

#IHMayDay: showcasing Indigenous knowledge and innovation

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Preamble

This paper arises out of an informal collaboration forged in the Twitterverse between Dr Lynore Geia and Melissa Sweet, who come from different professional disciplines but share an interest in decolonising methodologies, amongst other things. We begin by introducing ourselves and locating ourselves in relation to the topic.

Lynore Geia: I am a Bwngcolman woman from Palm Island, Queensland, a mother, registered nurse, midwife, senior lecturer and researcher in Nursing, Midwifery and Nutrition at James Cook University. I coordinate and teach the Indigenous Health subject to undergraduate and postgraduate nursing and midwifery students. My current research activity involves working with my home community of Palm Island in partnership with the Aboriginal Community Controlled Health Sector. In 2012 I graduated with my PhD titled “*First steps, making footprints: intergenerational Palm Island families' Indigenous stories (narratives) of childrearing practice strengths*”. The study encompassed decolonising praxis through privileging Bwngcolman storytellers to tell their stories that debunked the ‘master narrative’ of hegemony, and revealed a people of strength, survival and resistance.

Melissa Sweet: I am a public health journalist, an author, and a migloo, wadjela, gubba, mununga, or balanda, depending upon location. I live and work on Country that is understood to be on the boundary of the Tharawal people in rural NSW. I moderate the public health blog Croakey, and am a founding member of the Public Interest Journalism Foundation based at the Centre for Advancing Journalism at Melbourne University. I am currently undertaking a PhD at Canberra University, which is testing the use of a decolonising methodology for journalism. I have an honorary appointment as adjunct senior lecturer in the Sydney School of Public Health at the University of Sydney.

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Introduction

Since the earliest times, Aboriginal and Torres Strait Islander peoples have adapted and transformed in response to an ever-changing environment (Sherwood, 2010: 146). This dynamic sophistication of adaptation and innovation in walking the two worlds (Geia, 2012; West, Geia, Power, 2013) of white and black Australia continues in the face of overcoming the trauma, grief and loss of ongoing colonisation. It can be understood across many spheres through acts of decolonisation (Smith, 2005) that challenge the dominant paradigm and assert Indigenous ways of doing, from the development of Aboriginal community-controlled services, to the adaptation of digital technologies for Indigenous storytelling, and the contribution of Indigenous knowledge to land management and environmental health. The advent of the digital era and the development of new online communication channels are generating fresh opportunities for adaptation and innovation in relation to health (Sweet, 2013). For example, Aboriginal and Torres Strait Islander peoples are using the social networking site Facebook for multiple purposes, including as a source of news, an agent of health promotion, and to develop and maintain identity and kinship and family networks (Carlson, 2011). Likewise, organisations such as the Healing Foundation and Lowitja Institute are using digital tools to share Aboriginal and Torres

Strait Islander peoples' stories and knowledge in innovative ways. The social networking site Twitter is a particularly energetic sphere for developments relating to Indigenous health, allowing users to send 140 character messages in what could be metaphorically described as *cyber message sticks* comprised of micro-blog posts or messages known as tweets. Twitter can be used to publish and distribute text, graphics, photographs, film and links to websites and resources, and also facilitates the development of open networks. An increasing number of Aboriginal and Torres Strait Islander peoples are embracing and claiming this *cyber message stick* space to share Indigenous ways of *being and doing* (Martin, 2006; Geia, 2012) through telling their stories, sharing messages of survival, resistance, and resilience, and promoting culture and creativity through counter story (Rigney, 1999; Bainbridge, 2009; Watkin, 2009). In these ways, social media platforms like Twitter are proving effective tools for decolonisation, while enabling Aboriginal and Torres Strait Islander peoples to communicate and engage with wider Australia and beyond, to other nations and other Indigenous peoples. The development of such networks is particularly significant for rural and remote communities in a country as vast and diverse as Australia. Connecting with rural and remote Indigenous communities and health practitioners is becoming easier using platforms such as Twitter and other forms of online communication.

This paper reviews the processes and outcomes of an Indigenous health Twitter day convened in 2014, identified as #IHMayDay, through the lens of a decolonising methodology and as an empowering platform for Indigenous health agency. We argue that the use of Twitter is an empowering platform that has enabled the voices of Aboriginal and Torres Strait Islander peoples to be heard in places where their voices may not have been heard (Rigney, 1999). Twitter has enabled many examples of end-user innovation (Hermida, 2010: 299; Bennett & Segerberg 2012), including the use of hashtags as a tool for hosting Twitter discussions and conferences. Twitter hashtags, such as #idlenomore and more recently #SOSBLAKAUSTRALIA (a community-driven campaign in response to the threatened closures of remote Western Australian communities), have also emerged as a tool for activism, dissent and participatory democracy (Tupper, 2014). A clear example of successful digital health activism has been achieved by the National Aboriginal Community Controlled Health Organisation (NACCHO) Australia. An Indigenous trailblazer with more than 13,000 Twitter followers as at 5 May 2015, NACCHO leads many other organisations in recognising Twitter's potential as a vehicle for disseminating news, building influence and empowering the voices of Aboriginal and Torres Strait Islander peoples. Similarly, the rotated curated account @IndigenousX is an outstanding example of an innovative Twitter project offering many benefits for Indigenous health and wellbeing (Sweet et al, 2013). This account, which has a different Aboriginal and/or Torres Strait Islander personal tweeting each week, has accumulated considerable social capital, with 20,400 followers as at 5 May, 2015. Supported by a non-Indigenous media organisation, Guardian Australia, the profile of the @IndigenousX host for that week is published online, giving readers an insight into the host's background, and a contextual basis into understanding the tweets (see: <http://www.theguardian.com/commentisfree/series/indigenousx>)

Moreover, the founder of @IndigenousX, Luke Pearson, helped establish a similar account, @IndigenousXca, in Canada in 2015 with more than 2,800 followers as at 5 May, 2015. Curated accounts such as @IndigenousX and @IndigenousXca afford Indigenous people a platform for agency, and enables shared discussions and actions between peoples and groups with shared lived experiences of colonisation. The success of @IndigenousX also inspired the creation of other rotated, curated accounts, including @EduTweetAus with 7,103 followers as at 5 May, 2015, and @WePublicHealth, with 5,765 followers as at 5 May, 2015, being part of the Croakey project administered by Sweet. Like @IndigenousX, the @WePublicHealth account performs multiple roles, including community development, citizen journalism, and public health advocacy in mainstream and Indigenous health issues. When Geia tweeted for @WePublicHealth in March 2014, she focused on storytelling as a method of decolonisation. The use of voice in agency is an important element of Indigenist research coined by Indigenous scholar Irabinna Rigney (1999), expressing the principles and rationale of resistance, political integrity, and privileging Indigenous voices.

Decolonising methodologies—a progressive work

The field of decolonising methodologies has developed globally over decades in response to concerns that contemporary research and practice too often continue as agents of colonisation by excluding Indigenous peoples, by framing them as a problem, and by disrespecting their cultures and

knowledges. Many Australian academics became aware of decolonising practice as a result of the work of notable Maori scholar Linda Tuhiwai Smith (2005), although typically, such ideas do not emerge as a discrete concept of one author. Parallel to Smith, Aboriginal and Torres Strait Islander scholars and writers were journeying similar decolonising paths of privileging Indigenous voices (Nakata, 1997; Rigney, 1999). Their seminal works created space for decolonising practices successively charted by other Aboriginal and Torres Strait Islander researchers, who are contributing to the field's development in diverse ways (Martin, 2006; Watkin, 2009; Yunkaporta, 2009; Sherwood, 2010; Geia, 2012; and Best, 2014). For instance, Geia developed a research stance in her PhD named *Critical Murri Consciousness*, an example of decolonising theory and practice which can be described as a complex conceptual framework that is an intrinsic way of counteractive thinking, doing and living of the Bwgcolman (Palm Island) people. It is “the symbiosis between the mind, emotions, senses, will and spirit” (Geia, 2012: 75; 101-102) in resisting hegemony and maintaining an Indigenous (Murri)¹ world view perspective.

We drew upon the works of these authors and others in identifying elements of decolonising practices that are evident on Twitter. These include the following: *Privileging Indigenous Australian voices and listening to these voices in all their diversity*; *Taking a strengths-based approach*; *Ensuring proper process, involving relationships and respect*; *Story-telling in sharing knowledge*; *Representing Indigenous knowledges and cultures*; *Practising reciprocity*; *Achieving disruption and initiating emancipatory processes – challenging the status quo in ways that will benefit Indigenous Australian peoples and communities* (Fejo – King, 2006).

Co-creating #IHMAYDay—idea into practice

A mutual and collective disruption in an emancipatory process was a clear premise for #IHMAYDay, a day-long Twitter festival about Aboriginal and Torres Strait Islander peoples' health that was held on 1 May, 2014. It is believed to be the first such event globally, initiated through an Indigenous and non-Indigenous alliance between Geia and Sweet, as a result of connections made on Twitter. The idea arose out of a suggestion tweeted by Geia on 8 October, 2013, which was immediately supported by Sweet. The aim of #IHMAYDay was to encourage Aboriginal and Torres Strait Islander peoples to share their knowledge and views about some of the wide-ranging issues affecting health. The concept evolved in response to contributions from collaborators on Twitter and elsewhere. The name of this event, suggested by NACCHO, is short for “Indigenous Health May-Day”, which reflected its timing on May 1, a traditional date for protest and solidarity due to its long association with International Workers Day. It was a play on ‘may day’ as a symbolic call for help. The name also alluded to its timing ahead of a Federal Budget which was widely anticipated to bring news of harsh funding cuts for Indigenous affairs and health services and programs (as indeed proved to be the case). The event also coincided with the release of the National Commission of Audit report, whose recommendations for sweeping cuts to health and Indigenous programs were subsequently criticised by many health and Indigenous organisations (Hughes, 2014). Positioning the hashtag symbol in front of “IHMAYDay” is a technique used on Twitter to help categorise and disseminate content. Importantly, it also allows analysis of the tweets and discussions that occur using this hashtag. Other Twitter protocols engaged as part of #IHMAYDay included retweeting, to encourage wider dissemination and impact, and inserting the Twitter names of key stakeholders in tweets (including politicians and health organisations) to enable strategic impact and reach.

To add structure to the day's proceedings, we invited health professionals, academics, researchers and community members to moderate sessions, with the formal program running from 7am AEST until 10pm AEST, although @NACCHOAustralia began tweeting at 5.30am (see Appendix for program). The moderators' roles included tweeting about their particular topic, and engaging in Twitter conversations that arose. However, we did not discourage others from tweeting about general issues, in order to keep the conversation as open and inclusive as possible. Participants were encouraged to include the hashtag #IHMAYDay in tweets, and to add other relevant hashtags where appropriate, such as #publichealth, #SDOH (tweets about the social determinants of health), or #Auspol (tweets related to Australian politics), for example. Participants were also encouraged to engage in offline advocacy, such as writing to MPs about the need for sustained investment in Indigenous health, and to write to media outlets in response to misleading or harmful coverage. During the week leading up to

¹ Murri is the colloquial terminology used to identify Aboriginal people who are born in the State of Queensland, Australia.

#IHMayDay, Geia was guest tweeting for @IndigenousX, which helped to disseminate news of the event and encouraged wider media interest. We did not have a formal protocol for the event, although Geia set the tone, writing at Croakey: “We would like the day to provide a constructive critical discourse on Indigenous health. We do not all have to agree about everything, but I encourage everyone to engage in the discussions with respect and goodwill, and to refrain from personal attacks.” On #IHMayDay, Geia moderated discussions, asking questions of panellists, and also participated in the panel session on “Strategies for addressing drug and alcohol misuse among Aboriginal youth”.

The event was organised on zero budget, illustrating the significant social and cultural capital (Bourdieu, 1986) that can be created by engaged, collaborative open Twitter networks. In this sense, #IHMayDay exemplifies many of the characteristics associated with “connective action”, which has been distinguished from the more traditional concept of “collective action” because it relies upon fluid digital networks of individuals involved in co-production and co-distribution, rather than organisationally-mediated action (Bennett et al, 2012). As Bennett and colleagues observe: “Connective action networks are typically far more individualized and technologically organized sets of processes that result in action without the requirement of collective identity framing or the levels of organizational resources required to respond effectively to opportunities.” The digital era, which has been described as an age of dissolutions (McNair, 2012: 78) and of fluid professional boundaries (Franklin, 2013: 1), is creating opportunities for convergent professional practices. #IHMayDay, for example, can be seen through many lenses, including as: an act of self-determination in which Aboriginal and Torres Strait Islander peoples provided strong counter narratives to hegemony; a form of community development and engagement; public health advocacy; and it could also be understood as a type of citizen or social journalism (Jarvis, 2014). It is reminiscent of the history of Indigenous media publications as “tools of resistance, empowerment and motivation” (Burrows, 2010: 37).

Outcomes

According to analytics by the online service Symplur, there were almost 26 million Twitter impressions for the hashtag #IHMayDay on 1 May, 2014. The hashtag trended number one nationally a few times during the day, with 1,299 different accounts using the hashtag, and an average of six tweets per participant. The federal opposition health spokesperson Catherine King stated on Twitter that she was following the discussions (McInerney, 2014). These analytics may sound impressive, but we contend that one of the most significant outcomes for #IHMayDay is in illustrating the potential for Twitter to enable decolonising practice that crosses disciplines and spheres and empowers Indigenous people to bring their voice in an equitable platform. Furthermore, #IHMayDay arose quite organically and was not planned as a research or intervention project. Our reflections on its outcomes should be seen in this light; not as the result of a formal evaluation but rather as the result of reflexive praxis where likeminded and like spirited individuals connected on a shared issue. It should also be noted that as #IHMayDay was not a formal research project, we did not seek ethics approval; rather we regard it as an informal collaboration between people working in the fields of Indigenous health and nursing, online journalism, and community development and advocacy.

The following provides a brief examination whether and/or how #IHMayDay enacted the elements of decolonising methodology that were outlined above.

Privileging Aboriginal and Torres Strait Islander voices and listening to these voices in all their diversity

Professor Marc Tennant from the University of Western Australia (@MarcTennant) made the important suggestion that on #IHMayDay, non-Indigenous people should participate primarily by listening and retweeting, rather than dominating the discussions. Sweet made a public undertaking that she would retweet only those tweets carrying the hashtag #IHMayDay.

Taking a strengths-based approach

Many #IHMayDay discussions highlighted the strengths of Aboriginal and Torres Strait Islander peoples, communities and organisations. For example, Dr Bond challenged the discourse of mainstream public health, which equates Aboriginality with sickness. Instead, she examined and

celebrated the ways that Aboriginality is conducive to better health, exemplified by the Twitter hashtag: #blackishealth.

Proper process, involving relationships and respect

It is difficult to distinguish between the process and outcomes of an event like #IHMayDay; as they are interwoven. The process, which involved Aboriginal and Torres Strait Islander people driving the discussions and defining the parameters of the event, was also an important outcome. The event arose out of respectful relationships that developed online and offline, and also contributed to further development of some of these relationships.

Story-telling

Stories are an effective agent for knowledge translation and social change (National Collaborating Centre for Methods and Tools, 2011), and Twitter can be a useful vehicle for sharing stories, despite - or perhaps even because of - its constraints. A number of personal stories were shared that highlighted important public health issues. X shared her personal experience of feeling insecure as a result of proposed changes to the Racial Discrimination Act. Dr Bond gave a personal example of the adverse impacts of the deficit discourse, describing how her father was told by his doctor that he had diabetes because "he was Aboriginal". Blake Tatafu talked of his personal experiences with mental health issues, including the distress of being admitted to an adult institution because the youth facility was full.

Representation of Aboriginal and Torres Strait Islander knowledges and cultures

A strong theme from the event was that Aboriginal and Torres Strait Islander cultures and knowledges are fundamental to well-being. Programs were profiled that integrate respect for cultural practices into health promotion efforts, such as the Institute for Indigenous Urban Health's Deadly Choices program.

Reciprocity

All panellists shared valuable knowledge. In particular, Luke Pearson provided some useful advice for community members and organisations about how to use Twitter effectively in campaigning and advocacy.

Disruptive – challenging the status quo

A clear theme was the importance of changing the questions asked and the stories told about Aboriginal and Torres Strait Islander peoples and their health, with a focus upon counter-narratives emphasising the resilience and strengths of Aboriginal and Torres Strait Islander peoples and cultures. Dameyon Bonson's session aimed to challenge a "constant barrage of negative images contributing to assumptions and stereotypes" that Aboriginal and Torres Strait Islander men face, with most programs for them focused on changing their "negative" behaviours.

See Appendix 2 for comments from #IHMayDay panellists providing further insights.

Recommendations and conclusion

#IHMayDay demonstrated that an engaged, informed digital network is a powerful resource, enabling the staging of an event that broke down geographic, social, professional and disciplinary boundaries. In this era of digital connections, much can be achieved using social and digital capital in the absence of financial resources. #IHMayDay also showed the potential of Twitter as an agent of disruption in challenging mainstream narratives around Indigenous health and providing a platform giving rise to the marginalised voice. Some of the partnerships and collaborative relationships leading up to this day have continued to develop, and we hope they will yield more such collaborative projects. Reflecting upon the experience of #IHMayDay raises a number of recommendations for policy makers, organisations and professionals working in rural and remote health and Indigenous health more broadly, as outlined in Box A. We acknowledge that these recommendations may be uncomfortable and confronting for some organisations and practitioners, as they require new ways of working at a time when many organisations are risk-averse due to the rise of managerialism, which can promote a focus on the priorities of organisations rather than communities, and economic or political constraints (Sullivan, 2011). Key democratic institutions and decision-makers are encouraged to engage with the

challenges and opportunities arising with the proliferation of Indigenous voices enabled by participatory media (Waller et al, in press). The #IHMayDay experience is an illustration of the potential for connective action in creating counter-narratives that promote decolonising practices and challenge the status quo in mainstream health and Indigenous health on a regional, rural and remote area health level.

Box A: Recommendations for rural and remote health sector

- The authors encourage organisations and practitioners to become familiar with the concepts of decolonising methodologies and practice, and to consider incorporating them into policies, practices and procedures as a process of embedding Aboriginal and Torres Strait Islander knowledges across the health practices;
- Ensuring equitable access to the Internet must be a priority, given the potential for wider use of connective action in advocacy for the health of rural and remote communities, and Indigenous communities in particular;
- The rural and remote health sector should explore ways of up-skilling organisations, practitioners and community members in digital literacy and the use of platforms such as Twitter and Facebook for advocacy;
- Finally, the authors encourage organisations and individuals with a concern for Indigenous health to consider engaging with us, to help ensure that #IHMayDay is an ongoing event that continues to promote counter-narratives around Indigenous health and empowering the voices of Aboriginal and Torres Strait Islander peoples.

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Presenter

Dr Lynore Geia is a Bwgcolman (Palm Island) woman and a senior lecturer in the College of Healthcare Sciences at James Cook University. Lynore is passionate about her community; her PhD research takes a strengths-based approach to exploring the intergenerational strengths of child rearing practices of Palm Island families. Lynore's vision is to see community development arising from the community informing government/non-government organisations out of genuine partnerships and social investment into people, more than programs.

Appendix 1: Program for #IHMAYDay

7am-9am AEST: Investment in Aboriginal community controlled health makes economic sense

Colin Cowell, National Media and Communications advisor National Aboriginal Community Controlled Health Organisation (NACCHO) - @NACCHOAustralia

9am-11am: Celebrating Aboriginality

University of Queensland academic Dr Chelsea Bond Reclaiming the narrative about Aboriginality as well as health. #blackishealth @drcbond

11am-12 noon: Sexy Health

Dr Kat Byron and Peter Waples-Crowe, VACCHO

Talking about sexuality, sexual health, harm reduction and some deadly programs. @kat_byron & @pwcrowe

12 noon – 1pm: Healthy Choices

Jody Currie from the Institute for Urban Indigenous Health (UIIH).

Talking about the diverse communities in south-east Qld, the people UIIH work with, and the amazing transformation in health and community outcomes. @UIIH_ @DeadlyChoices

1-2pm: Engaging with the Twitter community

Luke Pearson, founder of @IndigenousX and contributor to the NCIE's Community of Excellence forum. Luke will give some tips for how health organisations, professionals and others can make effective use of Twitter. @LukeLPearson

2pm-3pm: Minimising alcohol related harms

Professor Marcia Langton, University of Melbourne (tweeting in from Vancouver, Canada.) @marcialangton

3-5pm: Strategies for addressing drug and alcohol misuse among Aboriginal youth

Dr Lynore Geia, James Cook University (@IndigenousX) and Mel Riordan (@MelRiordan) from Rural Health Consulting will also contribute to this session, which will examine evidence-based solutions on 'what works'. It will focus largely on the wide range of diversional strategies that are recommended for supporting young people who are misusing alcohol, drugs and inhalants (rather than detention).

5pm-6pm: Healing and youth

Blake Tatafu will speak about some of the issues arising from his work as a Young Healer with the Healing Foundation. @BlayneTatafu

6pm-8pm: Directions for the future

Kirstie Parker on the National Congress of Australia's First Peoples, the national campaign Close the Gap, directions for the future including greater and better resourced community control and – in the context of current proposals to weaken protections under the Racial Discrimination Act 1975 – the impact of racism on Indigenous health. @kirstiecongress

8pm-10pm: Positive male perspectives

Social work student Dameyon Bonson, from Broome, WA. Talking about the portrayal of Indigenous men in health/human service provision promotional materials, and the lack of positive/empowering imagery. Also, how "behavioural change" programs contribute to negative stereotype and assumptions, and how promoting programs as "behavioural enhancement" is more strengths based. He will also talk about the limited number of academics teaching social work and the Indigenous LGBTQI community. @db_1974

Appendix 2: Comments from some #IHMayDay panellists

Dr Chelsea Bond:

"My involvement in #IHMayDay shifted me from being a 'Twitter voyeur' to a more active Twitter user. Prior to this, I didn't really understand Twitter as a social media platform, though I enjoyed listening into to national debates and discussions. Being invited in as a moderator forced me to make sense of Twitter courtesy of a crash course from (Sweet) and it got me engaged in this conversation as well as many more since. Interestingly since this time, I've used Twitter as a site of advocacy for the plight of the small Indigenous organization in my community that I'm a board member of – my tweets have generated a fair amount of interest for our organization and has led to several media requests to tell our story including ABC, NITV and NIRS. This process helped me find my voice on social media in a professional capacity, but helped give voice to other important Indigenous community agendas that aren't well explored in traditional/mainstream media platforms."

Dr Kat Byron:

"The inclusion of 'sexy health' in #IHMayDay alongside all other health priorities shows the Aboriginal Twitter community knows that wellbeing doesn't stop at your bellybutton. #IHMayDay showed VACCHO what we can achieve in the online community and built our skills leading up to the Indigenous Peoples Networking Zone #IPNZ at the International AIDS conference #AIDS2014"

Peter Waples-Crowe:

"It was a great opportunity to get Aboriginal Sexual health into the Twitterverse as it's often seen as a sensitive issue."

Colin Cowell, NACCHO

"For NACCHO the #IHMayDay engagement was important as it coincided with two of our national campaigns, firstly promoting to government at all levels the need to "invest in healthy futures for generational change" through our NACCHO 10 point plan 2013-2030 and secondly the role NACCHO has as the national authority in comprehensive Aboriginal primary health care not only in our communities but in the broader mainstream primary health care sector."