



Australian Government  
Australian Institute of  
Health and Welfare



Indigenous Evaluation Strategy  
Productivity Commission  
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Dear Chair

### **Review into the Indigenous Evaluation Strategy—Issues Paper**

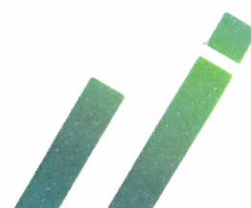
The AIHW is a major national agency producing independent, relevant and reliable health and welfare information and statistics to support better decisions, leading to better outcomes for Australians. The AIHW informs policy development and public discussion by producing reports, data sets and other products. The AIHW does not undertake evaluation but evaluators can use the range of data products for evaluation purposes.

The AIHW produces a range of reports on the health and welfare of Aboriginal and Torres Strait Islander people that provide data for monitoring improvements, and highlight areas where more effort is needed. AIHW reporting covers areas such as the burden of disease, cardiac care, eye health, hearing health, as well as Indigenous identification in health and welfare data sets. The AIHW continues to monitor and report on Indigenous health and wellbeing through the Aboriginal and Torres Strait Islander Health Performance Framework, our flagship reports *Australia's health* and *Australia's welfare* and other key reports.

Accurate and locally relevant data and statistics on demographic composition, health outcomes, health determinants and access to services will be key to inform decision making by local communities, policymakers and for evaluation. The AIHW is undertaking a range of projects to look at health and welfare outcomes of Aboriginal and Torres Strait Islander populations at lower levels of geography which will allow this focus on small populations. Current work includes the development of an AIHW Indigenous Community Insights website, and assistance with regional profile work as part of the wider government Indigenous Advancement Strategy.

Recently the AIHW was funded to establish an Indigenous mental health and suicide prevention unit, with the majority of resources going to support the establishment of a clearinghouse. The newly established Indigenous Mental Health and Suicide Prevention Clearinghouse, together with this Review into the Indigenous Evaluation Strategy presents opportunities for collaboration in this area.

Previously the AIHW, in collaboration with the Australian Institute of Family Studies, delivered the Closing the Gap Clearinghouse—a collection of research and evaluation evidence on what works to overcome Indigenous disadvantage. Funding ceased in 2014 and its closure has left a gap in research synthesis.



Within this context, our submission (attached) highlights the importance of rigorous evaluation, and the role AIHW has to offer in the provision of reliable and relevant data.

Yours sincerely

Barry Sandison  
CEO

26 August 2019

# Introduction

The Australian Institute of Health and Welfare (AIHW) welcomes the opportunity to make a submission to the Productivity Commission's *Review into the Indigenous Evaluation Strategy*.

Evaluation is a critical step, both in mainstream and targeted policies and programs, and should be incorporated unless shown not to be feasible or not able to be acted upon. Application for program or grant funding should be dependent on the ability to demonstrate an appropriate evaluation plan and the resources to achieve it.

The body of literature on the evaluation of programs and policies that are effective in improving Indigenous outcomes has grown, but important gaps in knowledge still exist. For example, research shows that much of the work undertaken has been short term or piecemeal, or has not been evaluated robustly enough.

Further, under the refresh of the government-wide agenda on improving outcomes for Indigenous Australians, more work is required to strengthen the evidence base to inform the setting of appropriate targets and performance indicators that will effectively improve outcomes (AIHW 2018).

## The role of the AIHW

The AIHW is a national independent statutory agency established under the *Australian Institute of Health and Welfare Act 1987(Cth)* (AIHW Act). The AIHW's purpose is to create authoritative and accessible information and statistics to inform decisions and improve the health and welfare of all Australians. The AIHW does not undertake evaluation but evaluators can use the range of data products for evaluation purposes. The AIHW currently performs the following key roles in the context of the health and welfare of Australians:

- the development and collection of comprehensive data, including making this accessible to others analysing and reporting on data (from national data collections that the AIHW has custody of, as well as other credible data sources)
- developing and improving performance indicators and targets for national agreements;
- providing data linkage services that have been approved by the AIHW Ethics Committee and
- the development and maintenance of national metadata standards, housed in the AIHW's Metadata Online Repository (METeOR).

The AIHW Act enables the release of information for public benefit while protecting the identity of individuals and organisations and ensuring that data providers can be confident that the AIHW will adhere to data supply terms and conditions. The AIHW relies on strong data governance arrangements to retain the trust of our data providers and stakeholders.

## AIHW information on Aboriginal and Torres Strait Islander people

AIHW has a range of data sets that can be made available for evaluation purposes. The majority of AIHW data holdings have an Indigenous status variable and these data can be used to support evaluation objectives.

Aboriginal and Torres Strait Islander people live in all different parts of the nation and comprise hundreds of groups that have their own distinct set of languages, histories and cultural traditions. The health and welfare of Indigenous Australians is improving in a number of areas, including life expectancy, educational attainment and child mortality. But Indigenous Australians still suffer from the consequences of colonisation and, as a group, continue to experience widespread socioeconomic disadvantage and health inequality.

Key areas of concern include chronic diseases (such as cardiovascular disease, cancer and kidney disease), risk factors (such as smoking, alcohol and overweight), child and maternal health (such as low birthweight, hearing and oral health), and potentially avoidable deaths and hospitalisations. Many conditions begin at an early age and continue throughout life. It reflects the broader social and economic disadvantages faced by Indigenous Australians, such as lower levels of education and employment, and higher rates of homelessness and incarceration. These factors are known as 'social determinants' and have been estimated to explain more than one-third of the health gap between Indigenous and non-Indigenous Australians (AIHW 2017).

The AIHW compiles national data on the health and welfare of Indigenous Australians every 2–3 years in the Aboriginal and Torres Strait Islander Health Performance Framework series. This includes detailed data on 68 indicators in 3 categories: health status and outcomes, determinants of health and health system performance (see AIHW 2019).

*The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples* series of reports provides an overview of the data on Indigenous health and welfare at the national level and by remoteness (for the latest report, see AIHW 2015).

The AIHW also continues to monitor and report on Indigenous health and wellbeing through our flagship reports *Australia's health* and *Australia's welfare* and other key reports. These include the burden of disease study and reporting on access to, and use of, Indigenous health and welfare services.

The AIHW also provides information and resources to improve the quality and availability of data on Indigenous Australians by improving Indigenous identification in key health and welfare data sets (AIHW 2017).

## **Mental health and suicide prevention**

The AIHW received funding from the Department of Health for work on Indigenous mental health and suicide prevention. The main part of the funding will support the establishment of an *Indigenous Mental Health and Suicide Prevention Clearinghouse*, which, under the guidance of an advisory board and in consultation with relevant existing committees, will:

- commission review papers on programs that work to address suicide prevention and mental health related issues among Indigenous Australians
- establish a research and evaluation register which will include relevant information to enhance collaboration and reduce duplication
- develop an assessed collection which will include assessments of program evaluations and related summaries
- run public seminars to disseminate the findings of the clearinghouse
- develop website links to other relevant sites, and
- prepare reports based on what works, with these to be used to target future investments in areas of need.

The remaining funds will support AIHW to work with services and other organisations on data development and improving data quality, as well as preparing monitoring reports on mental health in Aboriginal and Torres Strait Islander people. This work provides a platform for AIHW to collaborate on evaluation relating to mental health and suicide prevention.

The AIHW has a strong basis for this work, previously delivering on the Closing the Gap (CtG) Clearinghouse in collaboration with the Australian Institute of Family Studies. The CtG Clearinghouse was established by COAG as an online resource to bring together evidence on what works to overcome Indigenous disadvantage (for further details see **Attachment A**).

## Community level data

Accurate and locally relevant data on demographics, health outcomes, health determinants and access to services is key to inform decision making by local communities, services and for program and policy evaluations. Finding the best information can be challenging as the statistics and analysis that are most relevant to a particular issue can be spread across many reports and websites. The AIHW is currently undertaking a range of projects to look at health and welfare outcomes of Aboriginal and Torres Strait Islander populations at lower levels of geography which will allow a focus on small population groups.

The Indigenous Community Insights website, which is being developed by the AIHW, will serve as a one-stop-shop for data and statistics about Aboriginal and Torres Strait Islander Australians and their health and wellbeing. The website will make it as easy as possible for users to find the available regional statistics that are most relevant to their communities of interest, along with analytical products such as modelled measures of access to health services relative to need. The aim will be to provide regional statistics by the Australian Bureau of Statistics' Indigenous Regions for as many topics as possible and also by lower levels of geography when the robustness and coverage of the data allow. The geographic detail that can be shown will vary from topic to topic depending on the nature of the underlying data.

The AIHW is also analysing Indigenous health and welfare data for input into regional profiles that assist the National Indigenous Australians Agency (NIAA) with the Indigenous Advancement Strategy (IAS). This work builds on previous work undertaken by the Department of Prime Minister and Cabinet (PM&C) to develop regional profiles for the 12 IAS regions based on Census data, Centrelink data and schools data. The AIHW is producing statistics for the IAS Regions and also for subregions within each IAS region to show local-level geographic variation. The subregions are based on regions from the Australian Bureau of Statistics' Australian Statistical Geography Standard (ASGS). The level of the ASGS used varies depending on what each data collection allows. The statistics are primarily used by the PM&C Regional Network, which has a coordination role in relation to all Commonwealth activities affecting Indigenous Australians in their regions. Part of this role involves using data to plan for activities that support the Government's priorities and improve outcomes for Indigenous Australians.

The issues paper correctly notes that randomised control trials provide strong evidence, however, complete randomisation will not always provide the strongest evidence. A more powerful design will often be used to ensure equal representation of areas from groups of 'like' areas with similar characteristics in treatment (funded) and control groups (not funded).

## Data linkage

Data linkage can also assist in the assessment of outcomes. Some outcomes cannot be observed while a program is operating as they require generational change. Early childhood education is a good example—some of main benefits of early childhood education are not apparent until participants are teenagers. It may be possible to observe the subsequent impact of programs and policies through data linkage and it could be possible to assess whether particular types of assistance have a positive impact on key outcomes compared with a control group.

The AIHW is currently working with the Australian Government Department of Health and state and territory health authorities to create the National Integrated Health Services Information (NIHSI) Analysis Asset (AA). The NIHSI AA will contain de-identified data from 2010–11 onwards on admitted patient care services (in public and private hospitals where available), emergency department services and outpatient services in public hospitals for all participating states and territories, along with Medicare Benefits Schedule data, Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme data,

Residential Aged Care data and National Deaths Index data. The incorporation of data into the NIHSI AA will be staged and will be dependent on timing of receipt of the required data. The creation of data linkage assets such as the NIHSI AA provides an opportunity to link existing health data with other pertinent data sets and should be considered a priority in strategies on Indigenous evaluation.

## **Effective engagement**

According to Hunt (2013), evaluations should include consultation with and where possible involvement of affected population groups, noting that in some cases this will require the services of liaisons, translators and peak bodies. This will build evaluation capacity within those groups as well as ensuring their views are incorporated. Effective engagement is a sustained process that provides Indigenous people with the opportunity to actively participate in decision making from the earliest stage of defining the problem to be solved. Indigenous participation continues during the development of policies—and the programs and projects designed to implement them—and the evaluation of outcomes.

Engagement is undertaken with an understanding of the historical, cultural and social complexity of specific local or regional Indigenous contexts and with a genuine attempt to share power in relationships that foster mutual trust. It requires adequate governance arrangements. It also requires capacity within the Indigenous community and the governments (or others) involved to enable the Indigenous community to negotiate their aspirations and for governments (or others) to respond in a flexible and timely way. Engagement is most successful when the parties have agreed clear outcomes they want to achieve, are clear about roles and responsibilities and steps to discharge them, and jointly identify indicators of success and monitoring and evaluation processes (Hunt 2013).

The Issues Paper talks about incorporating Indigenous knowledge, priorities and perspectives during evaluation, and AIHW acknowledges this as a priority. The paper notes that the list of forms this can take includes 'using or privileging Aboriginal and Torres Strait Islander research methodologies'. While the AIHW acknowledges the importance of this, further work is required on what this means.

## **Independence and transparency**

The importance of an evaluating body being independent and transparent is acknowledged across the Issues Paper. A good understanding of experimental design, expertise within statistics, research and communication will also be of key importance for this type of work. The AIHW is well placed to provide independent advice on evaluation design.

Evaluation results should be published if possible, and if not able to be made public then at least included in an evaluation clearinghouse or database accessible to relevant government agencies so as to inform decisions about future programs and policies.

## References

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### Closing the Gap Clearinghouse

The CtG Clearinghouse was established by COAG as an online resource to bring together evidence on what works to overcome Indigenous disadvantage. The functions of the CtG Clearinghouse were delivered by the AIHW in collaboration with Australian Institute of Family Studies.

The CtG Clearinghouse was an online collection of research and evaluation evidence on what works to overcome Indigenous disadvantage, focusing on 7 subject areas: early childhood; schooling; health; economic participation; healthy homes; safe communities; and governance and leadership. It aimed to support policymakers and service providers involved in overcoming Indigenous disadvantage by providing access to and synthesising the evidence on particular topics. Funding for the Clearinghouse ceased in 2014, but until 2016 it synthesis reports that had previously been commissioned continued to be published. The Clearinghouse was a valuable resource that was strongly supported by stakeholders. Its closure has left a gap in terms of the research synthesis function.

In October 2012 the AIHW was invited to give a presentation to the Productivity Commission roundtable *Better Indigenous policies: the role of evaluation* based on the work of the Clearinghouse. The paper on the presentation, *Evaluating Indigenous Programs and Policies: Communicating the Outcomes* by David Kalisch and Fadwa Al-Yaman was published by the Productivity Commission in April 2013 (PC 2013). AIHW noted the following findings.

- Many programs across the GOAG building blocks were implemented in Indigenous communities, but a high proportion were not rigorously evaluated. It has therefore not been possible to identify which programs worked.
- The cost of doing evaluations was often not built into program budgets and timetables, so many had either low cost, partial or no evaluations.
- Some evaluations were disregarded as they were not considered 'high quality', with this defined as including hypothesis creation and testing, data collection, appraisal of the data quality, data processing and data synthesis, and its findings must have been disseminated. AIHW acknowledges, however that a number of experts argue that high-quality evaluations can still come from observational studies, case studies, field visits, experts and lay knowledge and reports on interventions.

Each year the clearinghouse produced a report that synthesised the evidence from the assessed collection, the issues papers and resource sheets published. The Clearinghouse published information across each of the COAG building blocks (see AIHW, AIFS: 2011a, 2011b, 2012 and 2013).