BRIEF
The Department of Health requires a co-designed evaluation of the appropriateness and effectiveness of the Australian Government’s investment in primary health care (PHC) for Aboriginal and Torres Strait Islander people.

The Government’s primary investment in PHC for Aboriginal and Torres Strait Islander people is through the $3.6 billion (2017-18 – 2020-21) Indigenous Australians’ Health Program (IAHP). The IAHP:
1. Funds organisations to deliver PHC to Aboriginal and Torres Strait Islander people.
2. Funds Aboriginal and Torres Strait Islander specific initiatives addressing issues such as maternal and child health, smoking, mental health, and drug use.
3. Seeks to influence the health system so that it works better for Aboriginal and Torres Strait Islander people.

The evaluation is to take a whole of system, people-oriented approach that:
• considers Aboriginal and Torres Strait Islander culturally determined views on health and wellbeing
• supports rapid learning opportunities.

The evaluation is being carried out in two phases:
Phase 1: Evaluation Co-design (Sep 2017 - May 2018)
Phase 2: Evaluation Implementation (2018 - 2022)

PURPOSE
The purpose of the evaluation is to:
• accelerate change to improve Aboriginal and Torres Strait Islander people’s health and wellbeing
• bring about real change in improving the quality and effectiveness of health service delivery
• support continuous improvement of the IAHP and PHC organisations
• ensure accountability for results
• inform the 2023 revision of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013 - 2023.

HIGH-LEVEL QUESTIONS
1. What is the impact of the Australian Government’s investment in Aboriginal and Torres Strait Islander PHC?
2. How well is the PHC system working for Aboriginal and Torres Strait Islander people?
3. How can progress towards closing the gap in Aboriginal and Torres Strait Islander health be accelerated?

CO-DESIGNED EVALUATION
The evaluation is to ensure a diverse range of health sector and Aboriginal and Torres Strait Islander community voices, culture, experiences and perspectives, needs and aspirations are central to the evaluation.

The evaluation will be co-designed with two working groups:
• A group of 12-14 people who’ll bring a wide range of experience and perspectives from working across the health system.
• A group or groups of community-based Aboriginal and Torres Strait Islander people who’ll bring diverse perspectives and experiences from using (and not using) PHC services.

The co-design process is illustrated below. True to co-design, it will be an evolving process, and seek input from an ever-widening group of people across Australia.

CO-DESIGN TIMING
The initial co-design meetings will be held over November and December 2017 and further consultation will occur during February and March 2018. The Monitoring and Evaluation Design Report is due 30 Apr 2018.
The evaluation is being carried out by Allen + Clarke, a policy, regulatory, evaluation and research firm. Allen + Clarke undertakes work in Australia, the Pacific and New Zealand.

THE EVALUATION TEAM

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