



23 August 2019

Indigenous Evaluation Strategy
Productivity Commission
Locked Bag 2
Collins Street East
MELBOURNE VIC 8003

Submission to Indigenous Evaluation Strategy Issues Paper

Dear Commissioner Mokak,

Thank you for the opportunity to make a submission to the Indigenous Evaluation Strategy Issues Paper.

Situated within the College of Health and Medicine, the Research School of Population Health strives, at a population health level, to improve mental and physical health through discovery, education and the translation of research into effective health policy and practice, in Australia and internationally.

An important way it achieves this is through research conducted within its Aboriginal and Torres Strait Islander Health Program (ATSIHP), which is committed to ensuring that projects have Indigenous leadership and governance, and to providing mentoring and support to build team members' research skills and capabilities, in particular its higher degree research scholars and community researchers. ATSIHP aims to ensure Indigenous communities' values are front and centre, by conducting participatory research and adhering to principles of Indigenous data sovereignty. ATSIHP team members understand that through research partnerships, Indigenous people themselves can best identify and implement their own solutions for improving health and wellbeing.

Another important means through which RSPH achieves its aims is through its renowned MPhil (Applied Epidemiology), previously known as the Master of Applied Epidemiology (MAE) Program, a two year research degree that emphasises 'learning-by-doing' epidemiology through coursework and field placements in organisations such as health departments or Aboriginal community controlled health services. The MAE has been a very successful training program - not least for graduating a high proportion of Aboriginal and Torres Strait Islander scholars who are making significant contributions in the public health and evaluation fields. In early 2010 funding for the MAE Program, previously provided through the Commonwealth Department of Health was withdrawn, having a severe impact as, although a field placement component remains, host organisations are now required to contribute some \$50,000 per year to host a scholar. The new funding arrangements were implemented despite compelling arguments for continuation of the original model and the potential detrimental effects on Aboriginal and Torres Strait Islander data sovereignty,

statistical and epidemiological capacity that the lack of a sustainable funding model might have.^{1,2}

Within these contexts, we are encouraged by the outcomes of the Commission's workshop at the 2019 Lowitja Institute Conference, and that participants saw the importance of incorporating Aboriginal and Torres Strait Islander knowledges, priorities and values into policy and program design; of recognising and highlighting the need for Aboriginal and Torres Strait Islander leadership in evaluation; of the need for data sovereignty being respected within the Evaluation Strategy.

To progress these outcomes, we draw the Commission's attention work by ATSIHP team members which aimed to quantify methodological and other characteristics of Australian Indigenous health program evaluations published in the peer-reviewed literature. While not making inferences on the proportion of all programs evaluated, our results were consistent with evidence that showed that only 10% of current Indigenous programs had been evaluated. Our findings also underline the need for high-quality evaluations of Indigenous health programs, including consideration of experimental designs such as cluster RCTs, stepped wedge or multiple baseline designs³. A corollary of the study's conclusions reflects on our explanation of the need for sustained training of Indigenous epidemiologists and evaluators through programs such as the MAE.

We also commend two data sovereignty resources – the Indigenous Data Sovereignty network, and Maim nayri Wingara – which ATSIHP team members have been and continue to be involved in: The **Indigenous Data Network (IDN)** assists Indigenous communities in developing the technical capability and resources to enable them to manage their data for community advancement. By strengthening communities' agency in their data, the network empowers them to make informed decisions about their own development⁴; The **Maia m nayri Wingara** Aboriginal and Torres Strait Islander Data Sovereignty Collective was formed in 2017 to develop Aboriginal and Torres Strait Islander data sovereignty principles and to identify Aboriginal and Torres Strait Islander strategic data assets. The intent of Maia m nayri Wingara is to empower Aboriginal and Torres Strait Islanders to engage in Indigenous Data Sovereignty and to advocate for rights (informed by the United National Declaration on the Rights of Indigenous Peoples) using data to inform development.⁵

Another resource we commend to the Commission is work by Wiradjuri colleague and friend of many in the ATSIHP team, Dr Megan Williams. Dr Williams has developed the **Ngaa-bi-nya** Aboriginal and Torres Strait Islander Program Evaluation Framework, and has been used as the basis for much of our thinking within ATSIHP. Encompassing World Health Organisation evaluation principles and the Lowitja Institute Evaluation Framework components, *Ngaa-bi-nya* has been designed by and for Aboriginal and Torres Strait Islander people, and includes a comprehensive range of "critical success factors" rarely considered in other evaluations. Rigorous in its foundations, it builds on Stufflebeam's *Context, Input, Processes, and Products Evaluation Model*, a multi-method approach to

1 Lovett R: Indigenous data sovereignty, chapter in Indigenous data sovereignty: towards an agenda, 2016 (pdf attached).

2 Guthrie, Dance et al, Public health capacity through Indigenous involvement in the Master of Applied Epidemiology Program, Australian Aboriginal Studies, 2011/2 (pdf attached)

3. Lokuge, Thurber et al, Australian and New Zealand Journal of Public Health, 2017: 'Indigenous health program evaluation design and methods in Australia: a systematic review of the evidence', (pdf attached).

4. See <https://mspgh.unimelb.edu.au/centres-institutes/centre-for-health-equity/research-group/indigenous-data-network>

5. See <https://www.maiamnayriwingara.org/>

conducting an integrated context, input Evaluation, process, and products ("impact") evaluation, and is one of few evaluation tools developed specifically to reflect Aboriginal and Torres Strait Islander peoples' contexts.⁶

Lastly, the ATSIHP team have experience in tendering for government contracts and research partnerships. Our observations are that, in certain instances, processes have not always been transparent, particularly in how Indigenous evaluators and/or Indigenous forms of governance are utilised. In light of the Commonwealth's Indigenous Procurement Policy we would like to see more accountability and transparency in how tendered contracts meet and support Indigenous expertise and capacity building. We hope the Commission may be able to explore this issue more broadly.

Thank you for the opportunity to provide a submission to the Issues Paper. We look forward to learning of your recommendations. Please let us know if there is any further information we may be able to provide the Commission in its important work.

Yours sincerely

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⁶ Williams, M: Ngaa-bi-nya Aboriginal and Torres Strait Islander program evaluation framework, Evaluation Journal of Australia, 2018 (pdf attached).