aboriginal self-determination concepts accepted only by parts of our machinery of Federal Government rather than as a whole of government planning principle? The Feds pick and choose what they like, what they fund and how they access our Indigenous data!” she said.

From the audience, Romlie Mokak, CEO of the Lowitja Institute, Australia’s National Institute for Aboriginal and Torres Strait Islander Research, agreed that Aboriginal and Torres Strait Islander people should be leading the research.

He said he knows this can be done because 87 per cent of projects funded by the Lowitja Institute are led by Aboriginal and Torres Strait Islander researchers, compared to a fraction of that from National Health and Medical Research Institute funded projects on Indigenous health.

“I don’t buy the ‘reset’, we need a new operating system,” he said.
Truth = Truth telling

There was universal support from presenters on the call in the Uluru Statement of the Heart for a Makarrata truth telling commission, underscoring growing calls in mainstream health for the Federal Government to reverse its rejection of the Uluru Statement, on health grounds alone.

Panelists agreed that to get to a point that Aboriginal and Torres Strait Islander people are trusted to be self-determining, Australia needs to be honest about what has happened in this country to Aboriginal and Torres Strait Islander people. At the moment Australia often denies or minimises past wrongs to Aboriginal and Torres Strait Islander people, a lack of truth that is maintained by those in power. Without honesty, there can be no trust or healing, for our people and as a country.

The Summit heard from multiple speakers that truth-telling is a process where individuals, families and communities can share how the actions of governments and non-state actors have negatively affected them. It is a process many colonised countries, including Canada and South Africa, have opened up to with their Truth and Reconciliation Commissions.

Truth-telling would be an opportunity for this country to recognise and acknowledge past wrongs so all Australian can heal and build trust.

Walter said it’s not just Aboriginal and Torres Strait Islander people who need to heal. She believes that non-Indigenous people have been sold a lie, that the impacts of colonisation don’t affect them, but they do. Phillips agreed:

“In relation to healing, it’s always talked about as if the mistreatment has happened in the past. It’s also happening now. It’s not only Aboriginal people who need healing. We have a system and a history which affects us all.”

Trust was a critical issue raised over and over again. Without trust, there can be no reset. Without trust, there can be no partnership. Without trust, there can be no significant change in the health and wellbeing of Aboriginal and Torres Strait Islander people. It will be us who continue to die. Continue to be locked up. Continue to lose custody of our children.

Love = culture = protection

Indigenous Health Minister Wyatt talked about the role of family, love and culture and how they must be at the forefront of the early years of learning and acquisition of knowledge.

“Our mothers and fathers, uncles, aunts and grandparents – our families are the first protectors of our children, the warriors for their welfare and their future,” he said.

“As children – love, certainty and protection nourish our bodies, brains and cultural souls.”

Wyatt said these imperatives were at the heart of the First 1000 Days project led by Professor Kerry Arabena from the University of Melbourne, who facilitated the Summit. Arabena told the event:

“There is no such thing as a vulnerable child or a marginalised family. There are families who experience vulnerability and families who experience marginalisation. To understand this will take a reset.”

From the audience, Rod Little, Co-Chair of National Congress of Australia’s First Peoples, said love is never mentioned or even considered in government policies, and yet love was the critical reason Aboriginal and Torres Strait Islander people seek to work with and advocate for our mob.
Practical ways to reset Aboriginal health

A panel on how to reset the agenda provided a case study on how Aboriginal and Torres Strait Islander people and organisations can and do lead the way, and work well in partnerships with non-Indigenous health agencies and leaders that recognise that need and can act with honesty and integrity.

The discussion included Darryl Wright, CEO of Tharawal Aboriginal Corporation, and from the Aboriginal Health of South Western Sydney Local Health District (LHD), CEO Amanda Larkin and Director Nathan Jones.

Through their partnership, there has been a shift in the way staff worked with Aboriginal and Torres Strait Islander people, improvement in health outcomes and employment opportunities for Aboriginal and Torres Strait Islander people at all levels, they said.

Watch this interview with them about what makes their partnership successful.

Where to from here?

Non-Indigenous journalist Dr Jeff McMullen, who helped close the day’s discussions, spoke of how he came to realise that the health system was actually hurting Aboriginal and Torres Strait Islander people. He would see the same story of sub-par treatment and care being repeated, and recognised that it wasn’t our people who were the problem but the health care system.

The day ended with a call for more than a reset. It called for a significant update of the operating system, to one which relinquishes power to Aboriginal and Torres Strait Islander people, communities and organisations.
And there was a call for the **Uluru Statement from the Heart** – which is all about power, truth and love – to be supported by all organisations present.

**The way ahead: some pointers and pathways**

**AH&MsC of NSW** @ahmrc · Jun 21

“There is so much more that we can do, there is so much more that we should be listening to.” 

#IndigenousHealthSummit

**Jacinta Bunfield** @Jacinta_BField · Jun 21

Hitting a reset button that is mindless and without personal investment contributes to the damage. Find the formula for investing the trust and the resources, for collective wellbeing. Humanise the system 

#JeffMcmullen

#IndigenousHealthSummit

**sarah thackway** @SarahThackway · Jun 21

Be the change we want to see ... 10 steps by @JanineMohamed @CATSINaM

#IndigenousHealthSummit

**Summer May Finlay** @OnTopicAus · Jun 21

Janine Mohamed when asked about the trust relationship required to "reset the agenda" used a sexual health analogy "be careful who you get into bed with & use protection". So truel #IndigenousHealthSummit

**Jacinta Bunfield** @Jacinta_BField · Jun 21

“We can change the rules to Aboriginal measures of success. Aboriginal values, Aboriginal paradigms" - self determination @gregoryabstarr

#IndigenousHealthSummit

Aboriginal health is a story of Truth, Power and Love – but it’s no fairy tale
Aboriginal health is a story of Truth, Power and Love – but it’s no fairy tale.
Videos, interviews, tweets, selfies, graphics from the National Indigenous Health Summit

The 5th Aboriginal and Torres Strait Islander Health Summit featured big discussions from leading thinkers, policymakers and practitioners – on stage, on CroakeyTV and on Twitter – on how to reset Indigenous health.

In this final post in Croakey’s coverage from the one day biennial #IndigenousHealthSummit event in Sydney, you can watch a compilation of interviews with presenters and organisers by Croakey contributing editor Summer May Finlay, and check out graphic artwork depicting the discussions (by Devon Bunce from Digital Story Tellers), and some tweets and selfies that captured some themes and moments in the day.
What patients need out of the system for better health

Joining up the “too often fragmented” patient journey is a priority for Scott Monaghan, the Chair of the Aboriginal Health & Medical Research Council (which co-hosted the Summit) and CEO of Bulgarr Ngaru Medical Aboriginal Corporation in northern New South Wales.

Speaking ahead of the summit’s opening session, Monaghan said he hoped it would prompt agencies and organisations to review their partnerships and operations, to assess and validate what works to create a seamless patient journey and to re-set what doesn’t, particularly where it can lead to a “them and us” approach between Aboriginal medical services and Local Health Districts.

Unconscious bias in the health sector and from patients too

Ear, nose and throat surgeon Kelvin Kong talked about racism in the health system (“it doesn’t have to be overt”) and examples of stereotyping he has experienced, from other health staff (making assumptions around family violence) and from patients (about who their senior clinicians are likely to be, or not to be).

Kong also describes an encounter with a 9 year old Aboriginal boy which “covered off on a lot of themes” around better Indigenous health and health care.
Advisory committees (“stay off them”), Uluru Statement & self-determination

This is a ‘much watch’ conversation with University of Tasmania Pro-Vice Chancellor (Aboriginal Research and Leadership) Professor Maggie Walter and University of Queensland researcher Associate Professor Gregory Phillips on power, self-determination and voice, particularly amid the Federal Government’s refusal to engage on the Uluru Statement from the Heart.

It opens with Walter explaining why she won’t go on advisory committees anymore – “It’s become very very clear that rather than actually leading to any change, those things have become blockers of change, they’ve become an action in and of itself….so nothing else needs to be done”.

Videos, interviews, tweets, selfies, graphics from the National Indigenous Health Summit

#IndigenousHealthSummit
“Just like a married couple, you’ve got to talk”

Darryl Wright, CEO of the Tharawal Aboriginal Corporation and Amanda Larkin and Nathan Jones from the South West Sydney Local Health District talk about the successful ingredients of a good #IndigenousHealth partnership. They include: trust, communication, long-term commitment, respect, delivery on promises, practical priorities, and much more – this is an important ‘how to’ example of working together.

Some Twitter snapshots, selfies and soundbites
You can track Croakey's coverage of the conference here.

Videos, interviews, tweets, selfies, graphics from the National Indigenous Health Summit

#IndigenousHealthSummit
You can track Croakey's coverage of the conference [here](#).

Videos, interviews, tweets, selfies, graphics from the National Indigenous Health Summit

#IndigenousHealthSummit

Croakey

“Conference News Service”
You can track Croakey’s coverage of the conference here.

Videos, interviews, tweets, selfies, graphics from the National Indigenous Health Summit

#IndigenousHealthSummit
You can track Croakey’s coverage of the conference here.
Graphic artwork illustrates discussions

Devon Bunce from Digital Story Tellers captured key discussion points from each major part of the Summit program in these graphics.
You can track Croakey's coverage of the conference here.

Videos, interviews, tweets, selfies, graphics from the National Indigenous Health Summit

#IndigenousHealthSummit

Croakey
“Conference News Service”
You can track Croakey’s coverage of the conference here.

Videos, interviews, tweets, selfies, graphics from the National Indigenous Health Summit

#IndigenousHealthSummit

More conversations

On the Closing the Gap Refresh

Summer May Finlay @OnTopicAus · Jun 21
Ian Anderson: the Closing the Gap Refresh says there is an opportunity for the targets to not just be performance measures but drive system reforms.
#IndigenousHealthSummit

Jacinta Bunfield @Jacinta_BField · Jun 21
Professor Ian Anderson says granular data is required so communities can address their own priorities - ‘a fundamental revolution in how we use data’
#IndigenousHealthSummit

Summer May Finlay @OnTopicAus · Jun 21
Ian Anderson: Targets will be developed for the Closing the Gap priority areas however not all priority areas “lend themselves to targets”
#IndigenousHealthSummit

Jacinta Bunfield @Jacinta_BField · Jun 21
Professor Ian Anderson says we need to pivot on how we use targets, they are drivers of implementation #IndigenousHealthSummit
On casual racism

Casual racism is prevalent in Australia with Janine Mohamed from @CATSINaM experiencing it all too frequently. Comments are often expressed as a compliment but are later in racism. #IndigenousHealthSummit

Aboriginal people get so much given to them
You’re not a real Aboriginal
You’re too pretty to be Aboriginal
They’ve had problems with a sort of people
You’ve done well for yourself

On casual racism

#IndigenousHealthSummit TY @CATSINaM
You can track Croakey's coverage of the conference here.

Videos, interviews, tweets, selfies, graphics from the National Indigenous Health Summit

#IndigenousHealthSummit

Trending on Twitter

Deborah Munro @msdebmunro · Jun 21

refreshing #relevant Dr Gregory Phillips talking at the
IndigenousHealthSummit why don’t we have these conversation on National TV? @msdebmunro @ahmrc @croakeyblog

Zachary Byfield @ZacharyByfield · Jun 21

Great seeing all the tweets from friends and followers at the
IndigenousHealthSummit! Love seeing the power our collective voice can have!

Aboriginal health – it’s time to reset

Marie McInerney @mariemcinerney · Jun 21

IndigenousHealthSummit now trending nationally after @KenWyattMP announcement on kidney transplant inquiry, Stan Grant keynote & now
Closing the Gap Refresh update from Ian Anderson cc @NSWHealth @ahmrc

Australia trends · Change

GoSocceroos
Hyundai proudly supports the Socceroos.
Promoted by Hyundai Australia

NBADraft
The next generation of stars arrive at the 2018 NBA Draft

VogueCodes

IndigenousHealthSummit
@ahmrc is Tweeting about this

ARGCRO
Croatia through to the next round but Argentina on the brink of elimination

TakeYourDogToWorkDay

Melania Trump
Melania Trump wears an ‘I really don’t care’ jacket to visit migrant families

Charles Krauthammer
87.5K Tweets

Chloe Brix
260K Tweets

Croatia
The final Twitter tally

The #IndigenousHealthSummit Influencers

Top 10 by Mentions
- @OnTopicAus 1,372
- @ahmrc 186
- @NSWHealth 307
- @Jacinta_BField 354
- @NACCHOAustralia 268
- @CATSINAM 190
- @ArabenaKerry 116
- @JasonArdlr 116
- @PHAA_237 116
- @IndigenousPHAA 237
- @CarmenParter 235

Top 10 by Tweets
- @OnTopicAus 320
- @IndigenousPHAA 308
- @croakeyblog 297
- @ahmrc 185
- @Jacinta_BField 185
- @CATSINAM 165
- @ArabenaKerry 165
- @KII_Armstrong 160
- @PHAA_237 160
- @TFlanja23 73
- @Lowitjainstitut 60

Top 10 by SymplurRank
- @OnTopicAus
- @ahmrc
- @NACCHOAustralia
- @mariemcinerney
- @NSWHealth
- @JasonArdlr
- @IndigenousPHAA
- @ArabenaKerry
- @Jacinta_BField
- @Lowitjainstitut

The Numbers
- 16.340M impressions
- 3,266 tweets
- 464 participants
- 15 Avg. tweets/hour
- 7 Avg. replies/hour

Twitter data from the #IndigenousHealthSummit hashtag from Mon, June 10th 2018, 10:40AM to Wed, June 13th 2018, 10:40AM (Australia/Sydney)

Croakey Conference News Service

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