Reflecting with relationships, hearts, minds and spirits: A Developmental Evaluation

STRENGTHENING SYSTEMS FOR INDIGENOUS HEALTH CARE EQUITY

Australian Evaluation Conference
Brisbane, Meeanjin
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Presenters:

Professor Roxanne Bainbridge (Gunggari, Deputy Director Poche Centre, UQ)
Ms. Kris Vine (Research Fellow, UCRH)
Dr Tessa Benveniste (CRE-STRIDE Evaluation Fellow, CQUniversity)

CRE-STRIDE Evaluation Team:

Veronica Matthews, Ross Bailie, Roxanne Bainbridge, Emma Walke, Deborah Askew, Jodie Bailie, Tessa Benveniste, Alison Laycock, Kris Vine, Kristy Clancy, Danielle Cameron, Talah Laurie, Kerryn Harkin

Acknowledging the Ancestors, Elders, Peoples, and Country of all First Nations, and the Jagera and Turrbal people of this land.

Key messages

The CRE-STRIDE approach and principles have informed and shaped our evaluation through:

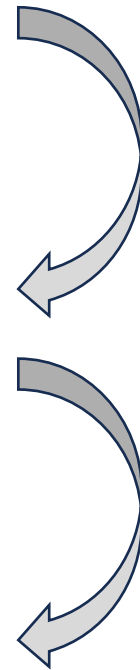- **Indigenous leadership**
  - Embedded
  - Indigenous Research Framework

- **Design**
  - Ngaa-bi-nya framework
  - Data collection tools

- **Findings**
  - Relationality
  - Relevance and responsiveness
  - Researcher wellbeing

STRIDE Evaluation Team

Evaluation Working Group

- Oversee design and conduct of the evaluation
- Membership
  - 30% Indigenous members
  - Representation from all CRE-STRIDE research programs
  - Students/ early career researchers
  - External collaborators

STRIDE 'Fellas'

- Indigenous research fellows working with CRE-STRIDE
- Support data collection, analysis and translation of evaluation
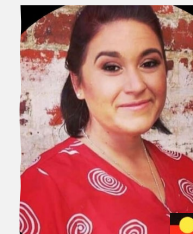
Background and Context

CRE-STRIDE Vision

*STRIDE's vision is **equitable health care** for Aboriginal and Torres Strait Islander peoples.*

*Through **quality improvement** (QI) and **collaborative** implementation research, we are aiming to strengthen **primary healthcare** (PHC) and its **interconnections** to broader systems that impact on **health and wellbeing**.*
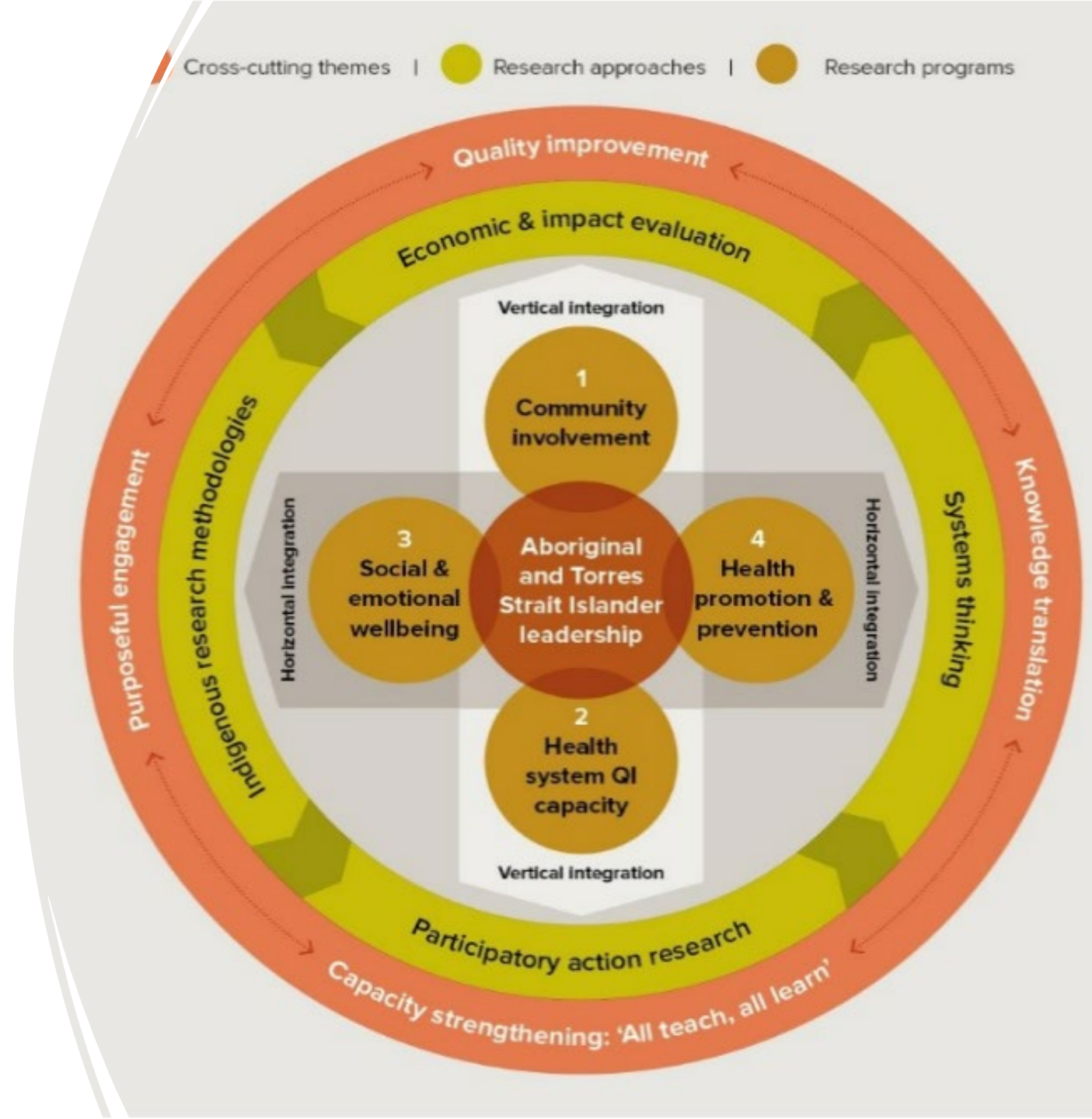
Purpose and Scope of the Evaluation

In what ways are the aims of the CRE-STRIDE being achieved?

o What are the mechanisms and contextual factors?

o What are the interim outcomes?

Development of CRE-STRIDE

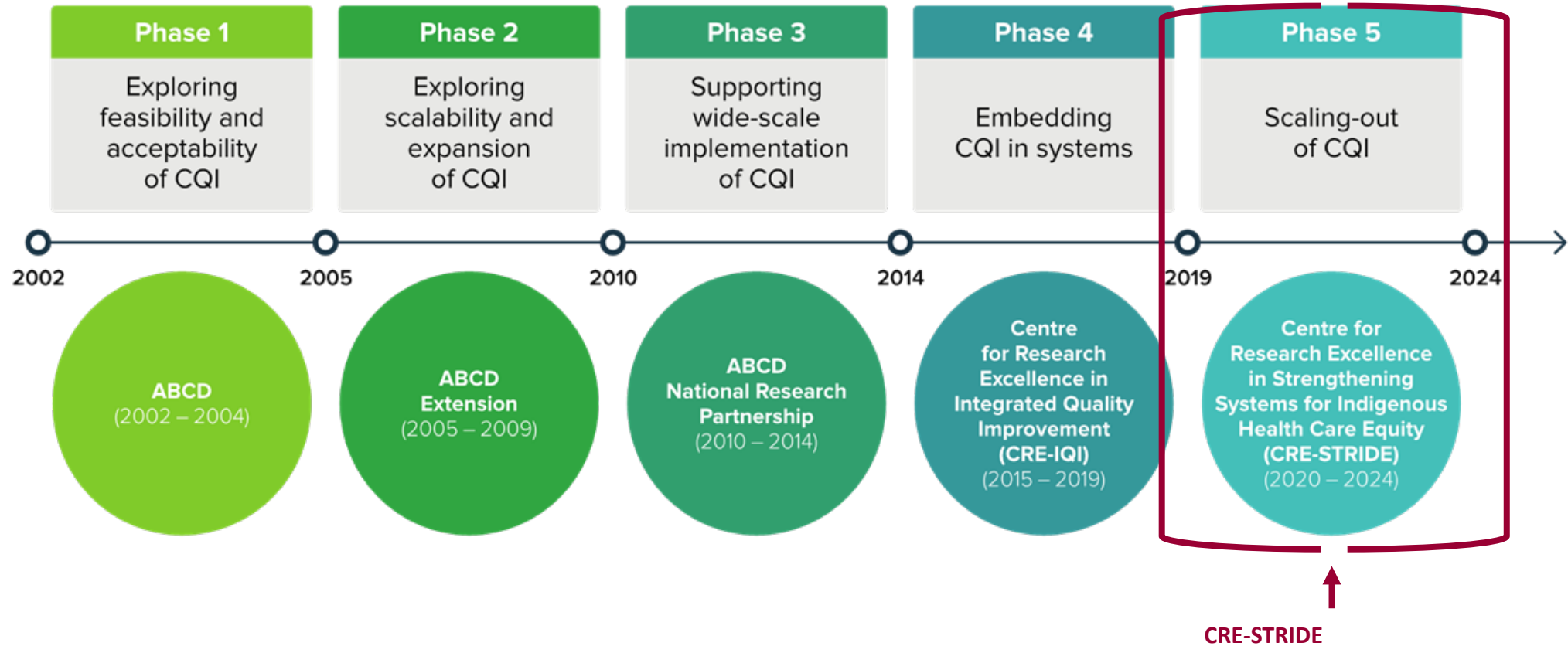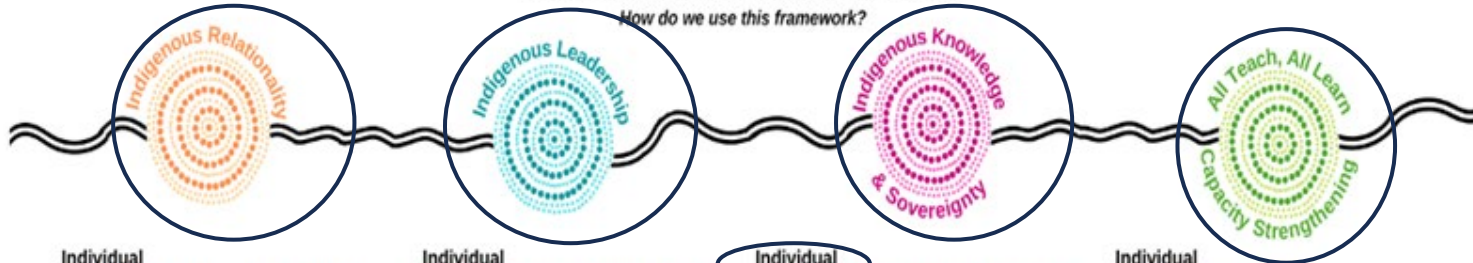# INDIGENOUS RESEARCH FRAMEWORK

How do we use this framework?

Indigenous Relationality

Individual
Take time to establish relationships with community and stakeholders. Think holistically, be a 'boundary spanner', look for expertise in other sectors to inform your work.

Project
Assessment of projects against existing tools related to Indigenous health research: Quality Assessment Tool for Indigenous Health Research; Research for Impact Tool; CONSIDER statement (full references in recommended reading section).
Establish multi-disciplinary teams to incorporate consideration of broader social & cultural determinants into research.

Collaboration
Design & deliver a masterclass on skills for inter-sectoral research. Embed cultural competencies within capacity strengthening activities.

External
Advocate policy-makers and program managers to work outside of silos. Lead by example!

Indigenous Leadership

Individual
Keep an open mind, make efforts to understand and respect Indigenous perspectives.
Look to provide opportunities to grow Indigenous research leadership.
Build confidence in students & early career researchers through supportive mentorship.

Project
Establish Indigenous co-leadership arrangements of programs/projects.

Collaboration
Use of the Indigenous reference committee as a strategic advisory group for program/project issues.

External
Advocate funding bodies to recognise value of Indigenous investigators irrespective of academic metrics.

Indigenous Knowledge & Sovereignty

Individual
Seek out and incorporate Indigenous input on issues. If unsure where to start, ask a colleague. Critically reflect on your current practice and viewpoints and how this relates to Indigenous knowledge systems.

Project
Have project discussions early on (at project concept) with community/ health services to incorporate their perspectives on research questions and appropriate methodology, e.g., storytelling. (RCTs may not be the best approach!)

Develop research agreements with communities /health services about cultural intellectual property & data.

Collaboration
Offer masterclass on Indigenous data sovereignty. Ensure research translation processes/ products are appropriate for community & health service staff.

External
Collectively promote and advocate Indigenous rights & perspectives with community and other like-minded CREs

All Teach, All Learn Capacity Strengthening

Individual
Seek out Indigenous/non-Indigenous reciprocal learning relationships with researchers or policy/service provider partners.

Project
Cultivate community/health staff research participation through provision of development opportunities across all phases of the research project.

Collaboration
Regular discussions about implementation of this framework, engendering a process of reflection and continuous improvement.
Offer workshops to community/health service collaborators to demystify research and assist them to set their own research agenda and effectively engage in research.
Engage policy makers to promote research knowledge translation

External
Continue to broaden the collaboration by inviting policy people, other health services, and people representing other sectors.

Indigenous Leadership

50% Indigenous leadership on core projects/ streams
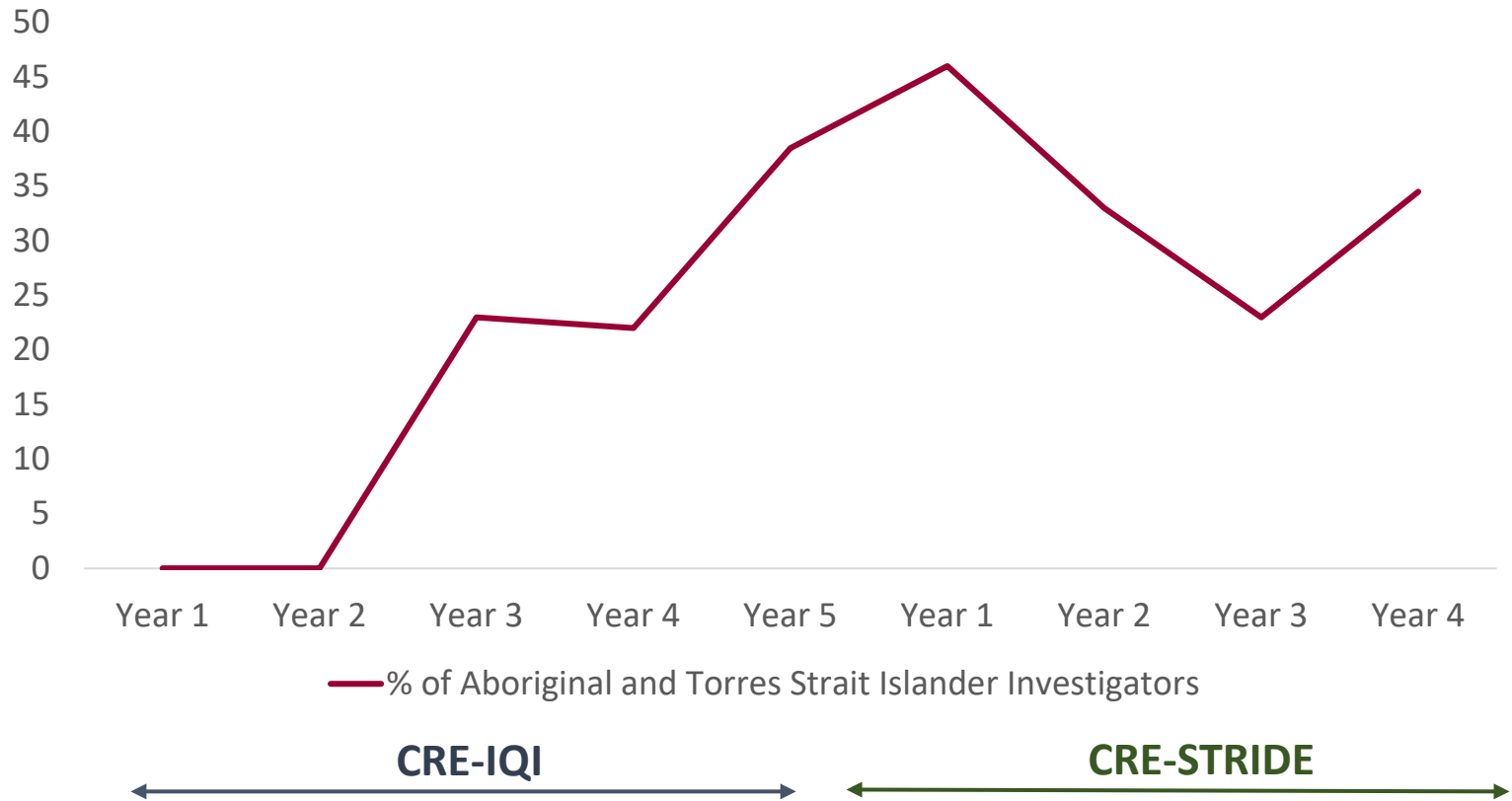
Described by STRIDE members as....

'Fierce'

'Not tokenistic'

'Genuine'

35% Indigenous investigators across all funded grants

Indigenous Leadership in CRE-IQI and CRE-STRIDE Grants over Time

— % of Aboriginal and Torres Strait Islander Investigators
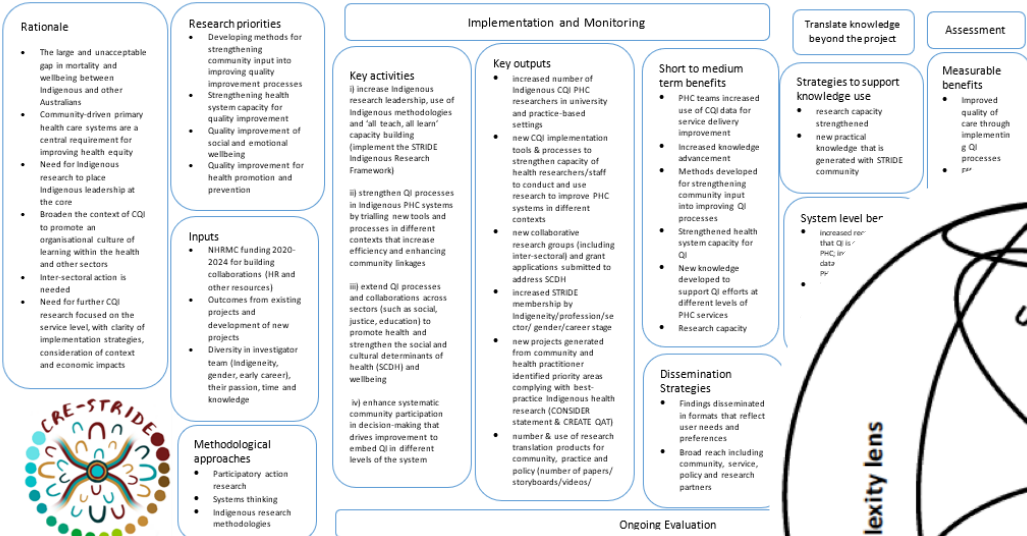
CRE-IQI
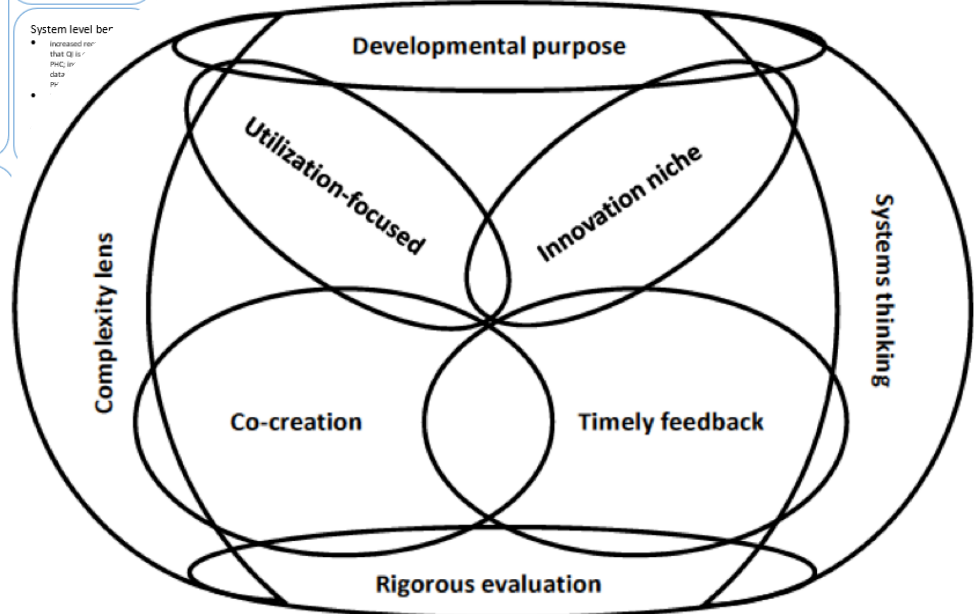
CRE-STRIDE

Evaluation: Design
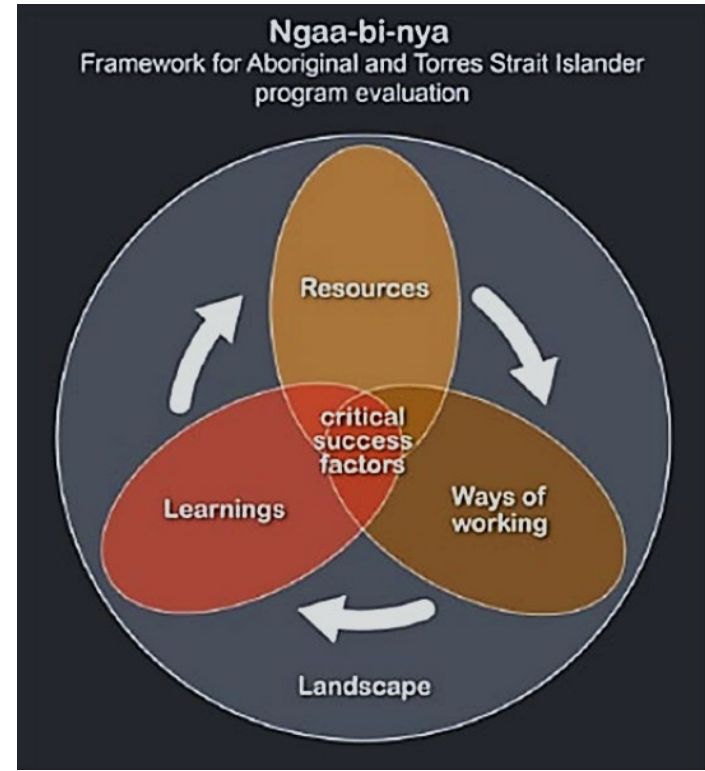
Evaluation Design

Program Logic

Vision: Equitable health care for all Aboriginal and Torres Strait Islander Australians through quality improvement (QI) and collaborative implementation research to strengthen primary health care (PHC) systems

Developmental Evaluation
Patton, 2010.

Ngaa-bi-nya Framework
Williams, 2018

Rationale
- The large and unacceptable gap in mortality and wellbeing between Indigenous and other Australians
- Community-driven primary health care systems are a central requirement for improving health equity
- Need for Indigenous research to place Indigenous leadership at the core
- Broaden the context of CQI to promote an organisational culture of learning within the health and other sectors
- Inter-sectoral action is needed
- Need for further CQI research focused on the service level, with clarity of implementation strategies, consideration of context and economic impacts

Research priorities
- Developing methods for strengthening community input into improving quality improvement processes
- Strengthening health system capacity for quality improvement
- Quality improvement of social and emotional wellbeing
- Quality improvement for health promotion and prevention

Inputs
- NHMRC funding 2020-2024 for building collaborations (HR and other resources)
- Outcomes from existing projects and development of new projects
- Diversity in investigator team (Indigeneity, gender, early career), their passion, time and knowledge

Methodological approaches
- Participatory action research
- Systems thinking
- Indigenous research methodologies

Implementation and Monitoring

Key activities
i) increase Indigenous research leadership, use of Indigenous methodologies and 'all teach, all learn' capacity building (implement the STRIDE Indigenous Research Framework)
ii) strengthen QI processes in Indigenous PHC systems by trialling new tools and processes in different contexts that increase efficiency and enhancing community linkages
iii) extend QI processes and collaborations across sectors (such as social, justice, education) to promote health and strengthen the social and cultural determinants of health (SCDH) and wellbeing
iv) enhance systematic community participation in decision-making that drives improvement to embed QI in different levels of the system

Key outputs
- increased number of Indigenous CQI PHC researchers in university and practice-based settings
- new CQI implementation tools & processes to strengthen capacity of health researchers/staff to conduct and use research to improve PHC systems in different contexts
- new collaborative research groups (including inter-sectoral and grant applications submitted to address SCDH
- increased STRIDE membership by Indigeneity/profession/sector/ gender/career stage
- new projects generated from community and health practitioner identified priority areas complying with best-practice Indigenous health research (CONSIDER statement & CREATE QAT)
- number & use of research translation products for community, practice and policy (number of papers/ storyboards/videos/

Short to medium term benefits
- PHC teams increased use of CQI data for service delivery improvement
- Increased knowledge advancement
- Methods developed for strengthening community input into improving QI processes
- Strengthened health system capacity for QI
- New knowledge developed to support QI efforts at different levels of PHC services
- Research capacity

Translate knowledge beyond the project

Strategies to support knowledge use
- research capacity strengthened
- new practical knowledge that is generated with STRIDE community

Dissemination Strategies
- Findings disseminated in formats that reflect user needs and preferences
- Broad reach including community, service, policy and research partners

Assessment

Measurable benefits
- Improved quality of care through implementing QI processes

System level ben
- increased rec that QI is PHC; in data PH

Ongoing Evaluation

CRE-STRIDE

Integration of the Ngaa-bi-nya Framework

- Four domains – landscape, resources, ways of working and learnings.

- In each domain, prompts reflect statements of good practice and critical success factors and provide points of reflection for evaluations

- Ref: Williams, 2018
  www.yulang.com.au

Ngaa-bi-nya
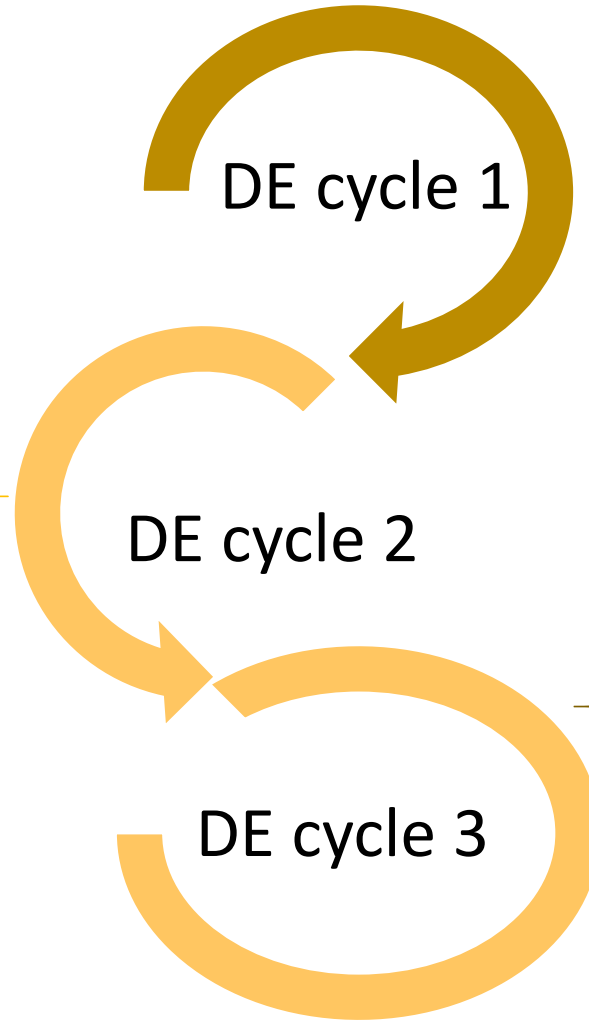Framework for Aboriginal and Torres Strait Islander program evaluation

Resources

critical success factors

Learnings

Ways of working

Landscape
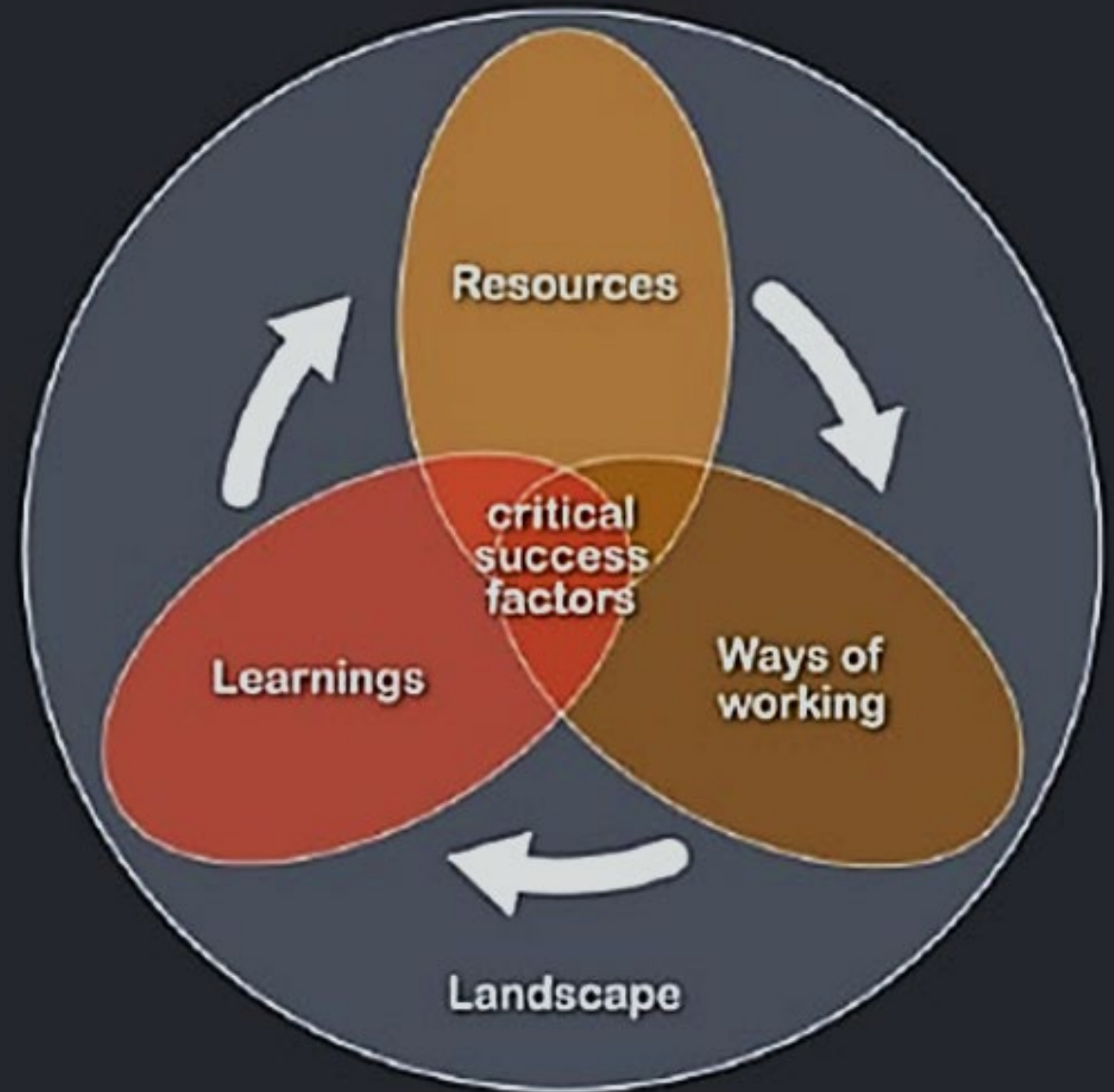
Data Sources and Developmental Evaluation Cycles

Coodjinburra gathering (July 2022: n =28)

Mulga Tree of Respect
First collection

DE cycle 1

DE cycle 2

DE cycle 3

Indigenous Health Strider's Scoop

Newsletter Content

1:1 Interviews

Meeting Notes

Visual Facilitation

Gimuy gathering (March 2023: n=40)
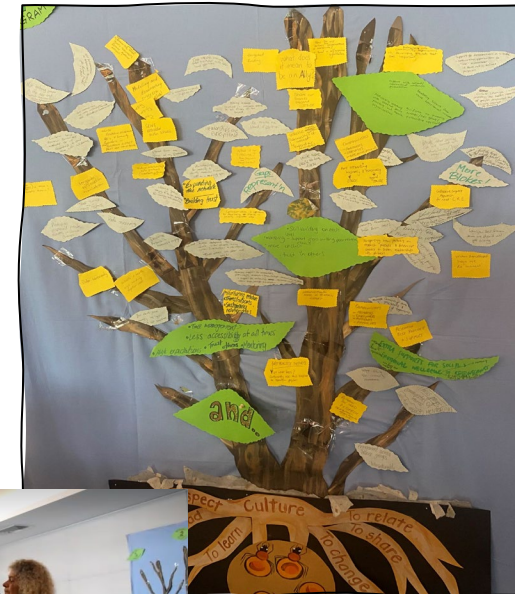
Mulga Tree of Respect
Second collection

Evaluation: Interim Findings

Relationality

Relevance and Responsiveness

Climate Change and Aboriginal and Torres Strait Islander Health

Discussion Paper

Prepared for the Lowitja Institute and the National Health Leadership Forum by

Healthy Environments and Lives (HEAL) Network & Centre for Research Excellence in Strengthening Systems for Indigenous Health Care Equity (CRE-STRIDE) November 2021
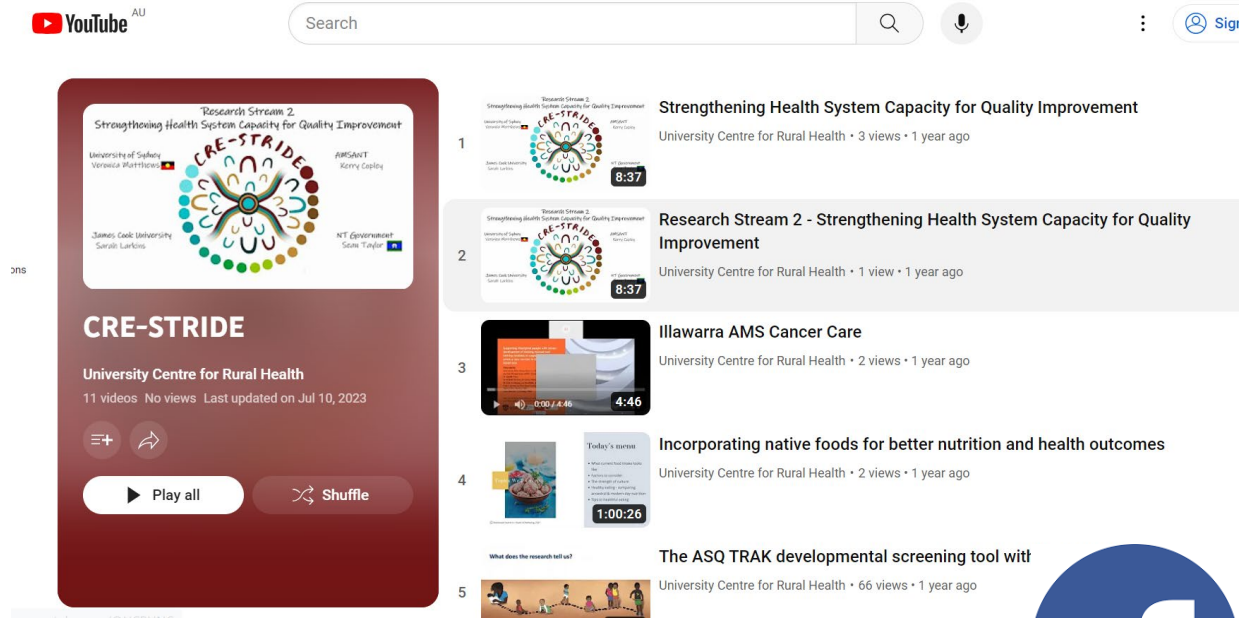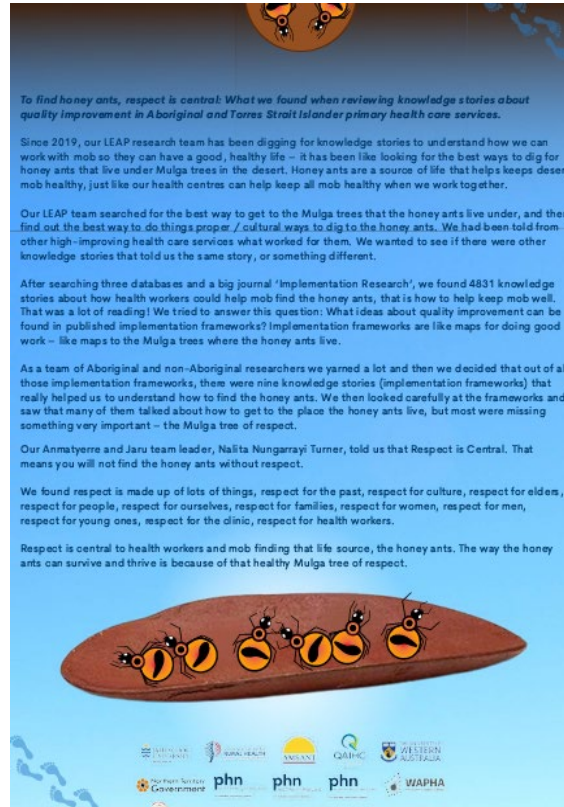
- Global (Lowitja Institute Discussion Paper – Collab with HEAL network)

- Local (Lismore flood response)

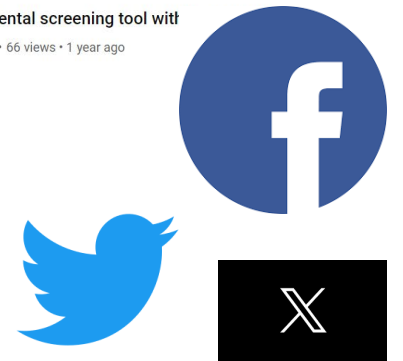- Broader approach to health – social, cultural and *environmental* determinants

Researcher Social and Emotional Wellbeing

Re-framing Outcomes and Impact

Example of CRE-STRIDE research translation- *Respect is Central: The Honey Ant Story* -
https://www.jcu.edu.au/abrchss/health-systems-strengthening-and-workforce-development/the-leap-project

- Non-traditional research outputs
- Research Translation
- Online engagement

Through Indigenous leadership of this developmental evaluation, we are continuing to collect, present and respond to data that is reflective of holistic ways of knowing, being and doing . By doing so, we elicit the underlying value that exists in the body of work being conducted across the research collaborative.

Questions/ Further Information

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💻 **https://cre-stride.org/**

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