



Towards co-designing an evaluation framework for the Bathurst ICD Clinic

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Background

- Chronic disease occurs more often and up to 20 years earlier in Indigenous Australians compared to non-Indigenous Australians.
- The National Agreement on Closing the Gap seeks to overcome the entrenched inequality faced by many Indigenous Australians.
- One initiative is the Medical Outreach Indigenous Chronic Disease Program (MOICDP), directing funds towards programs and clinics which improve access to health services for Indigenous Australians living with chronic disease.
- The Marathon Health Indigenous Chronic Disease (MH ICD) clinic engages with over 140 local people.
- No formal program evaluation had been implemented.
- While several frameworks were identified to provide generic guidance, no single framework appeared adequate for this purpose.
- A co-design process with key stakeholders addresses the unique context and requirements in each Indigenous community.

Method

- A qualitative design was utilised.
- Nine participants represented staff and managers of the ICD Clinic and the funding body (NSW Rural Doctors Network).
- Participants semi-structured interviews were recorded and transcribed.
- A thematic analysis was undertaken following Braun and Clarke's (2006) six steps.
- Interviews sought to understand the views and experiences of the participants, gaining the following information:

Measure	Reason for collection	Methods of collection	Stakeholder group
The variables for monitoring and evaluation	Why stakeholder groups found the measure important	Methods to collect information for this measure	Which stakeholder groups found which measures important

Acknowledgements

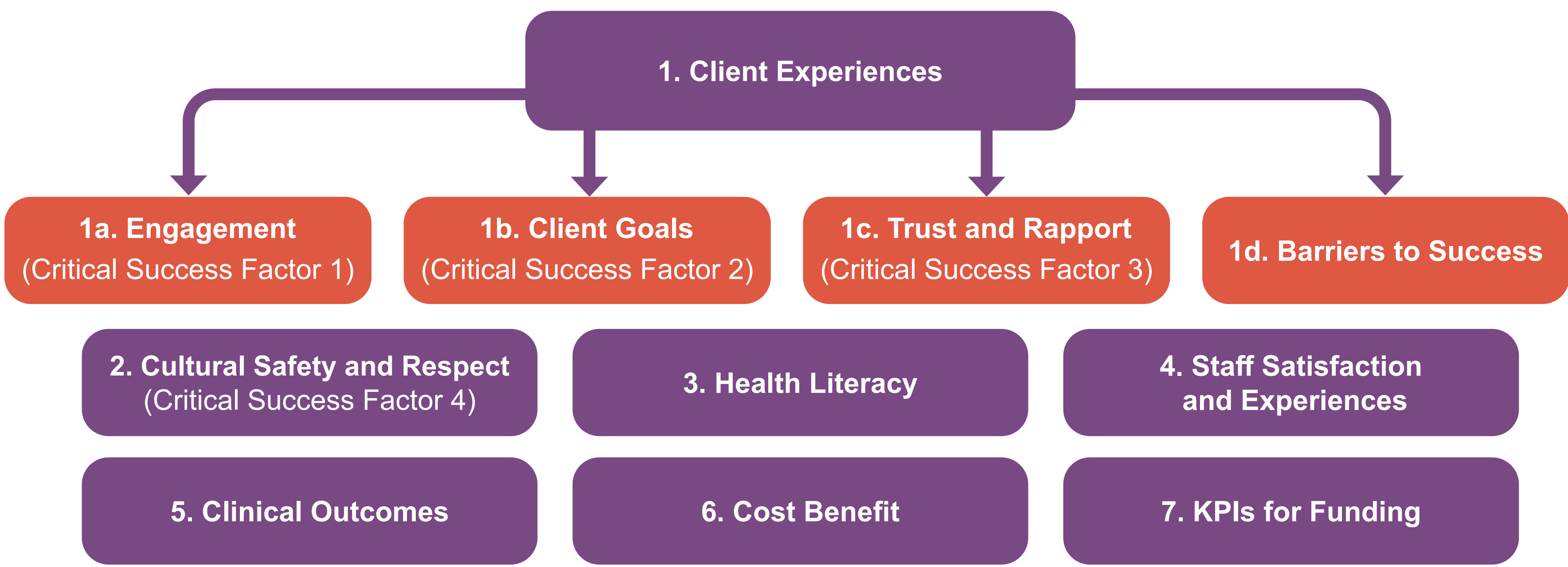
- Marathon Health ICD staff.
- Rural Doctors Network.
- Dr Jill Harris.
- Wiradyuri Traditional Owners Central West Aboriginal Corporation.

Aims

- To commence the process of co-designing a monitoring and evaluation framework for the Bathurst MH ICD clinic.
- To identify important information from the three key stakeholder groups of staff, managers and funders for monitoring and evaluation of the Bathurst MH ICD clinic.

Results

- 7 key themes and 4 subthemes were identified for MH ICD clinic's monitoring and evaluation framework.
- The results included reasons for and methods of collection.
- The significance participants placed on the themes of *Engagement*, *Trust and Rapport*, *Client Goals* and *Cultural Safety and Respect* identified these as potential Critical Success Factors (CSFs).



Contributions

- First project to initiate the co-design of a monitoring and evaluation framework for an Indigenous Chronic Disease service in Australia.
- Collated a list of important information from the three key stakeholder groups, particularly reasons for and methods of measurement.
- Identified four CSFs, three of which have previously been identified in literature, while one is new.
- Provides other Indigenous health services with information to consider in developing their own evaluation framework.



Future directions

- Gather and combine information from the client and local Elders key stakeholder groups with the current study.
- Key stakeholders can then co-design a monitoring and evaluation framework and implement data collection to evaluate the Bathurst ICD clinic.
- By doing this work, a resource package to support evaluation of other similar Indigenous health services may be developed.
- Evaluate translation of implementation of monitoring and evaluation framework in other similar services.



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This seal represents our commitment to working with our communities for a better future for all.



Charles Sturt
University