

Taking on the owner-builder-decorator-maintenance contract for evaluation of Aboriginal health investments in Victoria

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About the Koolin Balit investment



- **\$61.7 million over 4 years**
- **Second major investment in Aboriginal health by Victorian government**
- **100+ projects**
- **40% State-wide strategies**
- **60% local solutions to local issues**
- Devolved governance, community-led decision making
- 8 Regional Aboriginal Health Committees

Planning the evaluation



Establishment of Aboriginal Health Evidence & Evaluation Working Group	<ul style="list-style-type: none">• Internal to Department• Broader remit
Evaluation of the previous evaluation	<ul style="list-style-type: none">• Did not deliver useful information on 'what works?' for programs or government
Develop Program Logic model and Indicators	<ul style="list-style-type: none">• Engage stakeholders• External consultant
Evaluation stocktake	<ul style="list-style-type: none">• Individual project evaluations 12 underway + 24 planned
Thematic analysis of project plans	<ul style="list-style-type: none">• Against program logic model• Themes of work• Incomplete information

Evaluation Approach

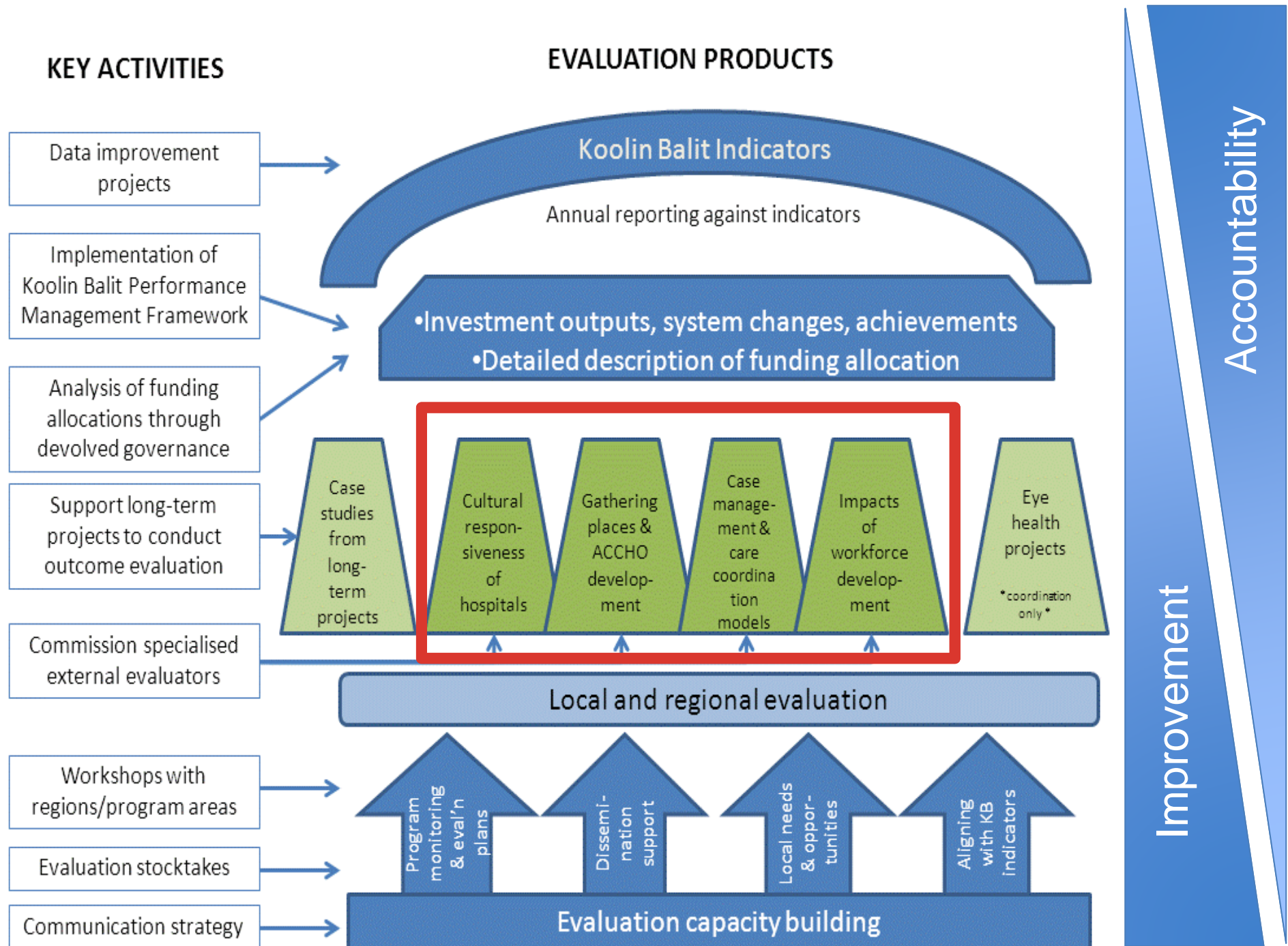


Two purposes:

- 1. Accountability – to government and community**
- 2. Improvement – programs and funding decisions**

Principles:

- 1. Aboriginal concepts of health**
- 2. Participatory evaluation and community involvement**
- 3. Data improvement and limitations**
- 4. Partnerships**
- 5. Devolved governance and local decision making**
- 6. Replicability**



Choosing priority areas



Process:

- Program logic
 - Thematic analysis of (known) projects
 - Working with incomplete information
 - Criteria
 - Expert advisory group
1. Investment size
 2. Opportunities for replication
 3. Opportunities for comparability
 4. Critical information needs

Four State-wide Evaluations



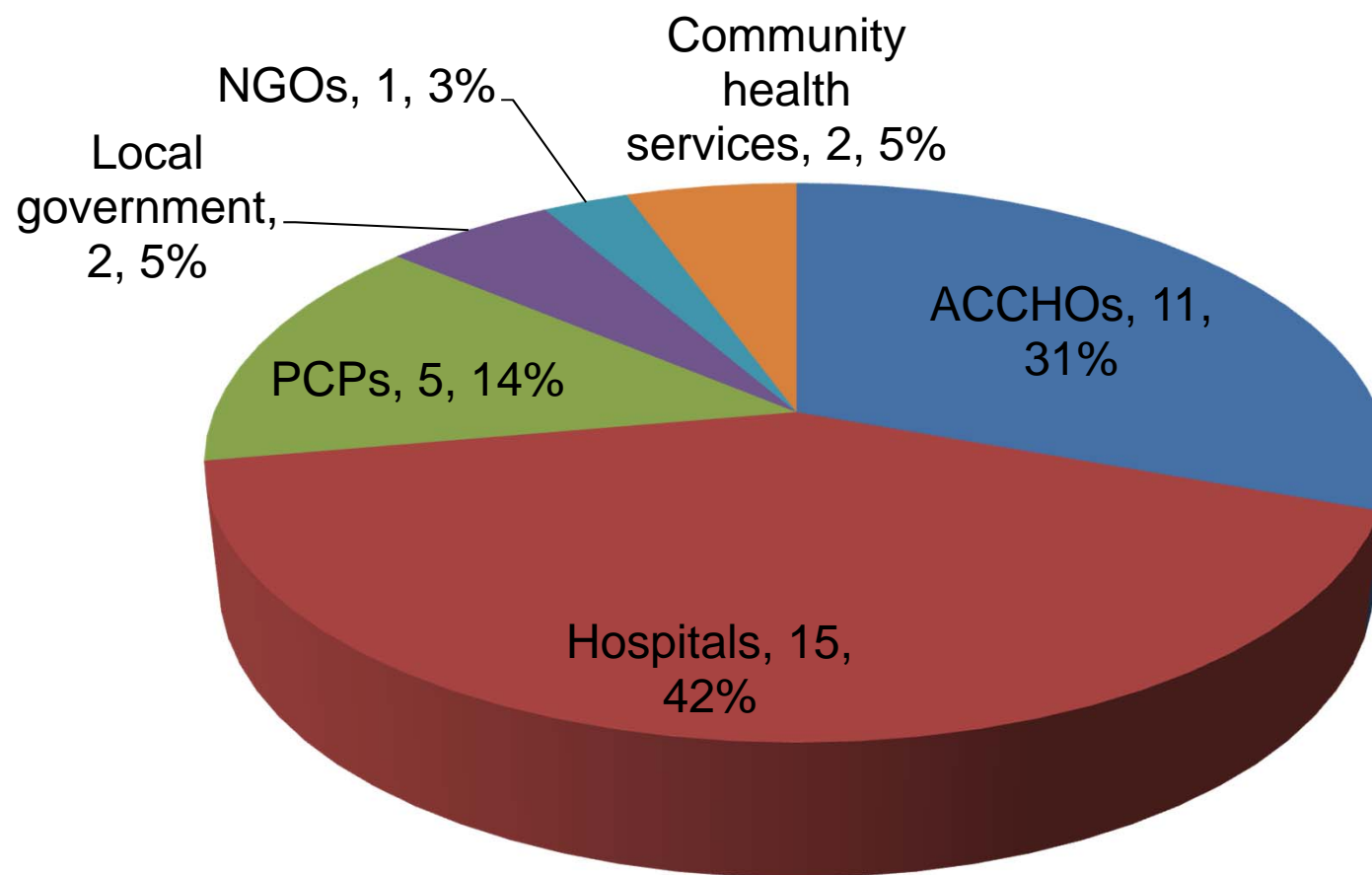
Improving
Cultural
Responsiveness
of Victorian
Hospitals

Case
management &
care coordination
models

The **Gathering**
Place Model in
Victoria

Effectiveness of
traineeships for
the Aboriginal
Health
Workforce

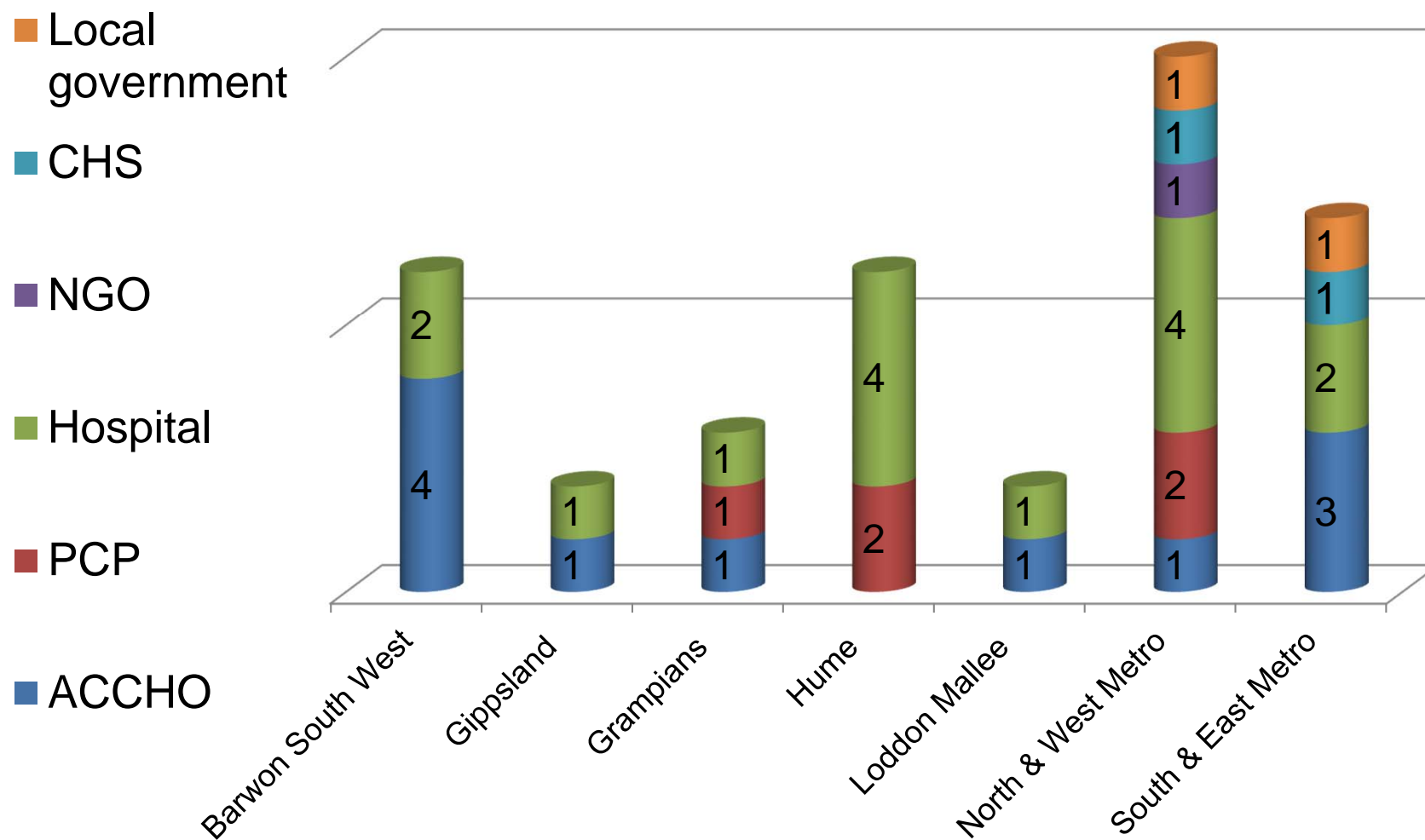
Organisations directly & intensively engaged in the evaluations



> Excludes state-wide projects which engage very many organisations

> Excludes Workforce evaluation survey to be distributed to 60 orgs received grants/traineeships: 17 ACCHOs, 31 hospitals or integrated health services, 12 community health

Organisations engaged, by region



Benefits of choosing priority areas



- **Depth** – meaningful practice insights
- **Efficiency** – only 33% of funded projects directly engaged, but sufficient breadth amongst them
- **The right consultants for the right tasks**
- **Engagement & community participation** – focussed, sufficient time & effective
- **Flexibility** – responding to findings & community & environment changes eg. govt & self-determination
- **Faster insights for early dissem'n + action!**
- inc. working with community to test, refine, feedback

Dissemination



- **Publishing and presenting 'anticipated' and/or 'early' evaluation findings since midway through evaluations**
 - Community – test, refine, develop findings
 - Expert advisory group – trial concept
 - Department Executives - endorsement
 - Draft Workplan – not dissemination but proposed actions
 - Resources – coinciding with final reports!?

Key concepts – dissemination approach



Field	Key learning
Utilisation-focussed evaluation	<ul style="list-style-type: none">• Conduct & design of an evaluation influence its utilisation
Implementation research – replicating and spreading innovation	<ul style="list-style-type: none">• Promoting Action of Research Implementation in Health Services' Framework effective in Indigenous health services (Brands, 2013)• Separating 'core' from context-specific elements for replication (Greenhalgh 2004)
Intentional reporting and data visualisation	<ul style="list-style-type: none">• <u>Focus</u> evaluation reporting• Evaluation's audience should influence design and even data analysis (Patton 1990)• Communication science – visual processing theory etc (Evergreen 2014)

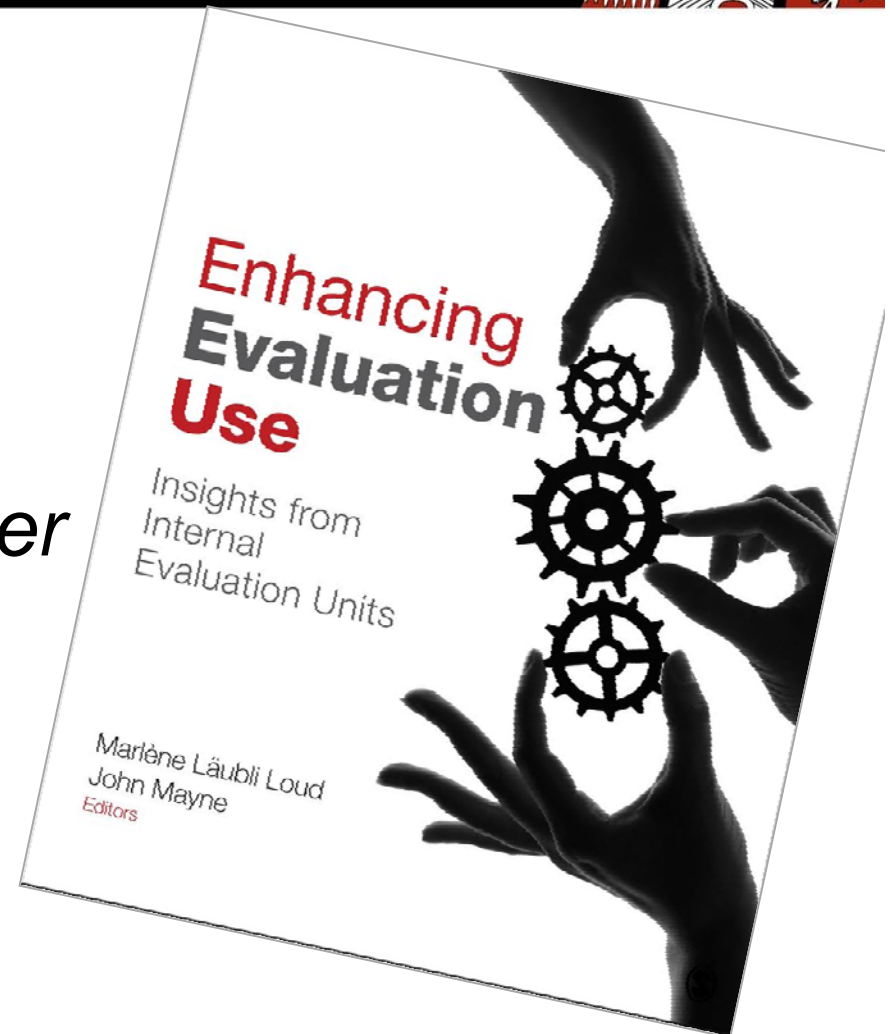
Dissemination is too passive

Marlène Läubli-Loud:

- “valorisation”
- Shared responsibility of:
*evaluator + commissioner
+ program area*

= active role for
commissioner

- One solution to “tyranny of recommendations”



Findings: Is this meta-triangulation?



Hospitals

**Case
management**

**Gathering
Places**

Workforce

**Government
funding &
role**

**Replicable
service
models**

Workforce

**Connection
to place &
culture**

**Success
factors**

Types of connections between findings



- **Direct reinforcement**, eg. Aboriginal health workforce are experiencing dangerous levels of vicarious trauma and cultural load
- **Layering** eg. Short-term project funding has detrimental effects – different effects in different sectors/evaluations
- **Structural** eg. 6 essential factors in hospitals; 38 elements for success of traineeship; model for successful gathering places
- **Complementary** eg. Hospitals re barriers to access & Case management-zero reporting of such barriers - break down organisational barriers through the ongoing relationship

Benefits of Early Dissemination



- **Maintaining momentum** – community involvement > decision makers
- **Timeliness** – not missing critical opportunities if (when!) evaluations experience delays
- **Testing the waters** – feedback for evaluators eg. context/specificity/presentation
- **Focussing evaluators** on delivering & audience!

Impacts – so far



NB. Final reports NOT yet in – to be finalised in next month

- **Executive direction to consider findings immediately**
- **Significant change in recognition of some key issues:**
 - Role of gathering places
 - Vicarious trauma, isolation and racism experienced by workforce
 - Replication approaches for successful programs
- **Funding in current budget to support gathering places**
- **Significant influence on future funding processes (August)**
- **Community support for findings / recommendations**
- **Public release of full reports highly likely**

Risks of Early Dissemination



- **Getting it wrong – words are your friend**
it is possible to say things that are genuine and meaningful without being committal and conclusive
- ~~Anticipated~~ **Findings from the Koolin Balit Evaluation – editors are not!**
 - The program ~~may be~~ **is** delivering....
 - The evaluation ~~suggests~~ **shows** success in ...
 -
- **Evaluator panic**
- **Resources**

Dissemination as Capacity Building

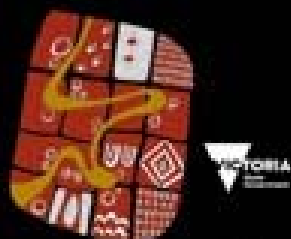
Conference Grants

- up to \$2,000
- already accepted for oral presentation only
- Upcoming conferences profiled in Quarterly Bulletin of KB Evaluation



Are you working in
Aboriginal health in Victoria?

Would you like to share the
story of your health program?



Aboriginal Health
and Wellbeing Branch

EVALUATION SERVICE FOR THE VICTORIAN ABORIGINAL HEALTH SECTOR - PILOT PROJECT

Support to share your local health project evaluations

Invitation

The Victorian Government is trialling an evaluation service that offers hands-on support to assist project staff to share their local health project evaluations. The service is available to Koolin Balit funded agencies, as well as any agency working in Aboriginal health in Victoria.

Why share evaluations?

Sharing your evaluation findings tells the story of your health program and helps everyone learn what worked and what didn't work, so that improvements can be made for the future.

...there is not enough really good evidence out there about the work that we're doing. I think we've got a lot to really value add..."

Professor Kerry Arabena – Chair of Indigenous Health, Director of Indigenous Health Equity Unit, University of Melbourne

Sharing your evaluations may also entitle you to apply for a Victorian Aboriginal health conference grant, which can provide up to \$2,000 to cover travel, accommodation and conference registration fees. See for more www.health.vic.gov.au/aboriginalhealth

What support is offered?

You will be able to access a mentor who will work with you to share your evaluation findings in various ways such as being able to:

- Prepare an oral or PowerPoint presentation for a conference or community event
- Write for a newsletter, a publication, a poster or a conference

Together, you and the mentor will identify the best ways to share your evaluations and the best places to reach people to let them know about your findings, such as: at community events, at a conference or in local newsletters.

How to get involved

Contact the project officer, Frances Cieslak at frances@larter.com.au or M: 0418 348 587, or your DHHS regional Aboriginal health manager to let them know you are interested.

Thank you



For more information , please visit
health.vic.gov.au/aboriginalhealth

or contact

e: kate.gilbert@dhhs.vic.gov.au

t: 03 9096 0170