



INDIGENOUS HEALTHY LIFESTYLE PROGRAM EVALUATION: Executive Summary

From 1 July 2006, the Australian Government and the state and territory governments started a four-year, \$500 million, national program called the **Australian Better Health Initiative (ABHI)** to refocus the health system to promote good health and reduce the burden of chronic disease.

The Office of Aboriginal Health received state funds as part of this Council of Australian Governments (COAG) agreement to coordinate the implementation of the WA Indigenous Healthy Lifestyle Program to reduce the burden of chronic disease. The program was designed to assist communities to build capacity within the local context to undertake a range of strategies to improve lifestyle and reduce risk factors for chronic disease.

The Combined Universities Centre for Rural Health (CUCRH) was contracted by the Office of Aboriginal Health to develop and implement an appropriate evaluation framework to measure the WA Indigenous Healthy Lifestyle Program. CUCRH based the evaluation on a framework which draws on three sources of expert advice: international consensus; Australian policies and guidelines; and systematic reviews of the evidence for effective practice.

The framework specified seven goals or dimensions related to governance, integration, workforce development, community engagement, health promotion, quality and participation. These goals included a total of 40 process, impact and outcome indicators for each goal with between three and seven indicators per goal.

An evaluation team visited each of the five project sites in 2009. Three were also visited in 2010. In each year the team reviewed documents and interviewed project workers and managers and stakeholders from the community and other local services. Information was recorded against each of the 40 indicators and then summarised. The team discussed the summaries and gave a score of 1 to 4 to rank performance. In total, 201 people were interviewed.

Key Findings

In 2009 the highest scoring indicators were for health promotion activities and workforce development. Common weaknesses in the IHLP projects were:

- lack of a common vision;
- few clear agreements between relevant organisations about roles and responsibilities;
- no protocols regarding engagement with the Aboriginal community; and,

- lack of attention to policy changes that can reinforce health promotion messages.

The sustainability of IHLP was investigated by examining the changes that took place over one year in three sites. The importance of committed and well connected community workers is clear, but there is also a danger of relying too much on workers. One project experienced significant declines in performance when their worker resigned. Strong management commitment to Aboriginal workforce development and Aboriginal community engagement are very important in creating the environment for sustained improvements in health and well-being. Without good management and governance processes community workers can be isolated from their host organisation and other services.

The lasting influence of IHLP was also captured through the stories of significant change told by project workers and managers, members of the Aboriginal community and local service providers. The themes revealed that a high value was placed on improving the situation for individuals and family members so that they could take control of their health and their lives. More than half the stories were about positive changes for individual and families. These included stories of people who benefited from project activities and those for whom community workers intervened to avert a crisis by giving support and advocacy. Less common but still important were stories about Aboriginal people gaining opportunities to be leaders in health development either in the workplace or by services responding to community priorities. A few stories were about successful activities that improved a pressing community health issue such as food supply, environmental health or alcohol abuse.

More importantly, almost all of the stories told by Aboriginal people were about an individual, family or community gaining the confidence to make improvements in their lives or in the lives of others. It is this empowerment which is the legacy of IHLP and should be the goal for future projects to improve Aboriginal health.

The recommendations are based on the evaluation findings of the importance of clear project management based on a commitment to Aboriginal health development, which is the focus of Recommendation 1. The other recommendations focus on areas of weakness found across several of the projects and are informed by the successes of other projects. Recommendations address establishing partnerships with other service providers, Aboriginal community engagement, planning and monitoring, and developing the Aboriginal health workforce. These recommendations are relevant for any community-based Aboriginal health initiative. Successful implementation will enable future projects to enhance the abilities of Aboriginal people to achieve better health and well-being.

Recommendations

Recommendation 1. Organisations contracted to implement projects targeting Aboriginal health must first demonstrate that they have developed and implemented policies and procedures which acknowledge past injustices and their continuing impact and create a sustained strategy to address these through respectful partnerships and the development of opportunities throughout their structure.

Recommendation 2: Fund holders must demonstrate a clear organizational structure that connects the Aboriginal projects to the strategic Aboriginal development goals and core business of the organisation.

Recommendation 3: All Aboriginal projects which aim to improve service integration and access should be structured to ensure that there is a consultative group or committee, representative of key services and community organisations or groups, with defined yet flexible roles and responsibilities. The specific form these groups take will vary between localities. These groups would benefit from input from an Aboriginal-led group which sets direction for all health programs.

Recommendation 4: Funders should promote a simplified planning framework that prompts project workers and management to consult with community and service representatives to define the goals, activities and targets for the project, and to include a process of regular monitoring, reflection and celebration with the community it services. A strategic plan is not necessary for a project. Where there is a strategic plan for Aboriginal health development, the project should clearly link to one or more of the objectives. The steering group described in Recommendation 3 is an appropriate group to undertake this planning but should include the community workers and other stakeholders as required.

Recommendation 5: Cultural security training, tailored to the local environment, should be offered to staff of the host organisation and partner organisations as part of an orientation to introduce the project and its workers. If local training is not available, a self-directed package could be used such as the one offered free by CUCRH (<http://lms.cucrh.uwa.edu.au/moodle/index.php>).

Recommendation 6: Community workers should have regular access to a mentor or advisor who is responsible for increasing their knowledge and skills and encouraging continuous quality improvement. This person can be internal or external to the host organisation.

Recommendations 7: Greater commitment and creative solutions need to be found to improve the quality of monitoring. The purpose should be to provide the information needed for continuous planning as described in Recommendation 4.