

# Executive Summary

## Introduction

The Council of Australian Governments (COAG) has pledged to develop and implement strategies to address Indigenous disadvantage, and has identified six high level targets for closing the gap between Indigenous and non-Indigenous Australians. On 29 November 2008, COAG agreed to an historic \$1.6 billion National Partnership Agreement (NPA) on Closing the Gap in Indigenous Health Outcomes to address the first of the COAG Closing the Gap targets: to close the life expectancy gap within a generation. The Commonwealth's contribution to the Indigenous Health NPA is the \$805.5 million Indigenous Chronic Disease Package (ICDP) funded over four years from 2009-2013.

The aims of the ICDP are to:

- tackle chronic disease factors, in particular smoking
- improve chronic disease management and follow-up care
- expand and support the Indigenous health workforce.

The ICDP is a complex Package comprising 14 discrete measures, each primarily focussed on one of the priority areas identified above. The measures include a range of health promotion and social marketing activities, reforms to existing programs, and new initiatives and funding to increase the size and capacity of primary care services to deliver effective care to Indigenous Australians.

The ICDP is being managed across seven divisions of the Department of Health and Ageing (DoHA), with overall governance lying with the Office for Aboriginal and Torres Strait Islander Health (OATSIH).

## This document

This document is a Monitoring and Evaluation Framework for the ICDP. The purpose of the Framework is to:

- guide the ongoing monitoring and implementation of the ICDP measures from 2009/10 to 2012/13
- inform an independent Package-wide evaluation of the ICDP to be completed in 2012/13
- guide the work of the Sentinel Sites project (a formative and place-based analysis of the ICDP at a local level) and individual measure evaluations
- inform policy and planning on closing the gap in Indigenous health.

The Monitoring and Evaluation Framework will facilitate an assessment of the success of the Package and individual measures in achieving the goals of:

- reducing chronic disease risk factors such as smoking, poor nutrition and lack of physical activity
- identifying chronic disease as early as possible
- providing effective treatment and ongoing management of chronic disease
- building the workforce and the primary health care system's capacity to more effectively address chronic disease in the Indigenous population.

The Framework also includes indicators to assess the effectiveness of the Package in reducing chronic disease-related morbidity and mortality among Indigenous Australians in the longer term – beyond the scope of the 2012/13 ICDP evaluation.

The Monitoring and Evaluation Framework has been designed to:

- include a broad range of both qualitative and quantitative data
- maximise use of existing program and survey data
- make provision for considering a number of contextual issues concerning:

- the extent to which the Package is designed to address identified needs and priority areas (preventative health, primary health and workforce capacity)
- the extent to which the Package and measures are effectively inter-linked and build upon and complement existing policies and programs
- the appropriateness, effectiveness and efficiency of the ICDP governance and program management arrangements.

The Monitoring and Evaluation Framework will facilitate both a formative and summative evaluation – looking to define not only the impacts and the results of the Package, but also to identify the key lessons learned about how to design, manage and implement a complex inter-related package of measures delivered across multiple settings and sectors. It has taken account of the timing of the roll-out of the various ICDP measures, and the resources allocated to monitoring and evaluation activity within the Package.

The development of the Framework involved consultations with ICDP program managers, peak bodies, stakeholders involved in delivering the ICDP, State/Territory Departments of Health, the Sentinel Sites contractor, and a Reference Group comprising key stakeholder representatives and expert advisors.

## The Monitoring and Evaluation Framework

The Monitoring and Evaluation Framework comprises three Volumes, with the content as follows:

<b>Volume</b>	<b>Content</b>
<b>Volume 1</b>	Introduction Policy/program context Contextual issues Measuring and attributing ICDP results and outcomes Monitoring and evaluation roles and responsibilities Data sources and issues Key evaluation tasks to be conducted by ICDP evaluator Ethical and privacy issues Package-wide program logic A set of key indicators Package-wide Monitoring and Evaluation Framework
<b>Volume 2</b>	ICDP measure program logic ICDP measure Monitoring and Evaluation Framework
<b>Volume 3</b>	Appendices

A matrix has been developed that sets out the sources of data that will feed into the ICDP Monitoring and Evaluation Report. Data will be collected/analysed at both a whole of Package level (eg surveys of the ICDP workforce, consultations with key stakeholders) and at the individual measure level (eg data obtained from program documentation, interviews with stakeholders involved in managing or delivering a specific measure).

## Nature and type of data utilised

A wide range of quantitative and qualitative data will be collected and/or analysed under the Monitoring and Evaluation Framework. These include data on:

- morbidity and mortality
- clinical outcomes
- chronic disease risk factors
- ICDP program / measure uptake and participation
- service utilisation
- health workforce

- service capacity
- stakeholder and consumer knowledge, attitudes, experiences and perceptions
- users and non-users of services and programs.

Data will variously be available at a population health level, at a universal program level (eg PBS), at ICDP level (eg ICDP program data) and at local level (eg Sentinel Sites).

Much of this data can be extracted and analysed by the ICDP evaluator from existing sources. In addition, a number of evaluation activities have been identified to be undertaken by the ICDP evaluator. These include one or more surveys of the ICDP workforce, a survey of ICDP funded services and organisations, a longitudinal survey of healthy lifestyle program participants, two rounds of stakeholder consultations, and field visits to various locations throughout the country.

## Measuring outcomes

It is apparent that changes to chronic disease morbidity and mortality rates sought by the NPA will not be achieved within the life of the ICDP evaluation (ie by 2012/13). However, by the end of the four year ICDP implementation period, it could be expected that the Package would have begun to influence the access to and the capacity of the health workforce, chronic disease management, and system capacity to impact chronic disease risk factors. Given the complex multi-faceted determinants of chronic disease risk factors, any substantial reduction in the risk behaviours may take longer to realise. It is more realistic to expect changes in the capacity building, organisational and institutional factors in the initial four-year period. The Package may also have impacted on 'clinical surrogate' end points (such as HbA1C, blood pressure) in this period that will deliver positive chronic disease outcomes in the longer term. The Monitoring and Evaluation Framework focuses on these results within the life of the ICDP implementation. However, it also identifies the late-medium term and longer-term population-based changes and outcomes that can be utilised to effectively monitor the impact of the Package beyond 2013.

The Monitoring and Evaluation Framework contains a program logic and a comprehensive list of monitoring and evaluation questions, indicators and measures for the ICDP as a whole and each of its individual measures. From this comprehensive document, a list of key indicators has been compiled. In producing this list, consideration was given to identifying the key results for each of the three priority areas of the ICDP, and the availability, appropriateness and robustness of the data available to measure progress against these preliminary outcomes.