

## **2. The Evaluation Strategy**

### **2.1. The Evaluation Committee**

The Evaluation Committee was chaired by Commissioner Stephen Gordon of the Aboriginal and Torres Strait Island Commission (ATSIC). The Committee membership was as follows:

- Commissioner Stephen Gordon (Chairperson)
- Mr Arnold (Puggy) Hunter Chairperson, National Aboriginal Community Controlled Health Organisation
- Ms Naomi Mayers National Aboriginal Community Controlled Health Organisation
- Commissioner Joseph Elu Commissioner for the Torres Strait
- Ms Marie Allen ATSIC Regional Council Chairperson, Katherine
- Mr John Hayden ATSIC Regional Council Chairperson, East Perth
- Professor Stephen Leeder President, Public Health Association of Australia
- Mr Glenn Rees Deputy Chief Executive Officer, ATSIC
- Ms Mary Scott Head, Office of Aboriginal and Torres Strait Islander Health Services. Department of Human Services and Health
- Mr Graham Symons Assistant Secretary, Northern Territory Department of Health and Community Services
- Mr Bruce Cutting / Mr Graham Millar Department of Finance
- Mr Chris Foster Acting First Assistant Secretary, Housing, Department Housing and Regional Development
- Mr Bill Miller Director of Evaluation and Audit ATSIC

Observers to the committee were: Mr John Meert, Group Director, Australian National Audit Office; Ms Sandra Ellims, Acting Assistant Secretary, Office of Indigenous Affairs Department of Prime Minister and Cabinet; and Ms Kathryn Matthews, Office of the Minister for Aboriginal Affairs.

Others who attended individual meetings were Ms Malisa Golightly and Mr Gordon Carey, Australian National Audit Office; Ms Carol Thornton, Department of Prime Minister and Cabinet; Mr Patrick O'Neill and Mr Geoff Gook, Department of Finance; Mr Ken Douglas and Mr Darran Kennedy, Department of Employment, Education and Training; Ms Crenia Scully, Department of Human Services and Health, Darwin; and Mr Ian Myers and Mr Colin Plowman, ATSIC.

## **2.2. Terms of Reference**

The terms of reference agreed between the Hon Carmen Lawrence, Minister for Human Services and Health, the Hon Robert Tickner, Minister for Aboriginal and Torres Strait Island Affairs and Miss Lois O'Donoghue CBE AM, Chairperson of the Aboriginal and Torres Strait Islander Commission were as follows:

“In March 1989, a Commonwealth, State/Territory and Community Working Party presented a report entitled *A National Aboriginal Health Strategy* (NAHS). The Commonwealth and State/Territory Ministers for Aboriginal Affairs and Health established an Aboriginal Health Development Group to examine the report and to develop a strategy for implementation. On 10 June 1990, the Ministers agreed on a response involving cooperative arrangements between Commonwealth, State/Territory Governments and Aboriginal and Torres Strait Islander organisations.

“In December 1990 the Commonwealth Government endorsed the objective of gaining equity in access to health services and facilities for Aboriginal and Torres Strait Islander peoples by the year 2001, and approved provisional funding on the basis of negotiations aimed at securing a broadly matching commitment from the States and Territories, and the development of a set of measurable and achievable health outcomes.

“The Commonwealth reviewed the progress of Commonwealth and State/Territory negotiations in December 1991 and confirmed funding to 30 June 1995, with an evaluation to be conducted prior to the end of that period which would form the basis for directions over the subsequent five year period.

“The most recent decisions, in April 1994, further extend Commonwealth Government funding for Aboriginal and Torres Strait Islander primary health and environmental health through to 30 June 1999, with the issue of the Commonwealth agency to have responsibility for the Aboriginal and Torres Strait Islander health function to be taken up in the 1995–96 Budget context, taking into consideration the results of the evaluation.

“Against this background, an Evaluation Committee has been established to:

- a) assess the effectiveness of the Commonwealth's response to the NAHS, particularly through improvements in the provision of services for primary health care and services affecting environmental health, in improving health outcomes for Aboriginal and Torres Strait Islander peoples; and
- b) make recommendations regarding future implementation in order to maximise prospects for improved health outcomes for Aboriginal and Torres Strait Islander peoples.

“In doing so, the Committee will address:

- key issues involved in improving Aboriginal and Torres Strait Islander health outcomes;
- priorities for the provision of primary health care services;
- priorities for the provision of services impacting on environmental health;
- administrative arrangements, including the respective roles of Commonwealth, State and local government agencies and community organisations;
- financial arrangements within the context of total Commonwealth and State funding of primary health care and environmental health;
- the allocation of funding between primary health care services and services affecting environmental health;
- monitoring and evaluation mechanisms for programs and projects.

“The emphasis of the evaluation will be on assessing the Commonwealth's response to the NAHS and making recommendations about future implementation. State and Territory governments will be asked to review their own activities in response to the NAHS, and to provide appropriate information to the Evaluation Committee.

“The Committee will consult with interested parties, including Aboriginal and Torres Strait Islander organisations and communities, taking into account information provided by State and Territory governments, and report to the Commonwealth Minister for Human Services and Health, the Minister for Aboriginal and Torres Strait Islander Affairs, and the Chairperson of the Aboriginal and Torres Strait Islander Commission by 14 December 1994.”

### **2.3. The Committee's Approach**

The terms of reference were very broad with a reporting date which required that the report should be completed in less than six months. This time frame reflected the Government's decision to consider future Commonwealth administration of Aboriginal health in the 1995–96 Budget, while allowing the Government to take into consideration the results of the evaluation.

The Committee adopted an evaluation strategy involving:

- a review of the background leading to the Commonwealth decisions of December 1990 and 1991;
- an analysis of those Commonwealth decisions and the responses from the respective Commonwealth agencies – the Aboriginal and Torres Strait Islander Commission, the Commonwealth Health portfolio, and the Department of Employment, Education and Training;

- requests to State and Territory governments for information concerning their responses to NAHS and an analysis of those responses; and
- consultancy surveys and case studies where NAHS funds were supplied.

The Committee found that the National Aboriginal Health Strategy (NAHS) Working Party Report<sup>1</sup> was referred to a committee (the Aboriginal Health Development Group) to advise on implementation. The Development Group reported to a Forum of Commonwealth, State and Territory Ministers for Health and Aboriginal Affairs in June 1990. The Joint Ministerial Forum considered the Working Party Report and agreed only to broad resolutions and by the time they were brought to Cabinet many of the detailed recommendations in the Working Party Report had been lost.

Furthermore, the Committee found that the structures which were established to oversee NAHS implementation – the Council for Aboriginal Health and State Tripartite Forums – were lacking in political support and hence became ineffective. As a result, the Commonwealth and States independently proceeded to implement their own responses to the original recommendations in the Working Party Report.

A summary of the Working Party recommendations is set out in Appendix A. The list of Joint Ministerial Resolutions is set out in Appendix B.

There were no effective accountability mechanisms implemented by either the Commonwealth or the States and Territories to measure progress. In the case of Commonwealth implementation there was a lack of appropriate benchmarks and performance information against which the Committee could evaluate either the Commonwealth response as a whole or the individual responses of Commonwealth agencies – the Aboriginal and Torres Strait Islander Commission (ATSIC), the Health portfolio and the Department of Employment, Education and Training.

In the case of the States and Territories information supplied to the Committee was seriously lacking in relation to information concerning the effectiveness of their response to the resolutions agreed at the Joint Ministerial Forum in June 1990. On that basis, the Committee can only conclude that they did not have effective accountability mechanisms in place.

Against this background it was not possible for the Committee to evaluate the outcomes of either the Commonwealth or State and Territory responses to the NAHS. The strategy as conceived by the NAHS Working Party was never given a chance.

The Committee can report on implementation issues supplemented by analysis of program expenditures and case studies where Commonwealth funding had been applied. That analysis has demonstrated that the main Commonwealth funding agency (ATSIC) was substantially under-resourced and could not make any significant impact on Aboriginal living conditions overall.

---

<sup>1</sup> “A National Aboriginal Health Strategy”, National Aboriginal Health Strategy Working Party, March 1989

It should be recognised that the additional total funds of \$232 million over five years represent but a miniscule proportion of national effort in health and environmental health programs. National spending on the health system alone is now \$34 billion per annum. NAHS funding could never be expected to substitute for mainstream funding.

State and Territory governments carry the main responsibility for delivery of both health and environmental facilities. Anecdotal information supplied to the Committee in submissions and consultations revealed continuing access problems, disputes and arguments between agencies about who should carry responsibility, and conflict within and among Aboriginal communities seeking access to an inadequate pool of resources.

Despite the lack of baseline data, it was clear to the Committee that no progress could be made without a significant injection of additional funds.

The Evaluation Committee had neither the time nor the resources to detail at this stage exactly what needs to be done, in what priority order, with whom and by whom. However, it is obvious that the top priority should be provision of housing and essential services to communities in remote and rural regions across Australia, including the Torres Strait.

The setting of priorities can easily be done once a commitment is made by governments to address the problem.

The Committee also sought an assessment of the trends in Aboriginal and Torres Strait Islander health status from the Australian Institute of Health and Welfare, which was drawn upon in Chapter 1.

The Committee issued a public discussion paper, placed advertisements in national and Koori newspapers inviting submissions from interested parties, and undertook a program of community consultations. The key issues arising from consultations are set out in Chapter 5. The Committee's consultation program and summary of submissions is in Appendix C.

The Committee also analysed the Commonwealth objectives of ATSIC's Health Program and the Community Housing and Infrastructure Program within the context of the Commonwealth's overall objective of achieving equity in access to health services and facilities by the year 2001, how the additional NAHS funds were applied within the overall ATSIC program funding, program performance information and relevant audit and research data.

Other elements of the Commonwealth's response to the NAHS included health statistics, health research, substance and alcohol abuse, as well as education and training. The Committee's analysis of the submissions from the relevant Commonwealth agencies is contained in Chapter 9.

The Committee also sought submissions from States and Territories on their activities in response to the NAHS which are discussed in Chapter 10.

The overwhelming weight of the information from consultations and submissions confirms the desperate living conditions and poor health status highlighted in many

previous reports about Aboriginal and Torres Strait Islander communities. This highlights the fact that the objective of 'gaining equity in access for Aboriginal and Torres Strait Islander peoples to health services and facilities by the year 2001' is unattainable with existing and projected funding levels.