Evidence-based success factors for community-based Aboriginal health projects

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Introduction

As part of a national program, Western Australia funded the Indigenous Healthy Lifestyle Program to reduce the burden of chronic disease. The IHLP projects were based in five under-served towns and communities throughout the state. Although each focused on different priorities, they all aimed to improve health through community-based activities that promoted healthy lifestyles and improved use of services. Two sites were in outer metropolitan / peri-urban settings, one in a small rural town, another in a remote centre and the final in remote communities. Most projects delivered services to their immediate community and had some outreach work to more distant sites.

Four of the five sites were administered by mainstream organisations. In each site one or more local Aboriginal people were employed to implement the program. This structure as well as the diversity between projects is typical of many short term projects funded to improve Aboriginal health, making the results relevant to other settings.

This paper describes the methodology employed to evaluate the program, highlights a few of the results and presents an argument for similar framework to be used in planning, monitoring and evaluation of Aboriginal health projects, especially those conducted by mainstream organisations.

Evaluation framework and methods

The IHLP was designed to be holistic and flexible. Therefore the evaluation had to be able to capture the common strengths and weaknesses, successes and failures across diverse projects serving very different communities in a range of ways which changed over time.

The evaluation was based on a framework for primary health programs which draws on three sources of expert advice: international consensus; Australian policies and guidelines; and systematic reviews of the evidence for effective practice (1). The framework specifies seven goals or elements that are required for an effective primary health care program: governance, integration, workforce development, community capacity building and engagement, health promotion, quality, and participation.

To measure the achievement of these goals were a total of 40 process, impact and outcome indicators. These were selected to be directly relevant for Aboriginal primary health care projects. Other types of programs would be able to use the same framework but would need to devise unique indicators. Improvements in health outcomes could take several years; process and impact indicators were more likely to show immediate progress. Because of the importance of good processes in Aboriginal health we were particularly keen to investigate the processes in place for the seven goals. For example, good processes for workforce development were considered to be a supportive recruitment process, line management and opportunities for professional development.

An evaluation team visited each of the five project sites in 2009. Three sites were also visited for a second time in 2010. Most teams were comprised of three people with at least one Aboriginal member and one male. In each site the team reviewed documents and interviewed project workers and managers and stakeholders from

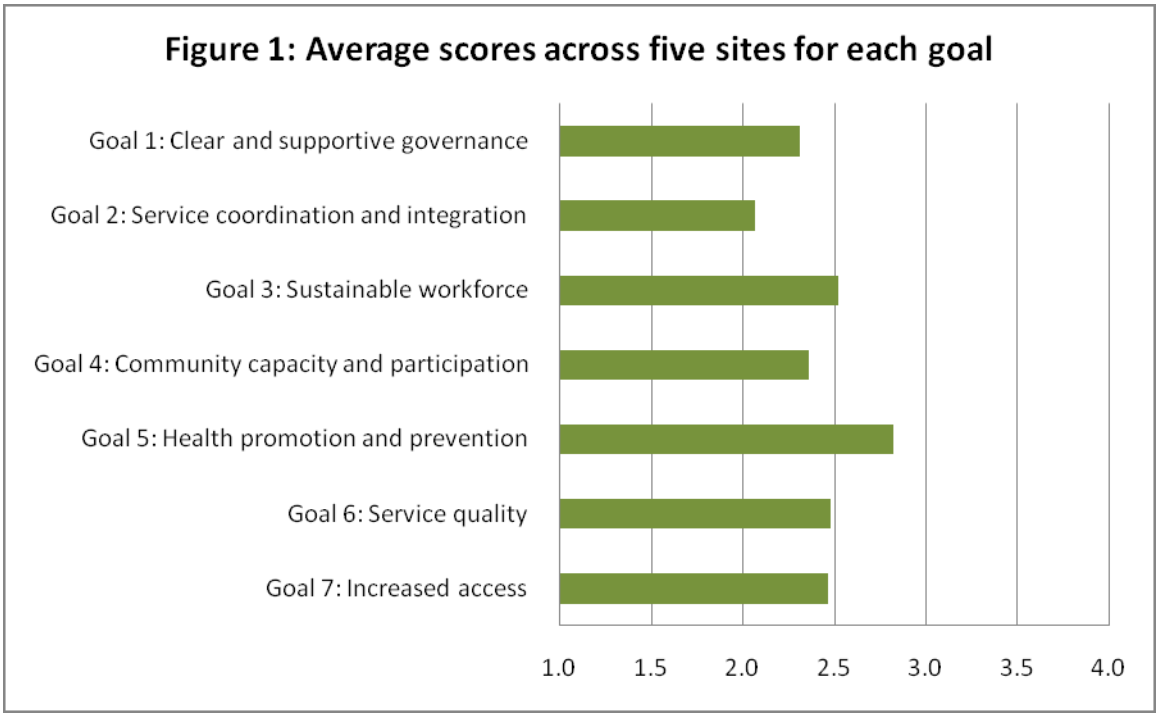
the community and other local services. Information was recorded against each of the 40 indicators separately for the document review, project staff, management, other service providers and Aboriginal community representatives. In total, 201 people were interviewed. Progress against each indicator was summarised, taking into account information from all sources. The team discussed the summaries and gave a score of 1 to 4 to rank performance. The specific indictors are available from the full report (2).

Western Australia Aboriginal Health Information and Ethics Committee approved the evaluation design.

Findings

Areas of strength and weakness

Figure 1 shows the mean scores for each goal across all five sites during the initial visit. Because of the diversity across sites, the mean scores are relatively low; all of them between 2.1 and 2.8. However, it is still possible to see trends.



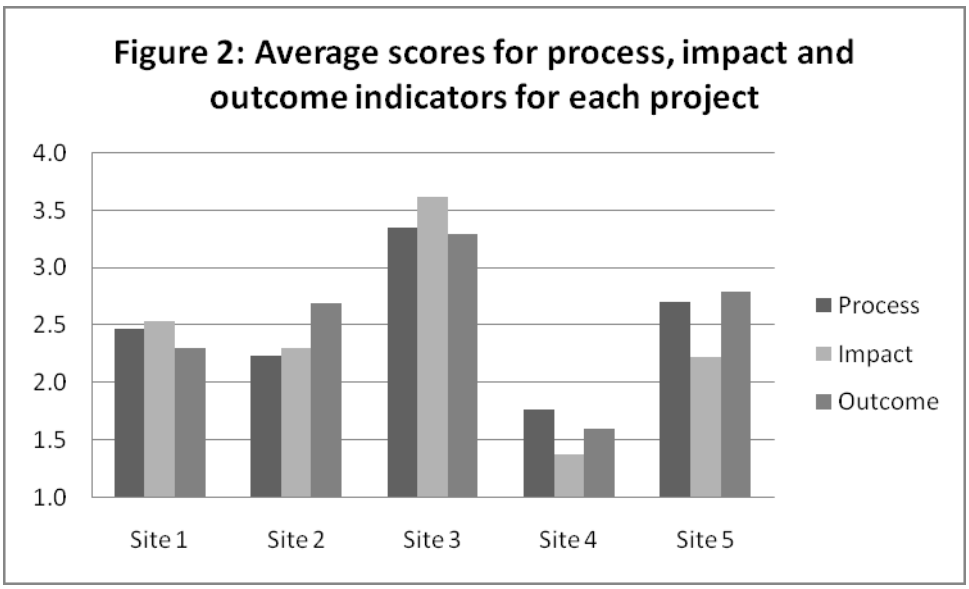
The highest scoring goal was in health promotion. All of the projects understood the complexity in promoting healthy behaviours and sought to give people information and skills and to foster supportive families and communities.

The goals for workforce development, improved access, community engagement and capacity building, service quality had mean scores of 2.5 or 2.4. IHLP projects appointed staff who were closely connected to their communities and extremely hard working. The most effective projects nurtured the workers with supportive line managers or mentors and professional development opportunities. It was largely the work of those workers which resulted in improved access to healthy lifestyle activities. In most sites workers were quick to respond to new community needs and find innovative ways to overcome barriers to participating in activities. A culture of reflecting on activities and using internal and external advisers meant that most projects were very conscious of the quality of their programs and sought to improve them. Formal monitoring and evaluation was much rarer.

The lowest scoring goals were about governance and service integration. In general, projects lacked formal methods for working with community and service partners such as a steering or advisory committee. This meant that there was not a common vision about what the projects did or many examples of true collaboration or mutual learning.

Importance of process

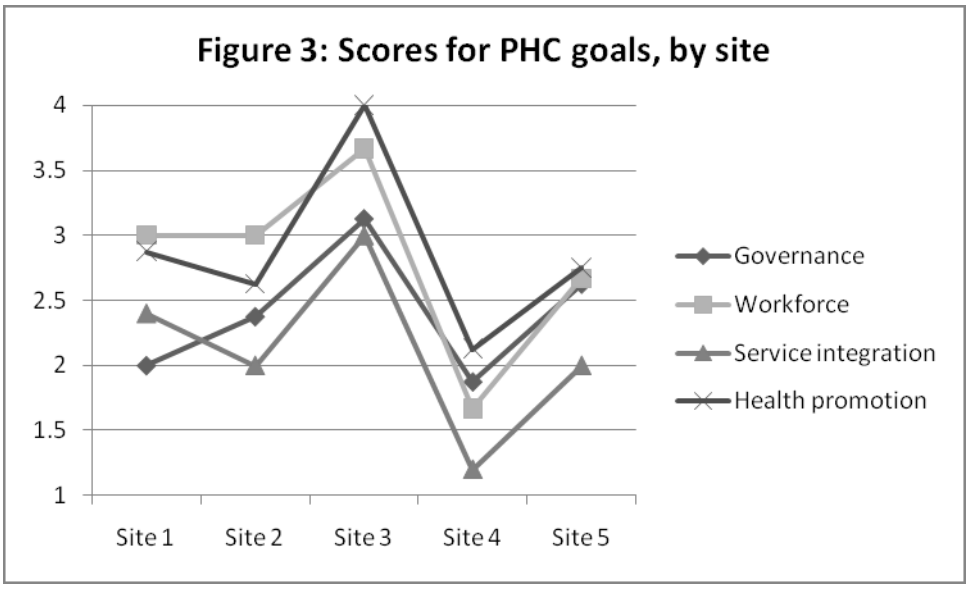
Another way to look at the evaluation results is by type of indicators. The importance of culturally secure processes has frequently been named as a prerequisite for effective Aboriginal health programs (3). Our results support this. Figure 2 shows the mean scores by type of indicator (that is summed across all seven goals) for each site. The mean scores vary by site but there is very little difference between scores for each site. In other words, projects that were ranked high on achieving good processes also achieve high impact and outcomes. Similarly low scores on process were associated with relatively poor impact and outcome.



The role of governance

The IHLP evaluation demonstrated the importance of active governance of projects. As already shown, the projects were fortunate to employ committed workers. However, we found that great workers were not enough to make a project a success. Without the backing of an organisation committed to working in partnership with Aboriginal communities and other services, there was a limit to what projects could achieve.

The importance of governance can be seen in two ways. Figure 3 indicates whether projects scored high, medium or low on sets of indicators which reflected the quality of governance, workforce, service integration, health promotion and health outcomes. The scores for workforce and health promotion are closely related and so are the scores for governance and service integration. This indicates that workers who are motivated and closely linked to their communities can implement effective health promotion programs. However, Aboriginal workers rarely have the authority to influence other services (and even their own service) to work together to offer integrated, culturally secure care. Service integration requires leadership from senior management and a cross-institutional commitment to Aboriginal health.



The importance of governance was also demonstrated in the experiences of the three sites visited twice. In the initial visit Site A was judged to have a disengaged governance structure but strong community workers who operated independently. Site B had weak management and community workers who were struggling without support. Site C had a disengaged management but a strong community worker who, to some degree, was able to forge effective relationships with other services as well as run independent programs. One year later, little had changed in Site A. The workers continued to operate an independent program. The management structure in Site B had vastly improved. A reconciliation plan had been introduced, an Aboriginal community steering group was providing leadership and there was greater clarity in the line management and roles for the workers who flourished under the new arrangements. In Site C the worker had resigned and the project had come to a standstill as the management had no mechanisms in place to be involved in Aboriginal health.

Lessons for other Aboriginal programs

The strengths of the IHLP projects were their holistic approach and employment of community workers who were qualified, dedicated and proactive. Importance of good workers for community engagement and health promotion cannot be underestimated. But the evaluation also showed that the workers alone cannot bring about health changes and, in particular have a limited ability to change service culture. Only good governance can achieve better service integration and sustain a project after a community worker resigns.

Good processes are essential. There are no shortcuts to implementing effective Aboriginal health projects. Furthermore, the processes are not confined to one sphere of activity. Community engagement is critical, but without processes to engage other services, Aboriginal people are unlikely to receive better health care. Recruitment processes that attract qualified workers with strong community links is also important, but if they work in an organisation which does not recognise that reconciliation is everybody's business, then they will be unsupported and disillusioned.

Applications for monitoring and evaluating other Aboriginal health programs

When planning, monitoring and evaluating projects, it is important to reflect on all of the elements which are required for success. It is not enough to think of health outcomes or of project activities alone. If a project fails to achieve the impacts or outcomes that were expected than the managers, stakeholders, workers and community will not have evidence of why their project failed. Was it because of poor engagement, lack of access, limited funds, or unqualified staff? Tools that incorporate a holistic view of projects will help to plan better projects, identify shortcomings earlier and point to lessons that can be applied in the future.

In addition to the framework, methodology the IHLP evaluation should be adopted by other projects using a primary health care approach involving multiple sectors or services. The collaborative, systematic method of collecting and analysing information can be used even when the monitoring and evaluation is done internally. The first step is to recognise that staff, management, other services and the Aboriginal community have different perspectives about project implementation and that all views are valid and important to understand.

The method we used explicitly interviewed people from all four groups, synthesised their views and then aggregated the four groups into a combined statement which reflect commonalities and diversity of views.

Another advantage of the IHLP evaluation methodology was that it did not depend on one person conducting an evaluation alone. A team composed of people with different life experiences and professional backgrounds can gain more from an interview and the sometimes vigorous discussion involved in arriving at a consensus on synthesis statements and scores makes the evaluation process more reliable. In our evaluation we particularly valued the participation of Aboriginal team members. They were especially sensitive to issues related to Aboriginal people working in mainstream organisations and about how to work with Aboriginal communities. Because of our Aboriginal members the evaluation teams spoke with more Aboriginal community members and obtained richer insights.

Conclusions

Mainstream institutions such as health departments, local governments and not-for-profit organisations are increasingly employing Aboriginal health workers. Quite often the management and the work team have little experience in working with Aboriginal people or addressing Aboriginal health issues in a holistic, primary health care framework. The Aboriginal workers, whose positions are often funded from short term projects, are expected to carry all of the responsibility for project activities.

The IHPL evaluation demonstrates that successful Aboriginal health projects need processes to support all of the elements critical to primary health care. The framework and methodology that underpins the evaluation offers tools for planning those processes and monitoring their impact and outcomes.

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