

Full Group Discussion Summary – “Knowledge is our Wealth”

The final afternoon session involved a full group discussion, rather than small group workshops and feedback as initially planned. The group was asked to respond to the following questions: *“Is there something that our partners wish us to do directly in the name of the KVC?”* *“How do we get there?”*

The main conclusions of the discussion were to keep the KVC going and seek at the minimum enough funding to maintain the stakeholder engagement. The Indigenous Caucus should continue to set the priorities of the KVC. Before the end of the current funding, a briefing document should be developed outlining the successes of the KVC to date in order to approach other funding sources.

In addition, a range of other comments were provided during the full group discussion.

- Celebrate successes and use these as leverage for future research.
- Document the journey of the KVC from its inception through to present, mapping possibilities for the future.
- Extension of funding could include Institute for Urban Indigenous Health.
- HOMES could be adapted and translated when implemented elsewhere, such as across Queensland.
- Cost modelling will be an important aspect of adapting and translating studies or pilot programs.
- Respiratory outreach is an important focus in Northern Territory.
- Patient, community and provider acceptability, feasibility and cost effectiveness are important components of new programs.
- KVC should engage more directly with State/Territory governments.
- Relationships with hospitals and outreach programs are important research areas.
- A range of engagement styles need to be explored for the cohort that really needs care. Care coordinators can assess what clients’ needs are then refer to allied health or other service providers.
- Active research is difficult as a busy clinician: we are given targets but are at times unsure how to achieve them in terms of service delivery.
- Aboriginal health is holistic in focus, involves risk factors associated with social and cultural determinants of health, and should probably begin at pre-conception (e.g. adolescence).
- Family centred approaches should be explored.
- One research question could be about what is best practice in terms of obesity prevention and treatment.
- Adolescence is an important critical period for addressing chronic disease.
- Emphasis should be on the Wellbeing Model as a framework for future projects.
- Wellbeing Model could be a vehicle for fundraising.
- Disease management, life-course approach, prevention.

Philanthropic funding can be short and discreet; it is a big purse of “enlightened self-interest”.

Kanyini Vascular Collaboration Annual Meeting 2014 – Feedback Summary

Overall Meeting

How would you rate the meeting?	Good = 20%	Very Good = 80%
How would you rate the organising of the meeting?		Very Good = 100%
How would you rate the communication and arrangements made by the conference organiser?		Very Good = 100%

Comments:

- *As a new attendee I was a little confused in the beginning about the KVC but was impressed with the projects that have been undertaken.*
- *Always a great meeting and a great group of people.*
- *Loved the impact of community member presentation – it made the collaboration ‘real’.*
- *I thought the meeting was well organised with good participation. Every effort was made to please all concerned.*

Meeting Sessions

How satisfied were you with your ability to engage in discussion during the meeting?	Unsatisfied = 10%	Very Satisfied = 90%
How satisfied were you with the outcomes?	Satisfied = 60%	Very Satisfied = 40%

Comments:

- *Great information and good outcomes.*
- *This was a good meeting but unfortunate that ran out of time. The discussions after the presentations were relevant though and it would have been difficult to contain.*
- *Nervous about future – so much achievement, want to keep it going for numerous reasons.*
- *“Where to?” is the key question.*

Key Messages

Is there anything that you wanted to say but did not feel you had an opportunity to communicate?

- *I thought everyone had a good opportunity for input.*
- *This Annual Meeting has been more useful than many previous ones. There is an identifiable and strong Aboriginal identity to the project now. Would like to keep this momentum; can see the collaborative effort with the non-Indigenous participants. I got the feeling that they want to see Indigenous-led.*

- *From a clinical nurse perspective: Access to after-hours care is a big issue for Aboriginal and Torres Strait Islander patients. For example, an experience I had: a patient of Aboriginal descent and c/o chest pain overnight for the last ten hours but was reluctant to call paramedics or go to the hospital, instead waiting until the ATSI clinic opens the next day. I find ATSI patients will not call the PARAMEDICS or go straight to the hospital – why?*
 - *Family commitments at home*
 - *Established trusting relationships with usual doctors and nurses at the ATSI clinic*
 - *Culturally safe clinic that fosters a sense of belongingness*

What are the key points that you feel the Collaboration should be aware of as we move toward the future?

- *Don't overlook your successes. You may know them but make sure others do – particularly potential funders.*
- *I agree on a number of points raised by other participants:*
 1. *This collaboration should be about policy-relevant research and translation.*
 2. *A wellbeing model allows the best opportunity to develop a broad range of projects – and while this 'heading' may not be 'sexy' in terms of attracting funding, individual projects under this banner can be, should be.*
 3. *All projects need meetings and stakeholders for validation of interpretations (communication and feedback) of findings. Express it in research terms. All projects should include evaluation and economic assessments: comparisons of interventions versus alternative.*
- *National Implementation Plan and strategy for Chronic Disease Care prevention and treatment should be put on the next meeting agenda.*
- *I think it's exciting times. However we need to ensure we don't move too quickly so people don't become overwhelmed. In saying that, today I met with staff from the NTG CD team to discuss some of the work they are doing to ensure it doesn't overlap with what we are doing.*
- *Community engagement, knowledge translation and capacity building should remain central principles in addition to project excellence and relevance.*

Please provide any further comments you would like to make below.

- *Thank you for the opportunity to participate.*
- *Family-based research/interventions. Youth! Youth!! Prevention/intervention research. Social determinants of health research.*
- *Can we have a dramatic end to meeting next time?*
- *Philanthropy may be an attractive funding source but you may want to be prudent or cautious about any such relationships.*
- *Lunch was the best meal I have had in a long time, and certainly the best at any conference in living memory!*