

2016 SiREN Symposium

Innovation in Practice

Evaluation Report

9-10 JUNE

20 | TECHNOLOGY PARK
16 | FUNCTION
CENTRE



#SIREN2016 @SiREN_WA

www.siren.org.au/2016-symposium



Government of Western Australia
Department of Health
Sexual Health and Blood-Borne Virus Program



SiREN
WA Sexual Health and Blood-borne Virus
Applied Research and Evaluation Network



Curtin University



Kent Street, Bentley WA 6102
Building 400 Level 4
Email: siren@curtin.edu.au | roanna.lobo@curtin.edu.au
Web: <http://siren.org.au/>

Please direct all correspondence to
Dr Roanna Lobo
Curtin University
School of Public Health
Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN)
GPO Box U1987
Perth, WA 6845

CRICOS Provider Code 00301J (WA)
Curtin University is a trademark of Curtin University of Technology

Collaboration for Evidence, Research, and Impact in Public Health

The Collaboration for Evidence, Research, and Impact in Public Health (CERIPH) is a multi-disciplinary research centre within the School of Public. CERIPH was formerly known as the Western Australian Centre for Health Promotion Research (WACHPR), which was established in 1986 and was the first research centre in health promotion to be established by an Australian University.

CERIPH views health promotion as a “combination of educational, organisational, economic, social and political actions designed with meaningful participation, to enable individuals, groups and whole communities to increase control over, and to improve their health through attitudinal, behavioural, social and environmental changes.”

(Howat et al, 2003).

CERIPH has built and demonstrated high level expertise and research strength in:

- The design, planning, implementation, evaluation and dissemination of quality integrated health promotion programs.
- Health promotion approaches using community and settings based interventions, peer and social influence, social marketing, advocacy, community mobilisation and sector capacity building.
- Health promotion that improves outcomes in nutrition, physical activity, mental health, sexual health and sexuality, alcohol and other drug use, injury prevention and environmental and community health.
- Promotion and dissemination of evidence based practice and building practice based evidence.
- Provision of research training and capacity building techniques to undergraduate and postgraduate students, allied health promotion professionals and community workers.
- Building sustained partnerships and collaborations with vulnerable and most at risk communities and relevant community, government and private sector organisations.

Mission

CERIPH seeks solutions that promote health, prevent disease and protect populations from harm.

We build individual and organisational capacity through our partnerships, applied research, education and workforce training. Recognising the complexity of health and its determinants, our multidisciplinary collaboration provides leadership and evidence to support action across educational, organisational, socio-economic, environmental and political domains to improve population health in our region.

Table of Contents

Abbreviations	5
Overview	6
Symposium Reference Group.....	8
The Program	8
Delegates.....	10
Evaluation of the 2016 SiREN Symposium	11
Observation evaluation.....	16
Volunteers.....	18
Budget.....	18
Recommendations for planning future SiREN symposiums.....	18
Suggestions for future evaluations.....	19
Appendix A	21
Appendix B	22
Appendix C	26
Appendix D	29

Tables

Table 1. Symposium reference group members	8
Table 2. Abstract Review Committee members.....	9
Table 3. Keynote and guest speakers	9
Table 4. Were the symposium objectives met?	13
Table 5. Observation evaluation.....	16
Table 6. List of volunteers and where they were recruited	18

Figures

Figure 1. Symposium participation by type of organisation	10
Figure 2. Overall satisfaction with the 2016 SiREN Symposium.....	12
Figure 3. How delegates heard about the Symposium	14
Figure 4. Reasons for attending the symposium ¹	14

Box

Box 1. Grant recipient feedback	11
---------------------------------------	----

Abbreviations

CERIPH	Collaboration for Evidence, Research and Impact in Public Health
WACHPR	WA Centre for Health Promotion Research
AFAO	Australian Federation on AIDS Organisation
AHCWA	Aboriginal Health Council of WA
ARCSHS	Australian Research Centre in Sex, Health and Society
Assoc. Prof	Associate Professor
BBV	Blood-borne virus
CoPAHM	Community of Practice for Action on HIV and Mobility
HIV	Human immunodeficiency virus
NSP	Needle and syringe program
NSW	New South Wales
Prof	Professor
SA	South Australia
SHBBV	Sexual health and blood-borne virus
SHBBVP	Sexual Health and Blood-borne Virus Program
SHQ	Sexual Health Quarters
SiREN	Sexual Health and Blood-borne Virus Applied Research and Evaluation Network
SMPHU	South Metropolitan Public Health Unit
STI	Sexually transmitted infection
UNSW	University of New South Wales
UWA	University of Western Australia
VIC	Victoria
WA	Western Australia
WAAC	WA AIDS Council
WACHS	WA Country Health Service

Overview

Held every two years, the SiREN Symposium is an event for those with an interest in reducing the transmission and impact of sexually transmitted infections and blood-borne viruses in Western Australia.

The 2016 SiREN Symposium was held at the Technology Park Bentley Conference and Function Centre in Perth, Western Australia (WA) 9 - 10 June 2016. The two day event brought together over 100 delegates from metropolitan and regional WA and interstate; including service providers, project officers, clinicians, nurses, policy makers, researchers and students working in the sexual health and BBV (SHBBV) sector. The 2016 symposium sought to promote evidence-based planning and evaluation, foster collaboration and dialogue, and provide knowledge translation opportunities for the WA SHBBV sector.

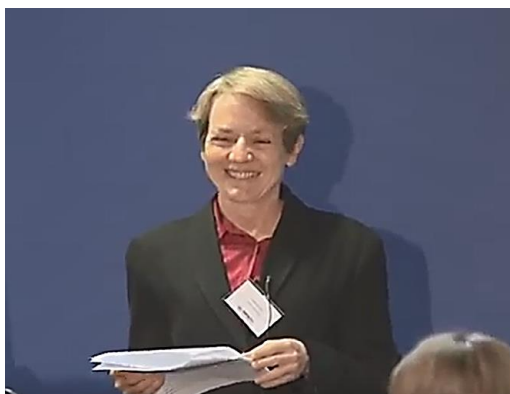
The aims of the 2016 symposium were to:

- Showcase WA research and evaluation projects;
- Share experiences of researchers and practitioners working in partnership;
- Provide presentation opportunities for practitioners, policy makers and researchers who have not presented at a conference previously; and
- Facilitate new linkages and partnerships within the sector.

The symposium was opened with a Welcome to Country by Dr Richard Walley, a Nyoongar man from the Southwest region of WA. Assoc. Prof Linda Selvey, Chair of the WA Committee on Blood-Borne Viruses and Sexually Transmissible Infections provided a welcoming address.

A range of keynote and guest speakers from WA and interstate featured including:

- Dr Paul Armstrong, WA Department of Health;
- Assoc. Prof Martin Holt, Centre for Social Research in Health, UNSW Australia;
- Prof Margaret Hellard, Burnet Institute;
- Prof Peter Aggleton, Centre for Social Research in Health, UNSW Australia;
- Assoc. Prof James Ward, South Australian Health and Medical Research Institute; and
- Assoc. Prof Jonine Jancey, Curtin University.



Assoc. Prof Linda Selvey (Curtin University)



Prof Margaret Hellard (Burnet Institute)

In all there were 41 abstract driven sessions over the two days.

Scheduled breaks and a sundowner event provided opportunities for further networking and interaction.

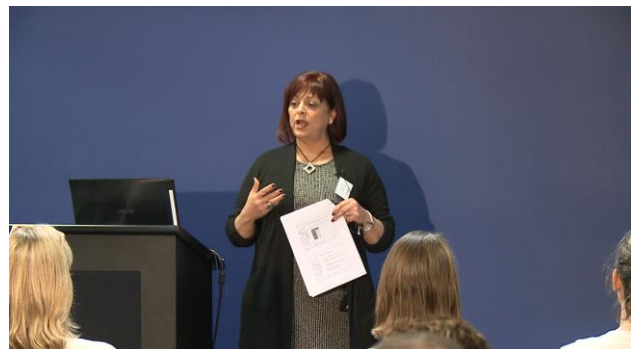
During the morning registration and welcome session, and during all breaks throughout the day, delegates were encouraged to view a range of agency resources and evaluation reports.

Overall, the symposium was well received and positively evaluated. An overview of the evaluation data is provided within this report. Some suggestions for improvement are made for future events.

Sincere thanks goes to everyone who contributed to and or participated in the 2016 Symposium. We hope that the Symposium enabled delegates to make new connections, ignite existing connections, and learn something valuable to take back to their workplace.



Dr Roanna Lobo and Ms Gemma Crawford (Curtin University)



Ms Lea Narciso (SA Department of Health)



Mr Micheal Frommer (AFAO)



Assoc. Prof Martin Holt (UNSW Australia)



Ms Maryrose Baker (WA Department of Health)



Ms Sian Churcher (WA Department of Health)

Symposium Reference Group

A Symposium Reference Group composed of individuals from key sexual health and BBV organisations within WA provided input and feedback regarding their area of expertise. Group members are outlined in Table 1.

Table 1. Symposium reference group members

Member	Organisation
Tina Chenery	Pilbara – Population Health Unit, WA Country Health
Sian Churcher	WA Health
Matt Creamer	WA AIDS Council (WAAC)
Mel Denehy	SiREN
Dr Sajni Gudka	University of Western Australia (UWA)
Dr Jacqui Hendriks	Curtin University
Carl Heslop	Curtin University
Dr Roanna Lobo	SiREN
Karen Miller	Sexual Health Quarters (SHQ)
Erin McKay	South Metropolitan Population Health Unit (SMPHU)
Jen Needham	Aboriginal Health Council of WA (AHCWA)
Sally Rowell	HepatitisWA

The Program

Symposium abstracts were submitted online at www.siren.org.au and also via email to the SiREN team. Abstracts were received under the following themes:

- Collaboration and partnerships;
- Using technology: health promotion and/or breaking down geographic barriers;
- Research and evaluation: what works and why; and
- Storytelling and knowledge transfer.

SiREN provided the following abstract options: *long presentations* (10-15 minutes); *case study presentations* (20-30 minutes); *short presentations* (3-5 minutes); and *stories from the field discussions* (informal brief discussions). SiREN received 44 suitable abstract submissions and 41 were included in the program (3 delegates were unavailable). The majority of presenters were given a 10-15 minute presentation time slot.

- 23 abstracts were allocated 10 to 15 minute time slots
- 9 abstracts were allocated 3-5 minute time slots
- 9 abstracts were allocated 20-30 minute time slots.

One abstract was received from the story from the field category and unfortunately this presenter was unable to attend.

An Abstract Review Committee was established to review all submitted abstracts and assist in shaping the symposium program. Committee members are outlined in Table 2. Feedback from the Abstract Review Committee indicated that further training on developing abstracts was required for some presenters.

Table 2. Abstract Review Committee members

Member	Organisation
Mel Denehy	SiREN
Dr Jacqui Hendriks	Curtin University
Dr Roanna Lobo	SiREN
Prof Donna Mak	WA Health/University of Notre Dame

A copy of the program and presenters is located in Appendix A.

Abstract presenters

A total of 48 individuals presented at the symposium. The majority (83%; n=40) were from WA; 37 were from metropolitan WA and three were from regional/remote WA. A further four presenters were from NSW, three were from SA and one was based in VIC. Of note, SiREN contacted a number of regional and remote organisations within the sector to encourage abstract submission. An additional regional presentation was scheduled for day two, however the presenter removed their abstract prior to the symposium, as they had not been able to obtain internal approval to attend. A list of abstract presenters is located in Appendix B.

Keynote and guest speakers

Table 3 lists the keynote and invited guest speakers and affiliation. Encouragingly, there was strong representation of researchers from the national sexual health and blood-borne virus research centres.

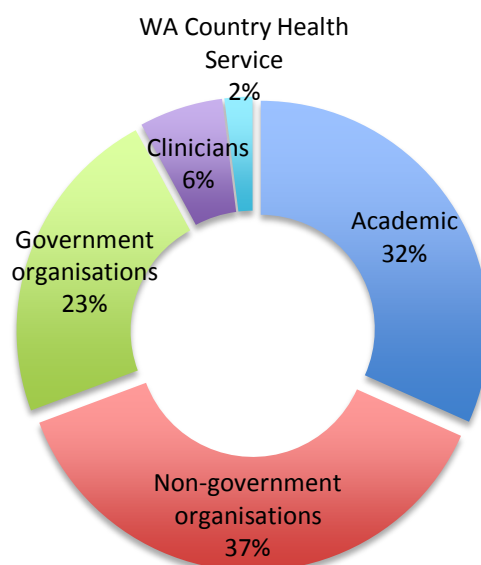
Table 3. Keynote and guest speakers

Member	Organisation	Role
Dr Paul Armstrong	WA Health	Guest speaker (invited to discuss knowledge translation)
Assoc. Prof Linda Selvey	Curtin University	Guest speaker (invited to open Symposium)
Assoc. Prof Jonine Jancey	Curtin University	Guest speaker (invited to open Symposium)
Assoc. Prof Martin Holt	Centre for Social Research in Health, UNSW Australia	Keynote speaker
Prof Margaret Hellard	Burnet Institute	Keynote speaker
Prof Peter Aggleton	Centre for Social Research in Health, UNSW Australia	Keynote speaker
Assoc. Prof James Ward	South Australian Health and Medical Research Institute	Keynote speaker
Assoc. Prof Rebecca Guy	Kirby Institute	Guest speaker (invited to present TTANGO project with key representatives from AHCWA)

Delegates

There were 106 registered delegates (including guest and keynote speakers) in attendance. Figure 1 shows that there was a good level of representation from non-government organisations, government organisations and academic institutions. A small number of clinicians and WA Country Health staff also attended the symposium. A list of attendees is located in Appendix B.

Figure 1. Symposium participation by type of organisation



Regional and remote travel grants program

A regional and remote travel grants program was established to provide some financial assistance to those who would otherwise be unable to attend. Each grant was valued up to \$1,000 and could be used to cover registration, travel and/or accommodation costs. A flyer and webpage were created to advertise the grants program and these were sent to WA and interstate networks for distribution and promotion. SiREN also phoned selected WA regional and remote contacts, including Aboriginal health organisations, to encourage submission and attendance.

Nine applications were received and were notified that they were successful; two grants were not provided due to recipient unavailability (one recipient left the sector, one recipient was unable to obtain leave).

Comments received from individuals during promotion of the grants program included:

- Due to the freeze on WA Health spending, there was a lengthy leave submission process and travel was discouraged.
- As the event was scheduled near the end of the financial year, the organisation was no longer allowing conference attendance. While the grant money available was substantial, it was felt that additional money would be required from the organisation to support a staff member to go. To get

the greatest benefit, the organisation felt that it should send two people and also noted that travelling alone to a metropolitan area was an issue for some of their staff (Note: In response, SiREN noted that an application could be submitted for two people i.e. valued at \$2000).

Feedback from one grant recipient is provided in Box 1.

Box 1. Grant recipient feedback

Thank you kindly to the SiREN Symposium Committee for the wonderful opportunity to attend the two-day event in Perth in June. As I am relatively new to my role... and our location is limiting in the availability of professional development opportunities, it was an invaluable experience to be surrounded by such dynamic, knowledgeable, passionate professionals at the conference.

The highlights were many and the difficulty lay in choosing between the vast array of speakers. Each person who spoke shared the desire of all in attendance to improve the statistics, treatments, outcomes, experiences and approaches of those living with STIs and/or BBVs within the community and those of us who are a part of their care.

In view of our remote location..., so many of the specific Indigenous related sessions were pertinent to our clientele, their transient nature and the vast expanse we are required to cover. With this in mind, Associate Professor James Ward highlighted the importance of research into young Aboriginal and Torres Strait Islander individuals and their associated use of various illicit drugs and the correlation between this and STIs and BBVs. He provided positive reinforcement and feedback on strategies implemented by those of us working as clinicians in the front line of care and emphasised research procedures and outcomes to assist our roles further.

In addition to the sharing of knowledge at a presentation level, the networking that was both encouraged and maximised at break times, was crucial to the success and atmosphere of the conference and thoroughly rewarding. With the evidence presented by Professor Margaret Hellard already having being shared amongst colleagues at our ...Network Meeting via teleconference..., many further opportunities will arise to expand and share all that I gained from the conference with others.

During payment of the grant monies, grant recipients provided feedback that the 30-day payment terms (a Curtin accounts payable process) were not adequately communicated to them and that they needed the funds earlier. It is recommended that these payment terms be communicated to recipients upon receiving the application and that alternative grant payment methods are investigated for future symposiums.

It is also recommended that future symposiums investigate additional avenues for grant program promotion and address areas that made the grant program unattractive to potential recipients.

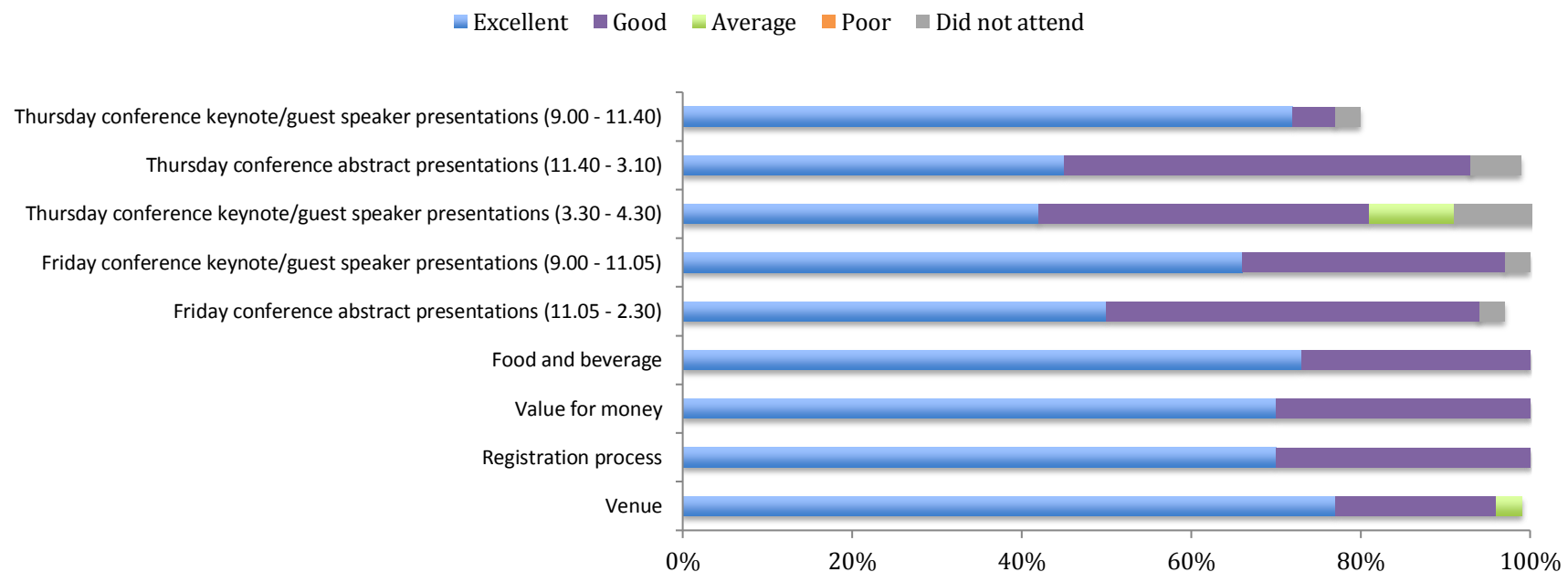
Evaluation of the 2016 SiREN Symposium

An overview of the evaluation data collected is provided below, each of the evaluation questions are presented followed by either quantitative or qualitative analysis, in some cases both are presented. A total of 66 responses were received. A copy of the evaluation form is contained in Appendix C.

Overall satisfaction with the symposium

Figure 2 indicates that that overall satisfaction with the 2016 symposium was high, with the majority of respondents rating the keynote and abstract presentations, the venue, the registration process, ticket prices and the catering as *excellent* or *good*.

Figure 2. Overall satisfaction with the 2016 SIREN Symposium



	Venue	Registration process	Value for money	Food and beverage	Friday conference abstract presentations (11.05 - 2.30)	Friday conference keynote/guest speaker presentations (9.00 - 11.05)	Thursday conference keynote/guest speaker presentations (3.30 - 4.30)	Thursday conference abstract presentations (11.40 - 3.10)	Thursday conference keynote/guest speaker presentations (9.00 - 11.40)
Excellent	77%	70%	70%	73%	50%	66%	42%	45%	72%
Good	19%	30%	30%	27%	44%	31%	39%	48%	5%
Average	3%	0%	0%	0%	0%	0%	10%	0%	0%
Poor	0%	0%	0%	0%	0%	0%	0%	0%	0%
Did not attend	0%	0%	0%	0%	3%	3%	10%	6%	3%

Several positive qualitative comments were made, these included:

- *Particularly enjoyed Margaret on Thursday morning*
- *Great opportunity to network with health bodies*
- *Margaret Hellard was fantastic*
- *Generally really good. Some presentations were very 'facts & figures', would have liked them to focus more on the why & the 'so what'?*
- *Good range of topics*
- *Great to hear presentations incorporating Indigenous health statistics*
- *Overall, a great symposium. Well done! The short 5-8 min presentations were a great addition*
- *It was really good and it was such an honour to present at this symposium.*

Some participants commented that it was difficult to hear the keynote speakers. One participant commented that it was difficult to see the projections as the screens were too low and the chairs were in lines.

- *Thursday conference keynote/guest speaker presentations (3.30-4.30) - Sadly - a good presentation from Peter Aggleton but we could not hear him – no microphone.*

Symposium objectives

The symposium objectives were considered fully met or partially met by the majority of respondents (Table 4). One participant commented that it was '*sad to see the lack of Aboriginal people & Aboriginal terms of reference*' at the symposium.

Table 4. Were the symposium objectives met?

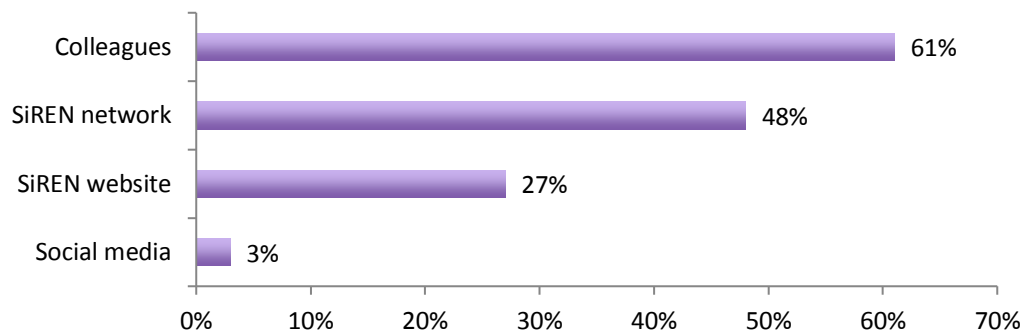
	Fully met	Partially met	Not met
To share experiences of researchers, practitioners and policymakers working in partnership	97%	0%	3%
To facilitate new linkages and partnerships within the sector	76%	24%	0%
To showcase WA research and evaluation projects	88%	12%	0%

Positively, almost all respondents (91%; n=58) felt that the symposium provided sufficient opportunities for networking. Suggestions to increase networking opportunities included having breakout sessions, increasing the break times, having additional events or activities that provided an opportunity to meet others in the sector, and finishing earlier instead of having afternoon tea.

How delegates heard about the symposium

The majority of delegates heard about the symposium from their colleagues, the SiREN Network or from siren.org.au (Figure 3). Of note, it is positive to see that more than half (61%) of delegates heard about the symposium from their work colleagues.

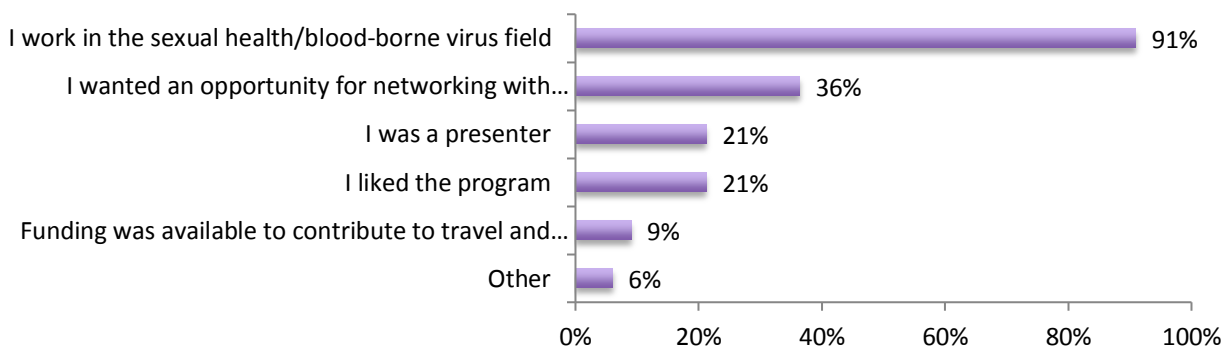
Figure 3. How delegates heard about the Symposium¹



Reason for attending the symposium

Respondents were asked to provide their reasons for attending the symposium. Participants largely attended the symposium because they worked in the sexual health/blood borne virus field and wanted an opportunity for networking with others in the field (Figure 4). Around one in five respondents attended the symposium because they were a presenter or liked the program. Other reasons for attending the symposium was to find out about STI and BBV research being undertaken and having an interest in sexual health and BBVs in remote Aboriginal communities.

Figure 4. Reasons for attending the symposium¹



Most valuable aspect of the symposium

Respondents were asked what they felt was the most valuable aspect of the symposium. The most valuable aspects of the symposium were providing an avenue to stay updated on the work being undertaken by the WA sector; learning new things; networking; the keynote presentations; the variety of abstract presentations; and the opportunity to present.

- *“There were a range of presenters and a good mix of STI/BBV topics”*
- *“The symposium was an opportunity to learn about what works for different organisations”*
- *“I was able to learn about other projects and discover new ways to evaluate”*

¹ Figures do not add to 100% as respondents were able to select more than one response option.

- *"The keynote presentations were of a very high quality. There was a very interesting mix of STI/BBV related topics"*
- *"Hearing about research projects that have been implemented and ongoing and seeing the potential for further research projects that can and need to be carried out"*
- *"Learning about research methodologies"*
- *"Networking and a time effective way to catch up on what's going on in the sector"*
- *"Up to date information on trends in STIs and BBVs"*
- *"The short 5-8 min presentations were a great addition"*
- *"Networking with others in field and the focus on Aboriginal populations."*

Key learnings obtained from the symposium

Key learnings from the symposium that respondents intended to take back into the workplace included new and or innovative ways to plan evaluate programs; the importance of and tips for engaging with populations, particularly Aboriginal communities; peer education methods; applicable leanings from other projects; and the current epidemiology in WA.

- *"We need to do more research!"*
- *"The usefulness of ethnographic research"*
- *"Nearly everything"*
- *"Information on engaging with remote Aboriginal communities"*
- *"Innovative ways to collect data and program implementation. The symposium provided a good update on current data which will be useful for program implementation"*
- *"Data and statistics regarding engaging men in remote communities, the need to work collaboratively with other health organisations and state/territory health departments"*
- *"Use innovative ways to collect data and conduct programs"*
- *"The importance of engaging with populations"*
- *"Simple ways to connect"*
- *"Drug use in Aboriginal communities, TTANGO project, Hepatitis C treatment, and the yarning quiet ways project"*
- *"I will be presenting an overview of the symposium to the rest of my team who could not attend. The key learning is that you really have to be here to get the most from it so all of our team should attend in 2018."*

Opportunities for improving the symposium

Respondents were asked to share how they felt the symposium could be improved. Respondent comments centered on having a greater focus on what worked and any enablers during presentations, with discussions on how the leanings could be applied to other settings.

- *"More on what works - real tools"*
- *"More practical – presentations from the field would be great"*
- *"Less presenters, more time for questions; less theory research - more practice"*
- *"Ask presenters to focus on enablers, strategies that have worked not just problems & barriers"*
- *"Localised/applied research & evaluation projects - how these learnings could be transferred"*

Respondents also noted that more time for discussion, by having fewer presentations and or panel discussions, would be preferable. Other suggestions included:

- Grouping the abstracts into clearer themes or categories;
- Increased promotion of poster presentations;
- Increased attendance from urban, regional and remote Aboriginal health workers, clinicians and organisations;
- Increased attendance in general;
- Ensuring presenters use microphones;
- More standing or moving breaks; and
- Hosting additional events and activities to meet others in the sector.

Observational evaluation

For each concurrent session, an online observation checklist was developed to record what worked well and suggested changes for future symposiums. The results are reported in Table 5. It is noted that an observational evaluation was not undertaken at the afternoon sessions in the theatre on both days due to insufficient volunteer numbers. It is recommended that additional volunteers be recruited in subsequent years.

Table 5. Observational evaluation

Session	What worked well	Suggested changes
Thursday- Theatre (11:40am- 1:00pm)	Despite running behind schedule, the session was well chaired and moved quickly between each speaker Having the discussion at the end of the session resulted in a comprehensive discussion that included all presentations	As the session was running behind schedule, people were walking in/out during sessions. Some presenters appeared to be distracted by this. Having buffer time between presentations and ensuring the chair sticks to presentation lengths is recommended.
Thursday - Seminar (11:40am- 1:00pm)	Two case study abstracts were included in this session. There appeared to be lots of engagement with the case study presentation format	The buzzers to indicate presentation time was up were very loud and distracting for presenters. The chair also had difficulty resetting the buzzer. It is recommended that alternative alarms are investigated or the session chair is provided with instructions prior to their session. Some speakers were difficult to hear and the session may have benefited from a microphone.
Thursday - Seminar (1:45pm- 3:10pm)	Leaving the door opened meant that those walking in/out did not distract the speaker Leaving time for questions at the end meant that there was more time for	Allowing time in between presenters for questions would have worked well as most speakers went over time. While introducing each speaker worked

Session	What worked well	Suggested changes
	<p>discussion.</p> <p>Handing out resources after the presentation appeared to be well received.</p> <p>The session ran smoothly when the chair did the timing (in some sessions this was done by a volunteer)</p>	<p>well as it gave the audience context, it also reduced question time, as it was not built into the symposium program schedule.</p> <p>A consistent timing system to notify speakers on presentation duration was required.</p> <p>A student volunteer was in this session, however they did not make this known to the chair. This became an issue when the chair needed help with technical difficulties. Future symposiums should ensure one volunteer is in each session and they introduce themselves.</p> <p>It is recommended that presenters be asked to notify SiREN of any presentation requirements prior to the symposium. This will ensure SiREN has checked that all requirements are working prior to the session.</p>
Friday - Theatre (1:25pm-2:30pm)	<p>Some presentations were text heavy. The audience appeared to be more engaged with the presentations that had less text.</p> <p>Providing training/information on developing conference presentations may be valuable for the sector.</p>	<p>This session experienced technical problems. It is recommended that routine checks be undertaken prior to each session.</p>
Friday - Seminar (11:10am-12:40pm)	<p>The intimate size of the room allowed for more discussion, as microphones were not needed.</p>	<p>The pointer stopped working in this session and the computer also shut down. Prior to each session it is recommended that the pointer is tested and there is a check to ensure the computer charger is turned on at the wall.</p> <p>More seats were required in this room.</p>
Friday - Seminar (1:25pm-2:30pm)	<p>This session ran really smoothly with the presentations running on time.</p>	<p>The presenter had not sent through the most up to date slides therefore they were trying to update the session before it started. Providing a means for presenters to check slides prior to their session may address this issue at future symposiums.</p>

Additional volunteer feedback indicated that the most common questions received were the location of presentation rooms, bathroom locations, where to access water and the Wi-Fi password.

Volunteers

A call for volunteers was placed through multiple communication channels within WA universities. A total of six volunteers were recruited, however due to personal reasons, one volunteer was unable to attend on the day. Table 6 shows the volunteers who participated on the day and where they were recruited.

Total number of volunteers: 5

Table 6. List of volunteers and where they were recruited

Volunteer name	Recruited from
Kristen Beckingham	Curtin University
Rebecca Craft	Edith Cowan University
Jennifer Dalby	Curtin University
Zanna Leau	Curtin University
Gretchen Waddell	Curtin University

Budget

Ticket income covered approximately half of the symposium cost which totaled \$21,050.98 (excluding AV recording and planning of conference). The other half of what was spent was done so through the SiREN symposium budget, which was fully spent leaving a deficit of \$110.98.

The recording of the symposium presentations (\$1,430) was donated by Curtin University. The in-kind time of project officer Mel Deheny in preparation and organising the conference, and the time of another staff member used to support this as well, are not accounted for in this budget. This was at least 80% of the 10 weeks of the Project Officer's time surrounding the conference of her 0.4 FTE role, (i.e. leading up to the conference and in wrap up) , and 6 weeks of another 0.2 FTE role at same percentage.

Recommendations for planning future SiREN symposiums

Based on the evaluation data collected, the following recommendations for planning future SiREN symposiums are proposed.

- Do not hold the symposium near the end of the financial year as this may have created some barriers to participation;
- Consider using the same venue;
- If the same venue is selected, it is recommended that the silver package catering is booked for both days instead of booking the gold package. The gold package was more expensive though anecdotal feedback from delegates suggested that the silver package, which contained sandwiches, sushi, wraps, canapés, salads and fruit, was sufficient;
- Consider including venue information (location of rooms, bathrooms, Wi-Fi password) in the symposium program;

- Investigate additional opportunities for promoting travel bursaries to regional and remote staff allowing them use of the funds for planning and expenditure earlier than the 30 days this conference allowed
- Consider increasing the bursary amount and providing opportunities for some organisations to apply for up to two people (particularly Aboriginal health organisations);
- Recruit more practice based presentations
- Target involvement of Aboriginal staff and Aboriginal health organisations;
- Do not offer satellite workshops at the end, length of symposium is enough
- Target regional and remote organisations in the abstract submission process. While the stories from the field category received positive feedback from regional and remote contacts, only one submission was received;
- Recruit additional volunteers;
- When figures and facts are heavily presented encourage speaker to concentrate too on the “why?” and “so what?”
- Provide information and or training on developing abstracts and presentations to the WA sexual health and BBV sector;
- Encourage presenters to talk about the enablers, what worked for them and how this information could be translated to other settings;
- Provide more opportunities for discussion between and after presentations;
- Consider having standing or moving breaks;
- Provide sufficient opportunities for networking;
- Establish procedures for running the event on the day (for example, a checklist for setting up each room, ensure microphones are used when available, quieter buzzing equipment or alarms if used)
- Group the abstracts into clearer themes or categories, and
- Increase promotion of poster presentations
- Hire AV personnel for both days and include video cutting of speaker presentations in what they are contracted to do for easy and timely posting of video presentations post conference.

Suggestions for future evaluations

Suggestions for improving the evaluation data for future symposiums include:

- It is recommended that participants are given time to fill in the evaluation (no time was dedicated to this in the current evaluation). It is anticipated that this may have resulted in an increased number of completed forms.
- SiREN developed a paper-based record-keeping sheet for volunteers to record questions and issues over the two days. This was not used, as the volunteers were too busy to record notes. It is recommended that additional volunteers are recruited and a brief debrief session is held at the end of each day as opposed to the end of day 2.
- Collecting and documenting reflections from keynote speakers and abstract presenters
- Inviting key stakeholders, a representative from each type of organisation who attended to provide feedback on the symposium via a short telephone call or meeting.
- Documenting all questions/issues raised by delegates to volunteers during the symposium.

In Conclusion

It is suggested that we continue to run the SiREN symposium as a biennial event.

In terms of finances needed to run it, it can be seen that a small cost saving can be achieved in revisiting how we do catering, and the level of food cost.

A similar budget will most likely be needed next time for most other items. An important change though (and a recommendation) would be that two thirds more spending is outlaid on getting rural conference participants and/or speakers to the symposium through sponsorship (an extra \$3750 needed to do this if increasing this expenditure line of the budget actuals from 2016 by two thirds). A predicted extra \$1800, at least will also be needed for AV costs.

SiREN will continue to focus on capacity building within the rural networks, and grow this focus for the next conference.

The symposium is cost effective equating to \$90 per head based on 110 participants. Registration was affordable for participants, and the symposium provided a valuable opportunity for the Western Australian SHBBV sector to network and understand more fully the epidemiological trends that are apparent.

In conclusion, and encouragingly, with an 87% satisfaction rate for this symposium rated by participants as being “good” or “excellent” in terms of keynote and guest speakers over the 2 days, and with minor suggestions that can be easily addressed for next time, the conference was a great success in meeting its aims.

Appendix A

Symposium program and abstract presenters

The symposium program can be accessed via the SiREN website:

<http://siren.org.au/2016-symposium/speaker-presentations/>

Appendix B

Symposium delegates

First Name	Last Name	Position/Job Title	Organisation
Gwen	Rakabula	TTANGO2 Coordinator	Aboriginal Health Council of WA
Veronica	Walshe	Specialist Clinical Trainer	Aboriginal Health Council of WA
Michael	Frommer	Policy Analyst	Australian Federation of AIDS Organisation
Graham	Brown	Senior Research Fellow	Australian Research Centre in Sex, Health and Society
Margaret	Hellard	Head of the Centre for Population Health	Burnet Institute
Supervisor[1]		Attended part day	Curtin University
Christopher	Fisher	Senior Lecturer	Curtin University
Gemma	Crawford	Research Fellow	Curtin University
Jacqui	Hendriks	Project Manager Sexuality and Relationships Education Project	Curtin University
Jonathan	Hallett	Research Fellow	Curtin University
Jonine	Jancey	Senior Research Fellow	Curtin University
Mark	Boyes	Senior Research Fellow	Curtin University
Regina	Lau	NP student	Curtin University
Sharyn	Burns	Associate Professor	Curtin University
Yoshimi	Marui	PhD student	Curtin University
Amanda	McCallum	Lecturer	Curtin University
Donna Angelina	Rade	Curtin Alumni	Curtin University
Linda	Selvey	Associate Professor	Curtin University
Eric	Khong	Medical Advisor	Edith Cowan University
Lewis	Marshall	Sexual Health Physician	Fremantle Hospital
Belinda	Wozencroft	General Practitioner	GP on Beaufort
Frank	Farmer	Executive Director	HepatitisWA
Amanda	Siebert	Hepatitis B Community Development Officer	HepatitisWA
Amineh	Rashidi	Support Officer	HepatitisWA
Bethwyn	Chigwada	Hepatitis B Community Development Officer	HepatitisWA
Bianca	Fish	Volunteer	HepatitisWA
Matthew	Armstrong	Work Force Development Officer	HepatitisWA
Nadia	Cleber	NSP/Volunteer Coordinator	HepatitisWA
Sally	Rowell	Community Services Manager	HepatitisWA
Katy	Crawford	A/Senior Public Health Nurse	Kimberley Population Health Unit
Praveena	Gunaratnam	Research Officer	Kirby Institute, UNSW Australia
Josie	Rayson	Manager	Magenta

First Name	Last Name	Position/Job Title	Organisation
Benjamin	Jones	Primary Health Care RAN	Ngaanyatjarra Health Service
Jo	Fagan	Director	North Metropolitan Health Service
Jo-Anne	Parker	Public Health	North Metropolitan Public Health
Joyce	Keith	Disease Control Coordinator	North Metropolitan Public Health Unit
Sue	Szalay	Public Health Nurse	North Metropolitan Public Health Unit
Richard	Walley	Guest speaker	Order of Australia
Elizabeth	Brooker	Regional Sexual Health and Blood Borne Virus Project Officer	Population Health
Enaam	Oudih	Manager Multicultural & BBV programs	Relationships Australia SA
Christine	Dykstra	Sexual health physician	Royal Perth Hospital
Michelle	Yong	Senior Regional Sexual Health	Royal Perth Hospital
Lea	Narciso	Senior Project Officer, HIV and STIs	SA Health
Megan	Elias	Educator	Sexual Health Quarters
Murray	Masters	Coordinator Pilbara Project and WA Sexual Health Network, SHQ	Sexual Health Quarters
Richelle	Douglas	Medical Director	Sexual Health Quarters
Rose	Murray	Mooditj Project Officer, SHQ	Sexual Health Quarters
Travis	Young	Educator	Sexual Health Quarters
Max	Taylor	Director of Operations	Sexual Health Quarters
Travis	Young	Coordinator	Sexual Health Quarters
Julian	Henderson	CEO	Sexual Health Quarters
Bobby	Maher	Project Officer	Sexual Health Quarters
Sandra	Norman	Project Co-ordinator	Sexuality Education Counselling & Consultancy Agency
Janiece	Pope	Project Officer	SHine SA
Corie	Gray	CoPAHM Coordinator	SiREN
Kahlia	Mc Causland	Research Assistant	SiREN
Mel	Denehy	Project Officer	SiREN
Roanna	Lobo	Project Manager	SiREN
Rochelle	Tobin	PhD student	SiREN
James	Ward	Keynote speaker	South Australian Health and Medical Research Institute
Jemima	Higgins	Nurse Practitioner	South West Aboriginal Medical Service
Martin	Holt	Keynote Speaker	University of New South Wales Australia
Peter	Aggleton	Keynote Speaker	University of New South Wales Australia
Rebecca	Guy	Program Head with the Surveillance Evaluation and Research Program	University of New South Wales Australia

First Name	Last Name	Position/Job Title	Organisation
Josephine	Agu	PhD Student	University of Technology Sydney
Ella-Louise	Brook	Project Officer	University of Western Australia
Sajni	Gudka	Assistant Professor	University of Western Australia
Helen	Wood	PhD student	University of Western Australia
Andrew	Burry	CEO	WA AIDS Council
Ben	Bradstreet	Senior Counsellor	WA AIDS Council
Bethany	Martin	Health Promotion Officer	WA AIDS Council
Carley	Robbins	Community Development and Advocacy Officer	WA AIDS Council
Justin	Manuel	M Clinic Coordinator	WA AIDS Council
Mark	Reid	Fundraising, Events and Media Coordinator	WA AIDS Council
Matt	Creamer	Health Promotion Manager	WA AIDS Council
Reena	D'Souza	Training and Development Officer	WA AIDS Council
Samuel	Gibbings	NSEP Project Officer	WA AIDS Council
Natasha	Ghandour	Health Nurse	WA Country Health (Kimberley)
Dianne	Rifici	Public Health Nurse - Sexual Health & Blood-Borne Virus	WA Country Health Service (Midwest)
Heather	Lyttle	Public Health Physician/Sexual Health Physician	WA Country Health Service (Pilbara)
Karen	Lipio	Health Promotion Officer	WA Country Health Services
Byron	Minas	Senior Project Officer	WA Department of Health
Maryrose	Baker	Senior Policy & Planning Officer	WA Department of Health
Penny	Curtis	Consultant	WA Department of Health
Johanna	Dups	Masters Student	WA Department of Health
Adie	Seward	Program Officer	WA Department of Health
Daniel	Vujcich	Senior Policy Officer	WA Department of Health
David	Worthington	Program Officer	WA Department of Health
Donna	Mak	Public Health Physician	WA Department of Health
Faye	Thompson	Senior Program Officer	WA Department of Health
Jude	Bevan	Senior Policy & Planning Officer	WA Department of Health
Kathryn	Kerry	Senior Policy and Planning Officer	WA Department of Health
Lisa	Bastian	Manager - SHBBVP	WA Department of Health
Meagan	Roberts	A/Senior Policy Officer	WA Department of Health
Sian	Churcher	Senior Policy Officer - HIV	WA Department of Health
Sue	Laing	Senior Policy and Planning Officer	WA Department of Health
Emily	Foyster	Graduate Officer	WA Department of Health
Paul	Armstrong	Guest Speaker	WA Department of Health
Fiona	Docherty	ACE Worker	WA Substance Users Association
Paul	Dessauer	Outreach Coordinator	WA Substance Users

First Name	Last Name	Position/Job Title	Organisation
			Association
Sarah	Grant	Youth Worker	WA Substance Users Association
Susan	Carruthers	Community Development and Evaluation Officer	WA Substance Users Association
Angela	Corry	CEO	WA Substance Users Association
Barbara	Nattabi	Senior Lecturer	Western Australian Centre for Rural Health
Sharon	Maxwell	Manager Clinical Services	Women's Health and Family Services
Anania	Tagaro	YEP Project Officer	Youth Affairs Council of WA

Appendix C

Symposium evaluation form

Thank you for coming to the 2016 SiREN symposium. To assist us to evaluate this event, and to plan future events, please take a few moments to complete this form.

1. Please indicate your overall satisfaction with the symposium:

	Excellent	Good	Average	Poor	Did not attend
THURSDAY Conference keynote presentations (9.00-11.40)					
THURSDAY Conference abstract presentations (11.40-3:10)					
THURSDAY Conference keynote presentations (3.30-4.30)					
FRIDAY Conference keynote presentations (9.00-11.05)					
Conference abstract presentations (11.05-2:30)					

Comments _____

2. Please indicate your overall satisfaction with the symposium:

	Fully met	Partially met	Not met
Food & beverage			
Value for money			
Registration process			
Venue			

3. Please indicate whether the following symposium objectives were met:

	Fully met	Partially met	Not met
To share experiences of researchers, practitioners and policymakers working in partnership			
To facilitate new linkages and partnerships within the sector			
To showcase WA research and evaluation projects			

Comments _____

4. How did you hear about the symposium? (you may tick more than one)

- ☐ SiREN website siren.org.au
- ☐ SiREN Network email
- ☐ Colleagues
- ☐ Social media e.g. Facebook, twitter (please indicate which social media) _____
- ☐ Professional body e.g. AHPA, PHAA (please indicate which body) _____
- ☐ Other email group/listserv (please indicate which one) _____
- ☐ Other _____

5. Why did you attend the symposium? (you may tick more than one)

- ☐ I work in the sexual health/blood borne virus field
- ☐ I liked the program
- ☐ I wanted an opportunity for networking with others in my field
- ☐ I was a presenter
- ☐ There was an opportunity to attend other professional development/satellite workshops
- ☐ Funding was available to contribute to travel and registration costs
- ☐ Other _____

6. Please tell us what you found most valuable about the symposium:

7. Are there key learnings from the symposium that you intend to take back and use in your workplace?

7. Did the symposium provide sufficient opportunities for networking?

- ☐ Yes ☐ No

Comments: _____

8. How do you think the symposium could be improved?

9. What information and/or topics would you like included in future SiREN symposiums?

10. Any other comments/suggestions?

For further information about SiREN please visit www.siren.org.au, or to join the SiREN Network to receive updates on future SiREN events and activities please email siren@curtin.edu.au.

Thank you for completing this evaluation. Your time and participation is **greatly appreciated**.

Appendix D

Symposium budget breakdown

COST	ITEM	DETAILS
\$8,687.50	Catering	All day seminar package (1x gold package; 1x silver package), plus special meals (2 days) ²
1,675.00		Canapés and drinks ³
		Special meals
\$699.08	Keynote speaker	Margaret Hellard (flights and accommodation)
		James Ward (flights and accommodation)
\$5,626.39	Travel grants	Travel/registration costs for delegates
\$300.00	Welcome to country	Organised by AHCWA (reimbursed by SiREN)
\$192.33	Speaker gifts	Includes gifts and wrapping
	Venue	Seminar and theatre room hire (2 days)
\$921.81	Equipment	Hire projector (x1), microphones (x3), wireless mouse (x1), printing (6x pages) for 2 days
\$30.91		Binding of SiREN toolkit
\$202.96		Stationary (folders, name tags, pens, notepads etc.)
\$0	Volunteer t-shirts	Donated by Curtin University
\$125.00	Marketing/promotion	SiREN stickers
\$0		Recording of symposium presentations. Total cost was \$1,430. This was donated by Curtin University.
\$1,290.00	Program	Designing the symposium program and flier
\$1,300.00	Program	Printing the symposium program
\$21,050.98	TOTAL SYMPOSIUM COST	
\$10,940.00	TOTAL TICKET INCOME	
\$10,000.00	SYMPOSIUM BUDGET	
\$20,940	TOTAL SYMPOSIUM BUDGET (SiREN SYMPOSIUM BUDGET + TOTAL TICKET INCOME)	
- \$110.98	BUDGET DEFICIT	

² If the same venue is selected in future it is recommended that the silver package is booked for both days as it contained sufficient variety and was cheaper per day.

³ The venue did not allow for drinks on consumption and an estimated number of attendees was required prior to the event. Fewer people than anticipated attended the event. SiREN enquired about getting a partial refund however was informed that this would not be possible.