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# Aboriginal and Torres Strait Islander Health

## *Introduction*

The Royal Australian College of General Practitioners (RACGP) thanks the Australian National Audit Office (ANAO) for the opportunity to contribute to the audit of the Closing the Gap in Indigenous disadvantage framework.

### **About the RACGP**

The RACGP is Australia's largest professional general practice organisation, representing more than 38,000 members working in or towards a career in general practice in urban and rural areas.

The RACGP is responsible for:

- defining the nature and scope of the discipline
- setting the standards, curriculum and training
- maintaining the standards for high quality clinical practice
- supporting general practitioners (GPs) in their pursuit of excellence in patient care and community services.

### **About RACGP Aboriginal and Torres Strait Islander Health**

Improving the health and wellbeing of Aboriginal and Torres Strait Islander people is one of Australia's highest health priorities. The RACGP is committed to raising awareness of Aboriginal and Torres Strait Islander health needs and as a result, RACGP Aboriginal and Torres Strait Islander Health ('the Faculty') was formed to help 'close the gap'.

The Faculty has over 8,000 members either working in the Aboriginal and Torres Strait Islander healthcare sector or who have a passion and interest in this area. The Faculty undertakes a range of activities to help improve Aboriginal and Torres Strait Islander health outcomes. These include:

- developing guidelines and resources for GPs and health professionals
- delivering education and training
- advocating on issues relating to Aboriginal and Torres Strait Islander health
- celebrating Aboriginal and Torres Strait Islander culture and achievements by Aboriginal and Torres Strait Islander GPs, registrars and medical students.

### **Approach taken by this submission**

This submission draws on detailed and considered feedback from members across the RACGP. Where relevant, the submission reflects on the impacts of the arrangements for monitoring, evaluating and reporting progress towards Closing the Gap in Indigenous disadvantage for GPs and primary healthcare teams.



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## *RACGP Submission*

### **Have appropriate data governance arrangements been established for monitoring progress towards Closing the Gap?**

Responsibility for the data governance arrangements of the Closing the Gap Strategy sit with the Council of Australian Governments (COAG), through structures set up under the National Indigenous Reform Agreement (NIRA). A central accountability of the NIRA is to track and assess developments on the health and wellbeing of Aboriginal and Torres Strait Islander people. This has been only partially effective. The Closing the Gap targets have resulted in a stronger commitment to achieve improvements in the status of Aboriginal and Torres Strait Islander people. However, the process has come to focus on measuring progress against the Closing the Gap targets and producing reports<sup>1</sup>, rather than providing analysis of the effectiveness of interventions, appropriateness of expenditure and where to direct resources, and measuring incremental progress to highlight more clearly any changes towards achieving the targets.

Headline results under Closing the Gap will take a long time to materialise. Ensuring fair and reasonable measures of progress depends primarily on getting the policy framework right, which should then inform the decision making around the most appropriate measures of progress. Current gaps in reporting mechanisms, for example in expenditure reporting, which looks only at what is spent, and not what should be spent relative to need, shift accountability away from governments.

Ongoing issues with data collection and analysis have contributed to the perception of limited progress against the Closing the Gap targets.<sup>4</sup> Concerns have been raised regarding the accuracy of the data collected, and conflicting evidence about the rate of progress against various targets. Consider, for example, inconsistencies in the measure of the child mortality target, the employment target and the differing views on the progress of the life expectancy target.<sup>2,4</sup> This distracts from the need to focus on trends overtime, and can give the impression of progress one year, and a lack of progress the next.

To date, data governance arrangements have generally lacked adequate representation of Aboriginal and Torres Strait Islander communities in decision making regarding the identification, collection, use and storage of data. Perhaps as result of this, data that has been collected predominately focuses on outcome gaps, when measures that are more meaningful for Aboriginal and Torres Strait Islander people, for example strengths-based achievements, could also be collected.<sup>5</sup> Establishing Aboriginal and Torres Strait Islander data governance principles and leadership should be a priority.

COAG committed to work in partnership with all levels of government and Aboriginal and Torres Strait Islander communities, when leaders signed the [Statement of Intent](#) in 2008. It is notable that this has only been demonstrated in recent times, through stronger commitments to co-design policy and programs. This is particularly evident in the health sector where, for example, the National Health Leadership Forum has worked closely with the Department of Health on the [National Aboriginal and Torres Strait Islander Health Plan Implementation Plan](#). The RACGP welcomes a more consistent approach to co-design, especially as it relates to questions of data governance.



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Assessing the contribution of a single program to a set of broad, population-level performance measures is difficult.<sup>6</sup> The Closing the Gap Refresh is considering the need for interim measures and indicators, to provide a more comprehensive picture of progress. This approach is welcomed in so far as any measures that are chosen underpin a policy framework that is broadly accepted by Aboriginal and Torres Strait Islander communities and leaders. The [National Aboriginal and Torres Strait Islander Health Plan](#) adopts 20 goals, which are designed to complement the Closing the Gap Strategy, chosen reflect areas for potential action and intervention, not the end of a process. However, stronger linkages could be made between this and the Closing the Gap program, to highlight how they contribute to overall progress.

National level data can hide the diversity of challenges and successes at regional and local levels. There is an important role for regional actors, such as the Primary Health Networks (PHNs) in this context. The PHNs are required to collect locally relevant information and provide an assessment of what services are needed based on this data, which is publicly available on the '[MyHealthy Communities](#)' website. This has strong implications for the Closing the Gap Strategy, as the relevance and accuracy of data collected informs the focus and type of health services commissioned in the area, which, in turn, contributes to achieving progress.

A stronger commitment to share information, to measure a range of indicators that contribute to the overall targets, and a better understanding of how local and regional data contributes to national strategy is needed. Consistent with recommendations in the Closing the Gap Steering Committee's Ten-Year Review,<sup>2</sup> arrangements for data governance must be co-designed with Aboriginal and Torres Strait Islander leaders, and allow for community input. This requires allocating sufficient time for this to happen effectively, as well as engagement at all levels of government, alongside communities.

## **Have appropriate processes been established for reporting progress towards Closing the Gap?**

The processes for reporting on progress towards Closing the Gap are not appropriate, evidenced in the focus on outcomes in favour of more holistic reporting arrangements. This approach to reporting requirements has in part contributed to the limitations of the Closing the Gap Strategy.

Accountability, evidence and reporting were notable commitments made by COAG under the NIRA. This covered a commitment to report on a range of elements, including progress against the targets, expenditure, evidence of 'what works', and sector specific reports, for example: the Prime Minister's Closing the Gap Report; COAG Reform Council NIRA Performance Report; Overcoming Indigenous Disadvantage; Report on Government Services, Indigenous Expenditure Review, Closing the Gap Clearinghouse and the Aboriginal and Torres Strait Islander Health Performance Framework. If anything, this indicates a wealth of information that has been collected in aid of progressing the Closing the Gap targets. Instead, as the Productivity Commission highlights<sup>1</sup>, this approach has given way to duplicative and burdensome reporting arrangements.



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Resources could be better put to use reporting on policy evaluation, assessing service need and gaps and the resources required to achieve progress. The RACGP acknowledges the recent commitments to strengthen research and evaluation of Aboriginal and Torres Strait Islander programs to address some of these gaps.

In addition to the volume, the frequency of reporting is not entirely appropriate.<sup>1</sup> The various progress reports are published on an annual, biennial and triennial basis. New data is not always made available in these timeframes, so reporting can lose meaning and becomes repetitive. Such frequency also fails to take into account the time lag effect, whereby policies implemented now, may not demonstrate outcomes at the population level for at least ten years. Not only does this misrepresent progress, it can lead to the conclusion that programs aren't working and need to change, when there is little or no evidence to support such decisions. Lacking effective evaluation evidence further exacerbates this issue.

## *Stronger accountability mechanisms required*

One of the clear failures of current reporting arrangements is the lack of accountability. Some original reporting functions have been lost overtime, for example, through the de-commissioning of the COAG Reform Council in 2014, and the discontinuation of funding for the Closing the Gap Clearinghouse. The Productivity Commission now has responsibility for most of the reporting related to the NIRA. This highlights a need for stronger independent reporting arrangements, with a particular focus on reporting that analyses the policy framework that underpins the Closing the Gap Strategy.

Although the intent of the reporting arrangements is to hold governments to account, it has frequently given way to laying blame at the feet of communities and individuals for the lack of progress against the targets. In part, this is due to a focus on outcomes, rather than evaluating the systems and processes designed to achieve these outcomes. Reporting against a sub-set of indicators could provide a clearer picture of progress, and would address some of the concerns with lack of progress. Similarly, the style of the reporting tends to reduce our comprehension of progress to either 'on track' or 'not on track', which motivates action only where the perception exists that 'not enough is being done'. As a result, we have a process that focusses on the report outcomes, rather than the complex and interrelated barriers to progress that exist in some communities.

Ultimately, the processes for reporting have largely framed Aboriginal and Torres Strait Islander people as the subjects of the reports, rather than active participants. Strengthening the role for Aboriginal and Torres Strait Islander people in the reporting process will contribute to more meaningful outcomes. To achieve this, further support and coordination is needed at all levels of government and with non-government actors to ensure alignment with regional and local-level activity.

Consistent with recommendations in the Closing the Gap Steering Committee's Ten-Year Review<sup>2</sup>, COAG needs to reinvigorate the 'architecture' required for the national approach to Closing the Gap, including the approach to reporting and information sharing.

## *Reporting on health data – the national Key Performance Indicators*

From a health perspective, the national Key Performance Indicators (nKPIs) are a key set of data used to support the Closing the Gap Strategy. The nKPI data set was developed under the NIRA at the request of COAG.



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It is important that COAG takes a consistent approach to the purpose for the collection of this data and a clear understanding of who this data is to benefit. The intended purpose of the nKPIs is to support policy and planning at the national and state and territory level by monitoring progress and highlighting areas for improvement and to improve primary healthcare delivery through quality improvements at the service level.<sup>7</sup> To ensure the nKPIs are meaningful to community members, any changes should be undertaken in consultation with Aboriginal and Torres Strait Islander leaders and communities.

The new needs-based funding formula model under consideration to fund Indigenous Primary Healthcare through the Indigenous Australians' Health Program (IAHP), highlights the need for tighter governance and accountability controls in relation to the use of the nKPIs. Use of the nKPIs to support funding decisions was considered under this model. Use of the nKPIs in this way is anathema to their purpose for quality improvement, would encourage singling out of certain results, and could lead to funding being re-directed away from services in communities where achieving outcomes is most challenging.

Though this approach has not been adopted to date, the RACGP maintains its opposition to using data collected for the purposes of improving quality, to be applied to funding decisions. This is not consistent with the intent of the NIRA and would not lead to significant health gains.

## **Have effective processes been established to evaluate the impact of Indigenous programs on Closing the Gap?**

There is a pressing need for more and better evaluation of the policies and programs targeted at Aboriginal and Torres Strait Islander people. Evaluation processes are essential to inform policy and program development designed to achieve meaningful outcomes. It has been well established in recent years<sup>1,9,10</sup>, that the Closing the Gap Strategy has lacked evaluation capacity and rigour, which has meant that there is limited knowledge of the effectiveness of current programs.

There is, however, an existing body of evidence of the conditions under which programs experience success.<sup>8</sup> Where there is an understanding of what works, which is supported by evidence, this should inform the approach. For those programs that are already funded, an evaluation process should be incorporated into the program's delivery, with appropriate funding and capacity development.

It is notable that in the health sector, there have been a range of evaluations since the inception of the Closing the Gap Strategy that have contributed to building a strong evidence base. This includes multiple reviews of the Indigenous Chronic Disease Program and the current Indigenous Australians Health programme (IAHP), which include a co-design model for the review of primary healthcare programs. Ongoing collection and refinement of the nKPI data also delivers evidence that supports continuous quality improvement in the way healthcare is delivered to Aboriginal and Torres Strait Islander people. Although improvements are still required, any future progress must build on current cross-sectoral collaboration, partnership and Aboriginal and Torres Strait Islander leadership.



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Recent funding commitments to strengthen Aboriginal and Torres Strait Islander research and evaluation are important developments.<sup>3</sup> It will be critical that the new *Indigenous Advancement Strategy Evaluation Framework* and research conducted through the Productivity Commission, under the guidance of a new Indigenous Productivity Commissioner, guarantee ownership and leadership for Aboriginal and Torres Strait Islander communities throughout the evaluation cycle. The Lowitja Institute's recent report *Evaluation Frameworks to Improve Aboriginal and Torres Strait Islander Health*<sup>11</sup> provides valuable guidance for all governments in terms of the ways in which evaluation can be utilised for maximum benefit to communities.

Despite these positive developments, further work is needed to ensure the evaluation approach is comprehensive. The current focus is on the evaluation of Aboriginal and Torres Strait Islander-specific programs, which account for only a small percentage of the programs that are designed to support Aboriginal and Torres Strait Islander people. Change does not occur in a vacuum. Understanding the contribution of mainstream programs, for example, the Medicare Benefits Scheme, is important to understand how the 'whole of system' affects policy and program outcomes.

Much like the commitment to long-term policy, evaluation cycles need time to properly assess impact. There are existing examples of this – the current Aboriginal and Torres Strait Islander Primary Healthcare evaluation is expected to run for four years, which allows for a genuine assessment of effectiveness. As outlined above, time lags between the inception of new policy and programs and change at the population-level can mask progressive or incremental improvements. Similarly, adopting a range of measures that look at areas for action, not just at the end of the process will support our understanding of change. These factors should be taken into consideration when designing and implementing evaluations to measure program effectiveness. Once effectiveness is better understood, we should expect more program continuity and longevity. This in turn, will support improved outcomes.

Finally, it is not enough to simply evaluate programs. Findings must be widely communicated and applied to improve overall service delivery. Transparency and accountability are critical to validating evaluation outcomes, but have been lacking where evaluations of Aboriginal and Torres Strait Islander-specific programs have been undertaken.<sup>11</sup> Evaluation tender documents and outcomes of policy evaluations are not always made public. A review of the past ten years evaluations in Aboriginal and Torres Strait Islander health found only five per cent of tender documents and 33 per cent of evaluation reports were able to be obtained.<sup>11</sup> A stronger commitment to share outcomes, including from previous evaluations, is required, to better understand the benefit of programs to communities.



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