

Professor Kelvin Kong

Q & A

Q. Your own clinical practise is complemented by ongoing research into the causes and treatment of ear disease. Sometimes there is a resistance from clinical practitioners in accessing or being informed about the latest research in their fields.....why do you think that is and how can we overcome it; not just for indigenous communities but across the board?

Very hard question as it means having awareness. Sometimes it is hard when we are quite busy and time poor, to be able to reflect on current research. For the First Nation communities, there's also been a distrust in research because of the way in which it has been conducted. The experience they have had with research bodies in the past, has been underhanded by structural bias, lack of translation and little improvement in outcomes. It is imperative for us to change the understanding, the interpretation, the engagement and experience of research for the betterment of our communities.

Q. You have said that the ultimate goal of your research is for all children, both Indigenous and non-Indigenous, to have the same chance of having healthy ears, no matter where they reside in Australia. What are the things that you need to push the research, clinical practice and early interventions further and faster?

Closing the gap is a funny term. It means that we're never going to get equality because we are always chasing a decrease in the health disparity... shouldn't we be aiming for the same health outcomes? It should be, that no matter who you are, no matter where you live in this amazing country; that your access, your engagement, your experience, and your treatment pathway are equivalent. We need research to ensure we get the equity required.

There are many research gaps in this space. As such, a lot of work around clinical pathways, early identification and best practice solutions need to be proven, so that we can apply evidence-based policy as well as evidence-based medicine. It is also important that we translate this information to our communities and to our health professionals, so that we then utilize the supporting evidence to achieve our goals.

Q. Australia is not an equal country and evidence shows that general social dysfunction, shorter life expectancy, obesity, addictions and poor health across the board, is related to inequality. Clearly, your work can create enormous change in the lives of those who have their hearing restored, particularly children, enabling them to complete their education and aspire to careers which will in turn make big differences to their communities. How important are role models/examples for Indigenous or any disadvantaged communities?

You cannot be what you cannot see. The importance of changing the negative narrative to one of positivity is so vital to ensuring success. When kids see amazing strong proud First Nation people leading the solutions, it inspires greater engagement, smiles and ultimately better outcomes. The more work that we are doing this area, the more I see the greater engagement and sovereignty underpinning success. Hearing restoration, although so important, is only part of the bigger holistic solution. Of course, we must break the life cycle of ear disease and the solutions best demonstrated are often driven by the community, but we cannot forget the bigger picture of social determinants to ensure longevity of success.

Q. Governments tend to be pragmatic, measuring success in terms of dollars and cents, rather than the well-being of the people they serve. Do we need to take economic arguments to government? How do you convince leaders that investment in people is the most critical responsibility of any government and that a healthy, educated, productive population makes for a wealthier country?

Success must be seen on a broad perspective, which includes better financial investment in the solutions. Current health and social policies should be reviewed to see if the investment is matching the outcome. It is important for First Nation communities to also be part of the economic drive, as well as enjoy the capacity of the financial investment. The lead in question ignores the fact that Indigenous businesses in this country has seen an exponential increase in success and viability. As taxpayers, we must hold governments accountable for the solutions that they pose to fix the health disparities. For far too long the solutions have not engaged our communities yet the financial responsibility is often blamed toward the communities. Successful, evidence-based investment in this space, will actually have better outcomes for government budgets (and taxpayers), and most importantly the lives of our First Nation people.

Q. Do you have a hero or heroine in medicine or research?

Too many! Professor Sandra Eades has always been a pioneer in the research space for many Aboriginal people. She inspired me into medicine and continues to inspire me in her body of research which is making a real difference to many Indigenous people. This is in both outcomes and translation but also in inspiration. Many other amazing researchers continue to feel research paucity has been lacking over many years. Professor Ian Anderson, Professor Alex Brown, Professor Ngaire Brown, Professor Gail Garvey, Professor Jancinta Elston, Professor James Ward, Dr Lisa Whoop, A/Prof Chelsea Bond, A/Prof Jacqui Hughes..I can continue for a long time here 😊

Q. What do you see as the most important professional achievement in your life?

Succeeding in being a great doctor.

Q. What do you see as your greatest aspirations for your work into the future?

Helping change the narrative to one of positivity and importantly one of translation that sees our communities flourish. I'm always reminded by the amazing smiling faces the children that I've been privileged to serve.

Q. What do you think we might be able to achieve in terms of health equity in this country in the next 20 years and who can be the key drivers for positive change?

The more we engage our broader society in this important space, the more we see the belief in our first Nations children, the better we'll see Health equity. The key driver of this is the Australian society believing and wanting to be a part of this change and solution.

Q. What have been some of the major challenges you've faced in your career?

There are so many challenges that I have faced in my career. It seems selfish to talk about my major challenges, because of the hardships, racism, lack of opportunity and lifestyles that my family have experienced surviving in Australia. The broader Worimi community have been so instrumental in my career, that I consider any success that I've had, a reflection and testament to their determination, strength and belief.

Q. What would be your message to Indigenous kids today who look up to you?

Find your passion and dream big. You can achieve whatever you want to achieve, with determination and support. We believe in you! Be happy and be kind.

Q. What is your vision and what do you perceive are the greatest barriers to you achieving this?

My vision is that every child in Australia can reach their full potential and not be held back by barriers notionally placed before them.

The greatest barrier holding back this dream, are the structural barriers and inequity, that society places before them. By striving to highlight the inequality, we have the potential to change your narrative and allow every child to be successful and fulfil their dreams.

Q. How does your work challenge the current process?

The drive for my work has been the life experience of my community. My work is trying to highlight the devastation of not being able to hear at an early age and the impact it has on growing and learning. It has simultaneously shown, that there are many non-medical barriers that holding back our children. This allows us to instigate change in health system, which will hopefully help the development of our next generation, so that they do not have to endure inequalities of the past.

Q. Your work covers many aspects of the research pipeline from basic/discovery to clinical, translation, public/preventive health and implementation, as well as advocacy and policy work. What is your view of research funding for the health and medical research pipeline and where do you see the greatest need at present?

Research must be better understood by all Australians. Research represents the evidence to show that we can make a better world for our children. Research funding is an investment in our future. It is our duty as researchers and clinicians, to strongly advocate the better funding in research, so that we can better inform governments and policy makers.

Q. From your experience, what is the public perception of Health and Medical Research?

There is a perception that research is a poor investment in better outcomes. When there is so much disparity in Health and social outcomes, it can be seen that more money in research is money taken away from the communities. It is important for researchers to have in mind, that work we do, is viewed by the broader community in this context. As such, we must be mindful and respectful, to ensure that the work we do has a benefit for all of our communities.

Q. you have mentioned before that more indigenous research is always needed, but the greatest need lies in training more indigenous researchers. What are the perceived barriers to this and what is needed to facilitate this?

There are many competing interests in Indigenous research. A broader picture must be viewed in Indigenous health research. This must include creating pipelines for Indigenous researchers, embracing Indigenous knowledge, ensuring the broader research community is involved in indigenous research and that the translation of any research is applicable to our First Nation people.