University of Wollongong

ahsri

Indigenous safety promotion program evaluation: A reflection

Paper Presented at the Australasian Evaluation Society International Conference, Adelaide, Australia, 27-31 August 2012

Presenters: Kathleen Clapham and Pam Grootemaat

Australian Health Services Research Institute

University of Wollongong

University of Wollongong

ahsri

Acknowledgement of Country

I would like to acknowledge and pay respect to the Kuarna elders and community members who are the traditional owners of the land on which we meet

University of Wollongong

ahsri

Purpose

- To **share key lessons** and **identify ongoing challenges** in the evaluation of interventions which address complex Indigenous health and safety issues.

- We draw from available **literature** as well as our **research experience** in leading and collaborating on injury intervention studies

University of Wollongong

ahsri

Overview

1. Injury and its prevention in Indigenous communities
2. Snapshot of studies undertaken over 8-10 years
3. Challenges in evaluation
4. Opportunities and lessons learned

University of Wollongong

ahsri

Indigenous disadvantage a wicked problem

- Indigenous disadvantage - one of the 'wicked problems' facing Australia
  - Requires interagency / sector approaches to address **multi factoral causes**
  - **Findings solutions difficult**
  - Involve **behaviour change** as one of many factors
- Safety is amongst the many aspects of Indigenous disadvantage
  - Safety is a health equity issue:
  - **Poor communities experience a disproportionate burden of injury** the world over

University of Wollongong

ahsri

Injury in the Indigenous population

- Significant **burden of injury** amongst Indigenous people in Australia
  - Available data suggest **three times mortality r**ate for injury
  - **Twice the rate of hospitalisation** due to injury
  - Leading causes - **self harm, land transport, assault**
  - High rates of **preventable injury to children**
- Under reporting makes it **difficult to quantify** the burden of injury in Indigenous populations
  - Injury measured by information collected on death and hospitalisation.
  - Data quality issues
  - Many injuries **not formally recorded**
- **Community safety one of the Seven Closing the Gap building blocks**

University of Wollongong

ahsri

Broad context of Indigenous injury

- dispossession
- social marginalisation
- exclusion
- poverty
- remoteness
- hazardous environments
- poor access to services
- Unemployment
- exposure to violence
- risk takingsoci
- Racism
- poor education
- incarceration
- alcohol and substance misuse
- low self esteem
- poor social support

University of Wollongong

ahsri

Historical and psycho-social factors

- Disruption to traditional values, kinship, culture
- Social and familial dysfunction
- Loss of leadership, male roles
- Youth boredom
- Loss of self esteem and purpose
- Alcohol, drugs, volatile substances
- Family and community violence
- Risky behaviour at an early age
- self harm

University of Wollongong

ahsri

Environmental factors

- Remote / isolated communities
- Adverse road conditions
- Road transport for long distances
- Low levels licensing
- Hazardous environments
- Housing shortages
- Increased falls risks- young & elderly
- At-risk home environments
- No escape from violence

University of Wollongong

ahsri

Access to services and programs

- Inequitable **distribution** of health resources
- Inadequate **intervention** levels
- Reduced / limited **access** to health, community and social support services
- Need for individual and organizational **capacity building**

University of Wollongong

ahsri

Most injuries are preventable

- **Many solutions already known** through epidemiological study
  - **Public health offers practical strategies / countermeasures** for addressing intentional and unintentional injury
  - **Good evidence** for their effectiveness
- Growing understanding of need for **multi-level, multi-disciplinary and collaborative approaches** :
  - system level change
  - workforce development and capacity building
  - educational and behavioural change programs
- Intervention research promises results through programs that can be effectively **delivered in real world settings**

University of Wollongong

ahsri

but

- Less clear is how to implement and evaluate these countermeasures in different **social and cultural contexts**
- Improving health status of **disadvantaged**, marginalised and culturally distinct population is complex
  - Work on developing effective interventions for these populations is new
  - Need better understanding of cultural context and implementation
  - Involves engaging with **different ways of viewing the world**
- Also, intervention research is **expensive** so needs to be cost effective

University of Wollongong

ahsri

So how to translate research into effective policy for communities most in need?

- **Indigenous Australians have not benefited** to the same extent from the effective injury interventions which have led to improvements in injury mortality and hospitalisation for most Australians
- Little understanding about **how interventions will work in a range of Indigenous settings**
- **Few safety interventions** specifically designed for Indigenous communities
- **There has been a lack of policy attention to this important area of need** due to the **lack of evidence**

University of Wollongong

ahsri

Case Studies

Acknowledgements

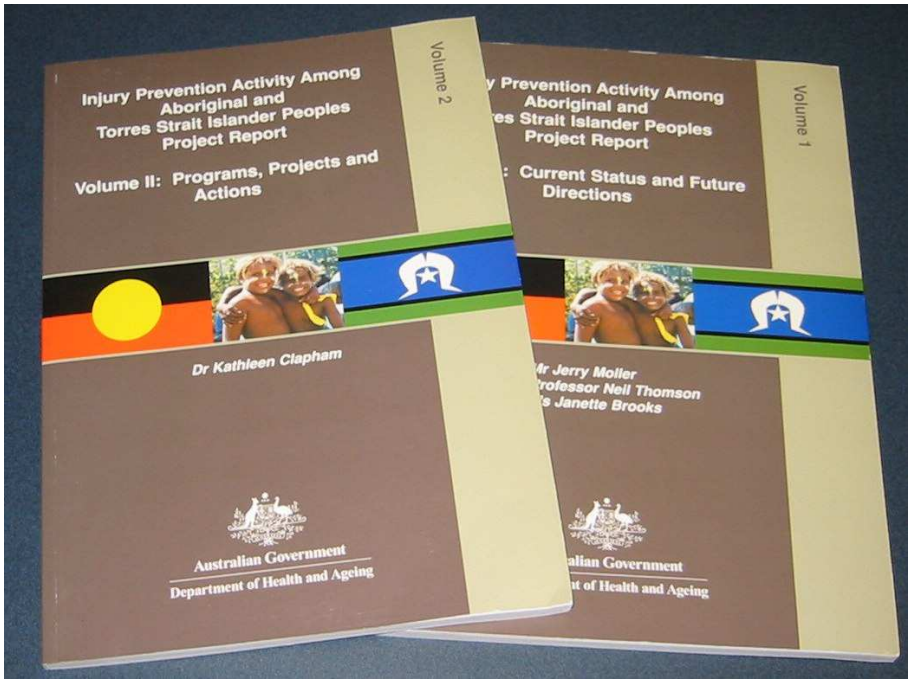
- Collaborative research with investigators at AHSRI (University of Wollongong), Faculty of Health Sciences (University of Sydney) and The George Institute for Global Health, Transport and Road Safety Research (UNSW)
- Dr Freidoon Khavarpour, Prof. Mark Stevenson, Dr Reuben Bolt, Dr Steven Su, Prof Rebecca Ivers, Ass Prof Teresa Senserrick, Ms Marilyn Lyford, Lisa Keay, Winston Lo, Kate Hunter
- Community partnerships – Bourke Aboriginal Medical Service, Tharawal Aboriginal Medical Service, Lismore ACE, Blacktown Aboriginal Safety Promotion Partnership, Aboriginal Medical Service Western Sydney, Bourke District Hospital and Health Service

University of Wollongong

ahsri

National Aboriginal and Torres Strait Islander Injury Prevention Activity Report 2004

- Identified a diverse range of projects 314 that address injury
- Most community-based and poorly funded and few evaluated
- Much Indigenous health / injury related activity at the community level is **disparate, undocumented and unevaluated**
- Inadequate skill base to deal with injury and safety issues



University of Wollongong

ahsri

Evaluation of the Blacktown Aboriginal Safety Promotion Program

- Evaluation funded by NSW Health and RTA 2007-8 to assess effectiveness BASPP, a mulit-sectoral partnerships working on a range of safety and violence issues particular to the Aboriginal population residing in Blacktown.

University of Wollongong

ahsri

Capacity building: Remote Aboriginal Health and Community Workers

- DoHA Injury Prevention Community Grants Program funded capacity building project (2007-8) with Bourke Aboriginal Health Service and community partners. Project combined partnership building and seeding funds to implement and evaluate small projects

University of Wollongong

ahsri

Evaluation of ‘On the Road’ Lismore Driver Education

- On the Road Program targeted Aboriginal people Far Nth Coast NSW, a response to over representation Aboriginal people in criminal justice system due to driving offences. NSW RTA and AG funded its evaluation in 2005.

University of Wollongong

ahsri

Safe Koori Kids: Community Based Approaches to Indigenous Injury Prevention

- NHMRC and AIATSIS funded collaborative intervention study 2006-2009 which targeted schools, families and communities in an urban Indigenous setting (SW Sydney)

University of Wollongong

ahsri

Evaluation of the Bourke Alcohol Management Plan

- Evaluation of the impact on injury of the alcohol management plan in Bourke NSW 12 and 24 months after the introduction of takeaway alcohol restrictions in February 2009.
  - Community and stakeholder interviews.
  - Hospital emergency presentations, admissions and police crime databases analysed to compare injury at 12 months pre- and post-restrictions.
  - Reduction in alcohol related violence.

Overcoming barriers to use of child restraints in an urban Aboriginal community – a pilot program in Aboriginal Community Controlled Health Services

- Mixed methods used to assess the feasibility of an educational program for urban Aboriginal children which aimed to identify barriers to appropriate child restraint use amongst urban Aboriginal children
- Part of larger NHMRC study conducted in 2010-11

University of Wollongong

ahsri

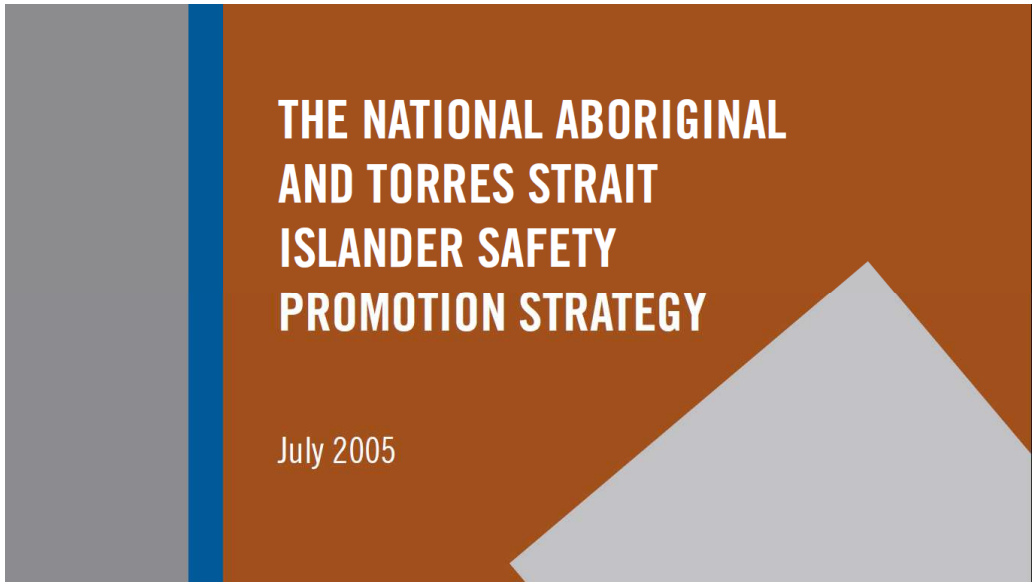
Building the evidence base

- **Need to continue to build the evidence base for what works** to prevent Indigenous injuries
- Need **better indicators** to evaluate improvements (outcomes)
- Need to **understand qualitatively how change is possible** (processes)
- Interventions which work in **one context may not be successful in another**, often because they have been developed with distinct research methodologies (‘for both models
- Injury research and evaluation with Indigenous communities has **specific challenges**

University of Wollongong

ahsri

Injuries often 'hidden' by other problems



- Multiple challenges in addressing Indigenous disadvantage create competing interests/issues

University of Wollongong

ahsri

Difficult to quantify

- Many **data quality** problems
- Information from routine data collections (death and hospitalisation)
- Under-identification of Aboriginality in hospital data
- Many injuries not recorded in formal data systems – fear of reporting

University of Wollongong

ahsri

Ethical issues

- Infrequent use of ethical guidelines developed for Indigenous research
- Incorporating values of Spirit and Integrity: Reciprocity; Responsibility; Respect; Equality; Survival; protection in evaluation processes
- Gaining community trust and ownership of evaluation
- Sensitivity around injury safety issues (child injury, fear of government intervention and past practices)

University of Wollongong

ahsri

Need for capacity building at all levels

- Building capacity has been identified as a process that strengthens participation, organizational structures and local leadership, allowing Indigenous people to engage with health services management and to take community based action on the underlying causes of their powerlessness (Laverack et al 2009)
- **Evaluation studies can increase Indigenous capacity through meaningful participation**

University of Wollongong

ahsri

Few large scale studies to provide 'gold standard' evidence

- Design and 'rigor' of intervention needs to be weighed up against **practical issues**
  - Expense particularly in remote areas
  - Challenges associated with recruitment of organisations and participants
  - Longer timeframes make it difficult to meet pre determined milestones
- Also **methodological** and ethical issues
  - Large number **health determinant lie outside the health sector**
  - Withholding an intervention to establish cause and effect
  - Difficult to establishing **causal relationship** for complex health issues
  - **Generalisability**– do they work in other contexts?

University of Wollongong

ahsri

Challenges in strengths based approaches

- We need to improve our capacity for **rigorous well designed evaluations which are also culturally acceptable and Indigenous led**
- Essential to build on existing community strengths
- **Community level initiatives, regarded locally as promising, successful and worthwhile not recognised because they do not always appear in the public health and academic literature**
- Limited funding for evaluation (for sustainability) and **demand for innovation**
- Research led interventions/ studies require **negotiation early** in the process and to work in partnership to ensure study reflects Indigenous values

University of Wollongong

ahsri

Lessons learned

- **To address Indigenous safety** we need to understand more about how to:
  - Improve the uptake of known effective interventions
  - Deliver safety messages in culturally appropriate ways
  - Develop programs that address the specific Indigenous contexts/priorities
  - Enhance capacity of communities to deliver sustainable programs
- But studies need to be guided by **ethical principles** for Indigenous research
- **Community can best identify safety issues and potential solutions**
- Research should **be invited, informed and lead by community**

University of Wollongong

ahsri

Lessons learned

- **Building the evidence base is needed to effect policy change**
  - **Current lack of a coordinated framework** and lack of policy leadership for injury prevention
  - Policy makers confronted with a lack of clear evidence
  - But a lack of evidence is **no excuse for no action**