Culturally appropriate engagement strategies for collecting quality data in an Aboriginal population

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Abstract

Background: South Australian (SA) Aboriginal and Torres Strait Islanders (respectfully referred to here as Aboriginal persons) comprise 1.7% of the SA population and live in all areas of the state (2006 Census). The process of identifying a representative Aboriginal population group for the purpose of research is therefore a complex task and challenges the researchers’ methodology. Working in Aboriginal communities poses questions and considerations for the researchers and the participants on cultural protocols, safety and appropriateness.

Method: Methodological rigor is essential for achieving quality data in population surveys, and methods need to be flexible to provide cultural appropriateness for all involved. Communities have a right to expect that if they agree to be involved in research, it will be of sufficiently high quality and rigour to generate meaningful results, as well as the process being respectful of their culture and historical contexts.

The SA Aboriginal Health Survey (SAAHS) is a representative population survey of 399 randomly selected Aboriginal adults, aged 15 years and over, living in South Australia. Data were collected over a 12 month period with trained Aboriginal interviewers using a face-to-face questionnaire. Dwellings were selected from a sample of Collector Districts (CDs) by screening for Aboriginal residents and asking for their consent to participate in the survey. Respondents provided self-report information on a number of issues including socio-demographics; chronic illness; health risk factors; cultural activities; and health service usage.

To obtain this unique and robust data it was important that we addressed the needs of the communities. Foremost, we:

- abandoned a ‘one size fits all’ approach
- engaged communities through collaborative partnerships
- showed passion for the project, and how the participants would benefit; if not directly, then for their communities
- employed only Aboriginal interviewers engaged local members of a community where possible
- provided gender choice for the interview
- listened to local knowledge and incorporated that into the data collection process
- always used inclusive language.

Conclusion: These data have been collected in a culturally responsible and respectful manner while adhering to strong methodological principles for quality data collection. We are confident that by using respectful and culturally appropriate methods the SAAHS has provided a high quality data source of information that will be used to inform government policy and practice, with minimum negative impact on participants and their communities.

Introduction

At the 2006 Census, Australia’s population was 21.7 million of which 2.2% identified as being Aboriginal and/or Torres Strait Islander¹ (respectfully referred to here as Aboriginal). There is extensive
reporting in the literature of poor health outcomes for Australian Aboriginal Peoples,\(^2\) with the gap between Aboriginal and non-Aboriginal life expectancy continuing to rise,\(^7\) and the recognition that significant improvements in Aboriginal health outcomes are still to be made.\(^8\) As these improvements are continuing, changes to ways in which researchers conduct research in Aboriginal communities is being revised and improved.\(^9,\)\(^10\) Communities have the right to expect that if they agree to be involved in research it will be of sufficiently high quality and rigour, generate meaningful results and be flexible to provide cultural safety for all involved.

This paper revisits the rhetoric in the literature on culturally safe and appropriate engagement practice, and the development of associated methodologies for collecting data in Aboriginal communities. Examples of the strategies and practices used to collect quality data in a South Australian (SA) population of Aboriginal Peoples are provided here in order to share a ‘lessons learned’ approach to Aboriginal health research.

**Background**

Population health research relies on the collection of quality data from random representative populations to produce reliable estimates for measurement purposes\(^11\) and to provide information essential for program and policy planning. Representative surveys for Australian Aboriginal populations are difficult to implement as they are time-consuming and require excessive resourcing\(^12\) and high levels of screening to identify Aboriginal dwellings.\(^13,\)\(^14\) In addition, current models of engagement are considered inappropriate for Aboriginal populations.\(^15\) Researchers face challenges when trying to identify what Magnani et al\(^16\) describe as ‘hidden’ populations where limited or no appropriate sampling frames exist. As a consequence, in Australia there are few data sources that provide reliable representative information essential for program and policy planning at state or regional level.\(^17\)

Literature regarding suitable ways in which to engage in Aboriginal communities is emerging\(^9,\)\(^10\) and many organisations and institutions are developing their own research ethics and principles.\(^12,\)\(^18-22\) There have been some exemplar examples of data collection in the past decade that have developed methodologies for representative samples in Aboriginal populations. The Western Australian Aboriginal Child Health Survey (WAACHS),\(^23\) the National Aboriginal and Torres Strait Islander Social Survey (NATSISS)\(^24\) and the Longitudinal Study of Indigenous Children (LSIC)\(^25\) are three such examples.

The WAACHS is a non-random purposeful sample of 5,300 Aboriginal children (aged under 18 years) living in 2,000 families in Western Australia (WA) during May 2000 and June 2002. The survey was a large undertaking involving extensive household sampling and voluntary participation of many Aboriginal people across the state. Methodology was based on an area sample of dwellings to identify families with at least one Aboriginal child. In all, 166,287 dwellings were identified in 761 collector districts (CDs). Children living within group homes, institutions and non-private dwellings were not included in the scope of the project, however, households selected with a child temporarily living away from home (e.g. in a boarding school or hostel) were included. Survey methodology and instrumentation were developed in consultation with Aboriginal leaders, key Aboriginal bodies (the WA Aboriginal Community Controlled Health Sector, the Aboriginal Council of Elders, the Aboriginal and Torres Strait Islander Commission (ATSIC) Regional Councils, and the Aboriginal Justice Council), and through extensive community consultations throughout the state. Consultancy services were provided by the Australian Bureau of Statistics (ABS).

Engagement of community leaders, community councils, administrative staff, service providers, and local residents was attempted at every stage to obtain views on culturally accepted practice, and to secure participation in the implementation of the survey. Through pilot testing it was found that survey materials worked well for the majority of communities, excluding those from the most isolated areas where there was a high level of traditional language spoken. In these communities the majority of families chose to be interviewed with the assistance of an Aboriginal language translator.
In 2002 and again in 2008, ABS took on the major undertaking of running a survey which focused on social characteristics, including social determinants of health, for Aboriginal Australians. The methodology was designed to identify a random representative sample of Aboriginal households, and subsequently, a representative national sample of Aboriginal persons living in private dwellings.

The third of these examples is the LSIC. This collection uses a non-random purposive sampling design producing a non-representative sample. Appropriate engagement of Aboriginal communities was undertaken and culturally appropriate data collection strategies and open and transparent reporting methods used. Some strategies to note included: inclusion of locations engaged in the pilot of the study where existing relationships could be built upon; areas chosen for their location near relevant government offices where the Aboriginal interviewers could be based; and the distribution of Aboriginal people around Australia in equal representation of urban, regional and remote areas, thus enabling some geographical comparison. Until recently, this type of quality data collection had not been undertaken in SA.

The Aboriginal population in SA is 1.7% of the total SA population. Approximately 50% of individuals reside in metropolitan Adelaide and only 20% in remote and very remote locations. As a result of this population distribution, the SA population can be used as a case study to investigate these methodological challenges associated with data collection in metropolitan, rural, and remote Aboriginal communities. The SA Aboriginal Health Survey (SAAHS) provides a representative sample of SA Aboriginal adults using a methodology developed to overcome the problems associated with this unique population.

**South Australian Aboriginal Health Survey (SAAHS)**

Rationales were developed based on stakeholder and community consultations over a twelve month period from July 2009 to July 2010 with members of the SAAHS Steering Committee and other stakeholders. This consultation was undertaken in three phases: preparation, engagement, and data collection. All information amassed in this process was used to develop draft questionnaires and personal face to face interviewing techniques. Data collection was conducted over a twelve month period from November 2010 to October 2011.

**Phase 1: Preparation**

Working with Aboriginal communities poses questions and considerations for the researchers and the participants on cultural safety and appropriateness. Time taken to familiarise oneself with the local Aboriginal community will provide a basis for future effective communication and collaboration. The researcher can start this process by; researching previous studies, developing networks and relationships, and using non-judgemental self-reflection in their practice. Cultural security practices need to be tailored to create culturally safe environments for communities during the research process. These understandings can then guide how researchers and the communities work together with set of mandated actions.

**Phase 2: Engagement**

Engaging communities through collaboration

Developing networks and relationships is the catalyst to allowing a flow of information between the community and the researcher. Building strong relationships with the Aboriginal community is paramount and provides the stability to move to what Vicary et al call the ‘relationship engagement phase’. This engagement is practiced by developing networks and building relationships with Aboriginal communities, local service providers, families and individuals. Developing relationships, both personal and professional, can afford the researcher valuable insights into Aboriginal culture. To increase the potential for successful engagement, the researcher should further ensure that he/she engages in a non-judgemental way. Judging Aboriginal cultural beliefs and practices from a Western worldview can be a barrier that prevents Aboriginal people from engaging with non-Aboriginal people.
The SAAHS researchers spent time with Aboriginal people to obtain knowledge and gain an understanding of the complexities associated with the collection of information from Aboriginal people. These complexities arise from past events of engagement and history that has affected the way in which Aboriginal Peoples view research.\(^3\)

The time spent with people, learning from their generational knowledge, provided a greater understanding into the sensitivities and issues that needed to be applied as the strategies for engagement. Some of the successful strategies used in the SAAHS were:

**Open and transparent communication**

An open and transparent approach is critical for the success of Aboriginal health research projects.\(^9\) The SAAHS recognised that establishing honest relationships, communities were more likely to embrace working with researchers. SAAHS interviewers were always open as to how the research would help the researcher and how the research would impact upon the community. Interviewers attempted to explain to participants that by telling their story this research would benefit the wider community of all Aboriginal South Australians. This communication was honest and expressed with passion, consideration, and transparency.

**Following local community protocols**

The attention to following engagement protocols in urban areas, discrete communities, homelands and other larger Aboriginal communities was always put at the top of the SAAHS agenda. It is not only out of respect for the community and its members but a way for the interviewer to develop relationships that foster participation through understanding and information transfer. The local interviewer would usually meet with community Elder(s) or Traditional Owner(s) to gain further information regarding the individual community and endorsement of the project was always sought.

**Listening to local knowledge and abandoning ‘one size fits all’ approach**

The SAAHS methodology process was flexible to accommodate the differences which exist within and between Aboriginal Peoples and community groups. Interviewers were given full discretion on how and when interviews would take place. This enabled them to adapt to each community, and even to each interview, in a way that was appropriate at that time and place. The participants were offered a choice of where they would like to undertake the interview, however, in the case of this project this was mainly done in their home.

Communities and their members are often faced with demands that will cause them to be temporarily unavailable. This is not to say that they do not want to participate in the survey, however, the study methodology should be flexible so as to accommodate these changes on the ground, and return to the participant when they are available.

**Phase 3: Data Collection and reporting**

Data collection was undertaken by structured interview in English using a paper questionnaire. Although Thompson and Tonts\(^36\) talk in their book about questionnaires and quantitative surveying methods being ‘generally inappropriate methods for working with Australian Aboriginal communities’ they mention the main reason being that the researcher should not rely on English being the first spoken and written language. Following ABS recommendations,\(^26\) the decision was taken to carry out the SAAHS in English with language facilitators made available where necessary. However, the SAAHS was undertaken without the need for interpreters.

**Collecting information in a cultural appropriate and respectful manner**

Cultural appropriateness and respect are of paramount importance, not only to engage in respectful conversation, but to ensure the highest quality of information is provided by the interviewee. Feedback from our interviewers revealed that they would often need to take time to allow for the participant to
express their feelings on the issues raised. In a number of cases, the participant lived a rather isolated life and the interviewer provided “an ear” for them to talk about their problems. It was important to consider this when trying to estimate how long an interview would take.

Employment of only Aboriginal interviewers

Aboriginal interviewers were employed from across the state. Those living in remote areas were employed locally to interview those in their community. Whilst the literature suggests participants prefer interviewers who are unknown to them this was not found to be a problem in this project, and the local knowledge that was communicated from the interviewer (e.g. Sorry Business, local celebrations or cultural events, etc.) directly influenced the data collection schedule. This was very helpful in negotiating when and where to focus effort of data collection for our interviewers. Where it was not possible to find interviewers for certain communities, those willing and able to travel were sent to these communities to undertake the interviewing. This was found to be ideal in a number of ways: no remote training was needed; little support was required as these interviewers had been working locally in metropolitan Adelaide for months; and in a few cases these interviewers had ties in the other communities and were able to make decisions around protocol in that community.

For example, two interviewers, one male one female, were sent to a very remote location. They both had family in this discrete community and were used to travelling the roads to and from their own homes. They were aware of Sorry Business that would empty the community of its residents over the following couple of weeks. We were able to use this information to know when to book hire cars, accommodation, and training for the interviewers and at suitable time when we could expect a more favourable outcome from the visit.

Interviewers have gained valuable experience, new skills, and confidence during the data collection phase. These skills may be transferable into other employment, or simply provide them with new knowledge that they take away from this project. Some of the things that interviewers have shared with us are:

- their ability to explain the importance about identifying as being Aboriginal
- their ability to explain to people that the survey is worthwhile and has the potential, with their help, to change things for all Aboriginal South Australians
- that they were able to field questions about where to get help and let participants know of services available to them in
- helping to bridge the gap between what some perceive as “black fella white fella”.

Using face-to-face interviewing

This interviewing technique acknowledges that personal contact is an important factor in Aboriginal communication and allows for personal relationships to develop. This engagement strategy was thought to have led to a higher quality data being collected as it was easier to see that the answer provided by the participant was from understanding the question and not just an answer given to please the interviewer, or to avoid giving an answer. Whilst the SAAHS methodology used a structured interview, time was given for participants to ‘yarn’ with the interviewer during the interview and participants were able to take breaks as required. Using this approach the interviewers felt that this created a safe, comfortable and respectful environment and provided the participants time to think about and evaluate questions before providing their answer. This process is helped when participant and interviewer can see each other, especially when only non-verbal cues are being given.

Providing gender choice for the interview

Choice of gender of interviewer was written into our methodology right from the start. In many communities it is inappropriate for female researchers to engage in ‘men’s business’, or conduct
interviews with men (and vice versa) Guilfoyle. Immediately after consent was taken from participants, we asked their preference for interviewer. In many cases participants did not have a preference. However, where participants did prefer one gender over another, all future contact with that participant adhered to this request.

Always using inclusive language

Using inclusive language is a more appropriate and empowering way of asking questions. SAAHS ensured that all questions asked were phrased using respectful, inclusive and positive language. In the past many organisations and departments have referred to ‘them’ or ‘those people’, instantly causing a separation between researcher and participant. This language has the effect of creating a divide between the Community and others. The use of inclusive language facilitated trust and displayed a feeling of understanding and closeness, instead of creating a separation.

Conclusion

The SAAHS provides a representative sample of South Australian Aboriginal adults using a methodology developed to overcome the problems associated with this unique population. These data have been collected in a culturally responsible and respectful manner while adhering to strong methodological principles for quality data collection. We are confident that by using respectful and culturally appropriate methods the SAAHS, it has provided a high quality data source of information that will be used to inform government policy and practice, with minimum negative impact on participants and their communities.

It is therefore strongly recommended that projects engage in communities in a sensitive and culturally appropriate way to ensure quality data collection of health determinants. The need for consultation with Aboriginal Peoples, either Elders and/or community representatives, prior to the formulation of data collection strategies is also recommended. Furthermore, it is vital that funding bodies recognise the need for this, and build into the funding of projects the time and money that can be used for such engagement strategies.

References

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