



Australian Government

Department of Health

Submission to the Productivity Commission Issues Paper: Indigenous Evaluation Strategy

Introduction

The Department of Health (Health) welcomes the opportunity to comment on the Productivity Commission's (the Commission) Issues Paper about developing an Indigenous Evaluation Strategy (the Strategy) to cover all Australian Government agencies.

Health supports the outline of work proposed in the Issues Paper, to develop an Evaluation Strategy with the objective of improving outcomes for Indigenous Australians. There is an opportunity for the Strategy to offer practical guidance in terms of principles, approaches and methodologies that respect the perspectives of Aboriginal and Torres Strait Islander people in the design, delivery and evaluation of Australian Government policies and programs.

Background

Improving the health of Aboriginal and Torres Strait Islander people is a national priority. Aboriginal and Torres Strait Islander people experience much greater mortality and burden from chronic disease than non-Indigenous Australians. Health is committed to improving the health and wellbeing of Aboriginal and Torres Strait Islander people through a range of programs that provide care to all Australians as well as Indigenous-specific programs.

Estimates of expenditure on, and participation rates by, Aboriginal and Torres Strait Islander Australians accessing mainstream programs and policies with a whole-of-population focus are imprecise. These programs and policies often do not collect Indigenous-specific data and it is difficult to accurately disaggregate funding and participation levels for sub-populations based on available data. The Commission's *Indigenous Health Expenditure Report 2017*¹ estimated Indigenous Health expenditure by the Australian Government on hospital, public health, community health and support services to be \$2.1 billion in 2015-16.

In 2017-18 Indigenous-specific health expenditure by Health was \$871.2 million through the Indigenous Australians' Health Programme (IAHP)².

¹ Expenditure figures can be found in the data tables accompanying the report. Both the report and data tables can be accessed at <https://www.pc.gov.au/research/ongoing/indigenous-expenditure-report/2017>

² Actuals for Indigenous health expenditure in 2017-18 can be found in the *Final Budget Outcome 2017-18* (p. 79): https://archive.budget.gov.au/2017-18/fbo/FBO_2017-18_Combined.pdf



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The Indigenous Australians' Health Programme – Primary Health Care funding

Under the IAHP, the Australian Government is providing \$4.1 billion for the IAHP over four years from 2019-20 to 2022-23. Improving Aboriginal and Torres Strait Islander health remains a priority for the Government and a central component of the Closing the Gap framework. This funding supplements the much larger whole-of-population health care available for Aboriginal and Torres Strait Islander people through the Medicare Benefits Schedule, Pharmaceutical Benefits Scheme, public hospitals and aged care services.

More than half of the IAHP funding is spent on primary health care (approximately \$518 million in 2017-18). In 2017-18, 198 organisations, operating in 383 sites across Australia, were funded to deliver a range of primary health services to around 483,000 clients, 81 per cent of whom were Aboriginal and Torres Strait Islander people. More than two-thirds of the 198 organisations (71 per cent) were Aboriginal Community Controlled Health Services (ACCHS). Around 3.6 million episodes of care were provided, nearly 3.1 million of these (85 per cent) by these ACCHSs.

Health is undertaking a four-year (2018-19 to 2021-22) evaluation of the Australian Government's investment in Aboriginal and Torres Strait Islander primary health care under the IAHP. The evaluation will explore the barriers, enablers and changes needed in different parts of the primary health care system to improve outcomes. The evaluation will help inform future policy and program decisions and improve the system-wide understanding of Aboriginal and Torres Strait Islander primary health care needs. A case study that describes key aspects of the evaluation approach is provided at [Attachment A](#) and the IAHP evaluation strategy is provided at [Attachment B](#). This IAHP evaluation can provide potential lessons for the evaluations of other programs in future.

Suggested ways to improve evaluations

Numerous ways that evaluations can expect to be improved are canvassed in the Issues Paper. Health considers the priority potential improvements to include: *i.* improving the quality and usefulness of data, and; *ii.* embedding evaluation into planning processes early in the design of programs.

Enhance data quality and use

Reliable and accessible data is crucial to good evaluation. We note that data which could allow evaluators to assess the impact of whole-of-population programs on Indigenous people is not reliably available and may be of inadequate quality. Required improvements include: *i.* better tailoring data collection methods for Aboriginal and Torres Strait Islander people; *ii.* making better use of longitudinal data where it is available, and small area population data where appropriate, and *iii.* having sound ethical and privacy safeguards in place.



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In some instances, data collection methods used for the general population may be inappropriate or ineffective regarding Aboriginal and Torres Strait Islander people. Therefore, the data collection methods and tools should be better tailored. High population mobility and inaccurate location reporting in remote areas also make it difficult to maintain participation in longitudinal studies for data collection purposes. Data reliability could be impaired by low literacy rates and language barriers. High intensity and innovative approaches are required to overcome these barriers.

There is a need to make better use of longitudinal data where it is available. External data sources such as Indigenous health surveys focusing on long to medium-term outcomes are infrequently undertaken. Where they do occur, these surveys are characterised by long time intervals and data lags which make comparisons with results from evaluations difficult.

Better use of small area population data, with appropriate privacy safeguards, is also critical to effective evaluation of Indigenous-specific policies and programs. Small numbers of program recipients in regional areas can make it difficult to balance effective data reporting to produce meaningful results with the need to maintain the privacy of patients. This makes it more difficult to attribute impacts and outcomes to individual activities, as multiple interventions that may directly or indirectly influence health often occur simultaneously. Data collection and reporting from funded service providers can be inconsistent and also tends to vary between jurisdictions.

Data-gathering techniques should be designed to take these issues into account. Greater efforts can be directed towards improving consistency, data linkages and the sharing of data between jurisdictions, service providers and key stakeholders. This will often need to occur with the consent of the Aboriginal and Torres Strait Islander people involved, noting that such health data is sensitive and there is a need to ensure that privacy is maintained and data sovereignty respected. The Commission's Strategy can explore and explain what this would look like.

Embed evaluation into other planning processes

Health supports the Commission's suggestions to embed evaluation results and plans into the policy development process, but suggests that the expectations be refined having regard to the realities of the policy development process.



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It would be useful for the Strategy to include information about engaging with Aboriginal and Torres Strait Islander people in planning programs and developing protocols with Indigenous people/organisations. The approach also needs to take account of the time needed for human research ethics approval processes as these processes can be particularly lengthy for projects that require both mainstream and Indigenous-specific ethics approvals (Attachment C).

Health supports the establishment of a principles-based framework for the design, delivery and evaluation of policies and programs affecting Aboriginal and Torres Strait Islander people. The framework could usefully include advice about rigour and participatory style approaches in the design of evaluations. It would be helpful for the Strategy to offer guidance to Australian Government agencies about how to engage well and ethically with Indigenous stakeholders and communities. The evaluation co-design space is a new area in evaluation, and guidance about how and when to apply co-design to evaluations would also be useful.

Productivity Commission's role

Evaluation capacity and capability can be improved by investing in people and demonstrating leadership. Health envisages that the Commission could take a leadership role on evaluation activities in the future. This role could be used to identify and evaluate key areas of cross-cutting work across specific policies and programs affecting the health, social and economic outcomes of Aboriginal and Torres Strait Islander people and communities. The Commission's role could encompass evaluations undertaken across government, with priorities set in consultation with other agencies, and with Aboriginal and Torres Strait Islander people and communities.

The Commission could also summarise projects that bring together expertise in cultural competence with evaluation methods. This could extend to summarising important learnings from states and territories (as mentioned on page 19 of the Issues Paper), and from other Australian and international efforts mentioned elsewhere in the Issues Paper. To assist in sharing evaluation results and data with Indigenous people and the broader community, short, plain language summaries can be developed for publication alongside the full evaluation reports, where possible.

Conclusion

Health welcomes continued engagement with the Commission in relation to the development of the Indigenous Evaluation Strategy. Health also welcomes the Commission's particular interest in the evaluation activities under the IAHP, and will continue to engage with the Commission as this important work progresses.