



# Reframing evaluation in Aboriginal and Torres Strait Islander health towards a health equity perspective

**ICPP 3**

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- Preliminary results from one section of a larger project
- Aims: Develop a framework for the evaluation of Aboriginal and Torres Strait Islander health policies, programs and services that is oriented towards:
  - health equity
  - the involvement of local stakeholders in priority setting
  - increasing benefits to communities
  - capacity-building
  - research partnerships



In 2012, the Australian Government Productivity Commission held a workshop regarding the importance of policy, service and program evaluation to help improve health outcomes for Aboriginal and Torres Strait Islander people:

- lack of basic information about existing programs
- lack of a coherent framework for the evaluation of Indigenous policies and programs, and a need to embed (and fund) evaluation plans in the design of programs



- the need for genuine partnership
- the influence on Indigenous policies and programs of various aspects of ‘government governance’
- a failure to adopt known success factors and follow lessons painfully learned over many years of policy experimentation



- What is the current state of ethical research practice in the evaluation of Aboriginal and Torres Strait Islander health policies, practices and services?
- Is the tendering process by which Australian government agencies select evaluators for Aboriginal and Torres Strait Islander health programs, policies and services in line with ethical principles?



- Review of government principles
  - principles included in national, state and territory planning documents in Aboriginal and Torres Strait Islander health and well-being



- Tender review
  - documents relating to government requests for tenders (RFTs) for evaluations of Aboriginal and Torres Strait Islander health services, programs and policies
  - broad definition of ‘health’
  - Commonwealth and State and Territory governments
  - determine the ethical principles represented by the tender selection criteria

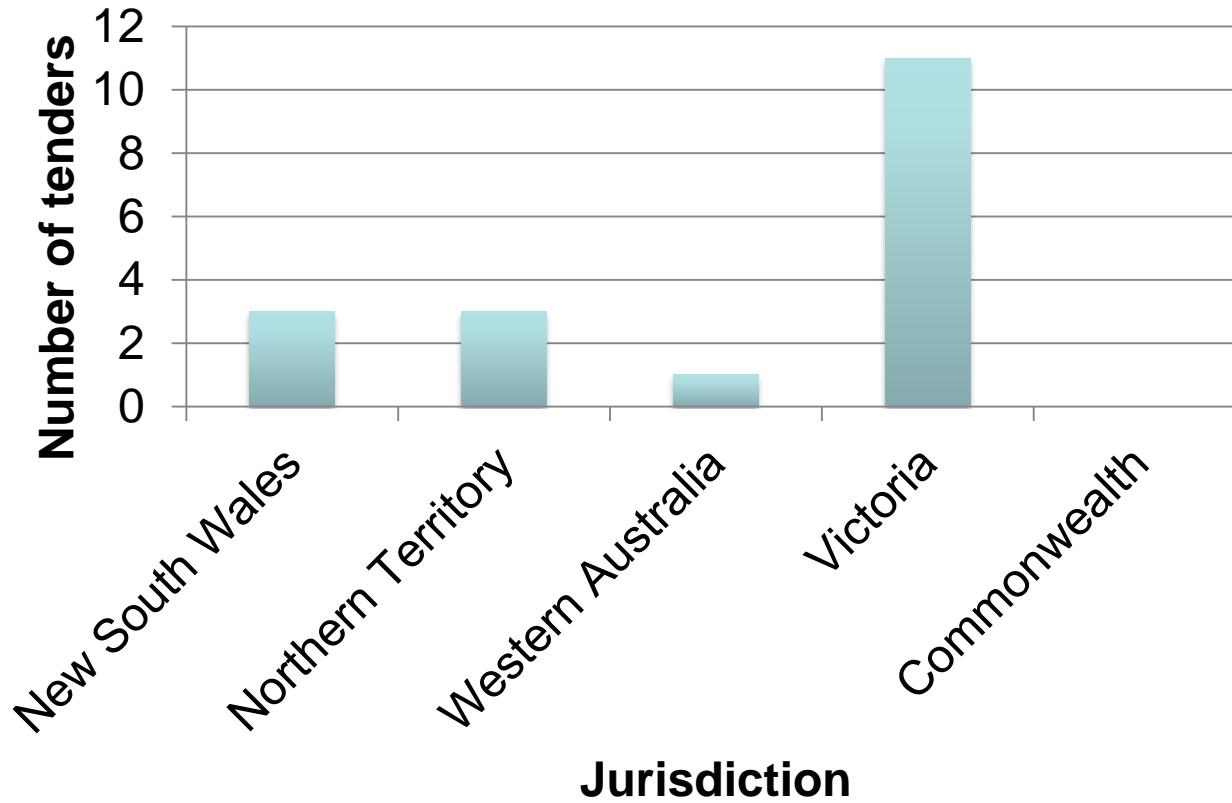


- Shared responsibility
- Cultural respect\*
- Engagement\*
- Partnership\*
- Capacity-building
- Equity\*
- Accountability
- Evidence-based
- Holistic concept of health





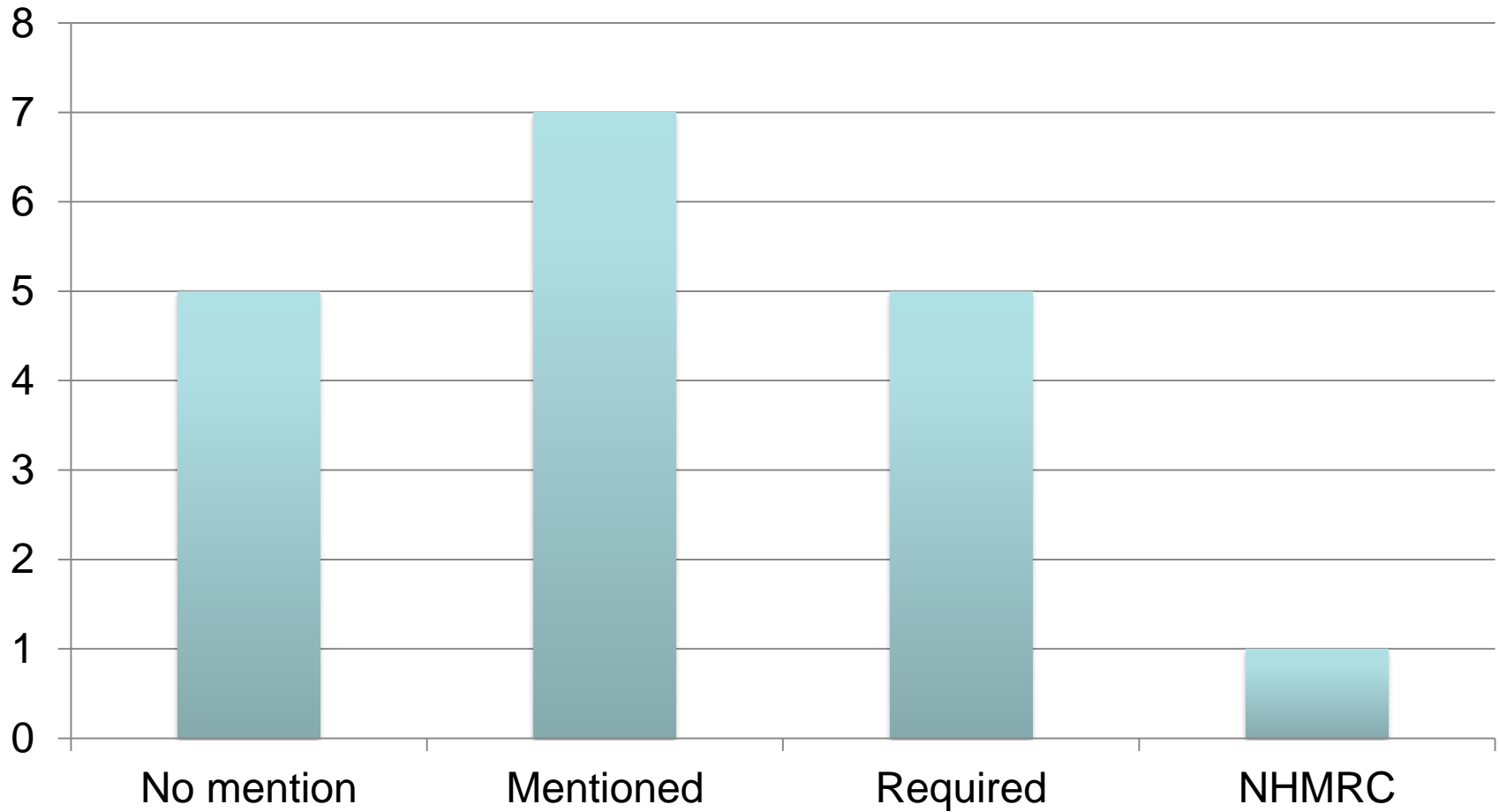
# Tender documents





High level of difficulty obtaining tender documents

- Procurement activity must be publicly available
- But not retained once tender has expired
- Threats to transparency and accountability
- Lack of institutional memory





- No tenders clearly included Aboriginal and Torres Strait Islander people as equal partners
- Aboriginal and Torres Strait Islander people, communities and organisations have no real control in the tender process
  - limited opportunity to ensure that evaluation criteria reflect Aboriginal and Torres Strait Islander priorities, values and health concepts



- There is no consistency with regards to ethics requirements for evaluations
  - Despite high level of cohesion across some planning document principles
- Most tenders integrated components of ‘evidence-based’ and ‘equity’. This likely reflects the dominance of Closing the Gap and overcoming Aboriginal disadvantage



- Most of the tenders integrated the components of ‘evidence base’ and ‘equity’. This likely reflects the dominance of Closing the Gap and overcoming Aboriginal disadvantage
- There is no consistency with regards to ethics requirements for evaluations



- None of the tenders exemplified full integration of Aboriginal research principles into the evaluation
- This tended to be exacerbated for mainstream programs with Aboriginal components
- Aboriginal research principles were better integrated into the evaluation design when they were informed by plans informed by Aboriginal organisations or developed by Aboriginal units



- Most tenders specified some kind of governance but were less clear about the roles of Aboriginal and Torres Strait Islander people/organisations
- Some appeared to be primarily technical





- ICESCR, UDHR: equal access to health services and factors that impact on health
- UN DRIP: right to health within the right of Indigenous people to maintain their cultural diversity and that which makes them distinct

- Adequate governance mechanisms in evaluation of Aboriginal and Torres Strait Islander health programs necessary for compliance with these obligations
- Strong partnerships and engagement with Aboriginal and Torres Strait Islander communities and organisations in health programs has been found to improve health equity



- ✓ Phase 1: Establish project reference group
- ✓ Phase 2: Consultations
- ✓ Phase 3: Literature and document review
- ✓ Phase 4: Workshop
- Phase 5: Key informant interviews
- Phase 6: Case studies
- Phase 7: Final workshop



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- Margaret Kelaher, Joanne Luke, Daniel Chamravi



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- Aboriginal and Torres Strait Islander Australians have shown global leadership in developing ethics in Indigenous research
- The two key NHMRC guidelines
  - Values and Ethics: Guidelines for Ethical Conduct in Aboriginal and Torres Strait Islander Research
  - Keeping Research on Track: A guide for Aboriginal and Torres Strait Islander peoples about health research ethics



- The consultation documents retain the core principles:
  - Spirit and integrity
  - Cultural continuity
  - Equity
  - Reciprocity
  - Respect
  - Responsibility



- These principles ensure that all human research undertaken for Aboriginal and Torres Strait Islander Peoples and communities:
  - Respects the shared values of Aboriginal and Torres Strait Islander peoples
  - Is relevant for Aboriginal and Torres Strait Islander priorities, needs and aspirations
  - Develops long-term ethical relationships among researchers, institutions and sponsors
  - Develops best practice ethical standards of research.