Evaluating government health and substance abuse programs for indigenous peoples: a comparative review

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Abstract: Most health and substance abuse programs for indigenous peoples in Australia are funded by government. Over the past decade there have been calls for greater accountability in the conduct of these programs. Initial attempts focused on the development of standardised performance indicators, an approach that has been criticised on both political and methodological grounds. Recently, some government agencies have sought to identify culturally appropriate models for the evaluation of programs for indigenous peoples. In a comparative review of the evaluation of indigenous programs in Australia and Canada, conducted for the Western Australian Aboriginal Affairs Department, the authors were not able to identify any generally applicable models. However, this literature review and our own research and experience in working with Aboriginal community organisations have identified some principles that should be an essential part of any attempts to evaluate health and substance abuse programs for indigenous peoples. Underlying these principles is the realisation that evaluation is not a politically or ideologically neutral activity. Theoretical and methodological considerations of the evaluation process must take into account the very real differences between the agendas of indigenous peoples and those who seek to evaluate programs for them. (Aust J Public Health 1995; 19: 567–72)

Despite considerable government expenditure over the past two decades and significant improvements in particular areas, the health of indigenous Australians remains worse than that of other Australians, and a high proportion consumes alcohol at harmful levels. Concern has been expressed that resource allocations are insufficient, services are inappropriate, and resources are used less than optimally, and there have been calls for increased program monitoring and evaluation from different quarters, including: indigenous peoples who feel they are not being adequately served; indigenous affairs departments critical of the performance of mainstream agencies; technocrats who appear to believe that rational management techniques are the solution to all social problems; and conservative politicians seeking to reduce government spending and specialised services for indigenous peoples.

This review was undertaken in this context. It aimed to identify culturally appropriate models for the monitoring and evaluation of government health and substance abuse programs for indigenous peoples, and builds upon a previous project undertaken for the Western Australian Aboriginal Affairs Department. There is little in the literature dealing specifically with health and substance abuse programs for indigenous peoples. Therefore, of necessity, the review draws on the wider literature on evaluation of programs for indigenous peoples, as well as the general literature on health and substance abuse program evaluation, and the experience of two of the authors as members of indigenous community organisations (MD, DW).

Self-determination

Indigenous peoples in Australia and Canada are insisting that governments deliver on their promise of self-determination, ensuring local community control and participation. The extent to which demands for self-determination are accepted by various levels of government determines how well indigenous peoples are enabled to formulate policy and programs, participate in delivery of services that meet their perceived needs, and themselves evaluate the effectiveness of those programs and services.

The Australian and Canadian literature on self-determination and indigenous-government relations contains an implicit view that from self-determination will flow the development and implementation of effective policy and programs.
In support of this view, a comprehensive United States review found that real improvements in the socioeconomic status of indigenous Americans are directly attributable to political changes of the 1970s leading to "increased Indian control over, and participation in, the formulation of Indian policy", including agenda setting, and policy development, implementation and evaluation.7

Canadian and Australian federal governments have both made greater concessions to indigenous demands for self-determination than provincial and state governments. In both countries, indigenous people are concerned that even where provincial governments have made concessions "in principle" to self-determination, often this is not reflected in the program objectives and activities of mainstream government agencies.10 Thus, monitoring such programs should ensure that they are consistent with government commitments to indigenous self-determination.9

Accountability
Self-determination is closely related to accountability. At the political level, much of the demand for evaluation of indigenous health and substance abuse programs is driven by concerns about financial accountability.10 While not discounting the importance of this, indigenous peoples are more concerned with the broader issue of "social accountability".11 This includes the demand that program providers be accountable directly to program recipients. In Australia, as in Canada, government officers are only indirectly accountable to the public, while they are directly responsible to their ministers, who in turn are responsible to parliament and to the law.12 This system severely limits the influence of minority populations, and stringent terms and conditions on how funds can be spent imposes constraints on self-determination.13,14

Canadian federal legislation has given some indigenous bands greater responsibility and autonomy, and Sanders argues that the Australian Government's Aboriginal and Torres Strait Islander Commission legislation is an attempt to reconcile public accountability and Aboriginal self-determination.10,15 Clearly, enhanced program effectiveness is dependent upon responsiveness to local needs and circumstances. The challenge is to build in some measures of local accountability while meeting broader accountability requirements.

Program planning and implementation
Appropriate evaluation is only one aspect of, and not a substitute for, the planning and implementation of programs that respond effectively to the needs of indigenous peoples. As a consequence of differences in culture, history, social environment, and access to resources—even within national boundaries—these needs are not uniform, and to be effective programs must respond to this heterogeneity.16,17 The National Aboriginal Health Strategy Working Party concluded that there is no single solution to indigenous substance abuse problems, and the review of the Healthy Aboriginal Life Team's petrol-sniffing prevention program highlights the difficulties in applying a standardised approach in heterogeneous communities.18,19

Effective program outcomes are dependent upon the setting of objectives that are unambiguous, although, as revealed in evaluations of the Aboriginal and Torres Strait Islander Commission's Enterprise Program and the Department of Employment, Education and Training's Training for Aboriginals Program, this is not always achieved.20,21 At the same time, however, programs need to retain the flexibility to incorporate changed objectives. Such changes in objectives need to be documented carefully, and evaluation strategies themselves must be flexible enough to take account of them.22

Program goals need to be attainable, and the ability of agencies to implement and provide resources for them must be monitored.23,24 In Canada, lack of field experience by Department of Indian and Northern Development personnel was identified as creating difficulties for program design; in Australia, reviews of the Aboriginal and Torres Strait Islander Commission's programs found that staffing and other resources were often well below that approved for similar government programs elsewhere.25,26

Where they have responsibility for implementation, the ability of communities to undertake programs should also be monitored. A comprehensive review of Canadian programs found that effectiveness and efficiency would be improved by giving indigenous communities more responsibility for program management.27 However, few communities have the necessary levels of support to achieve desired program outcomes and provision should be made for this in the program planning process.28,29

In the experience of the Aboriginal authors of this paper, program administrators assume that indigenous community members are familiar with bureaucratic processes. The Office of Evaluation and Audit notes the consequences of this assumption, and its evaluations emphasise the need to document program procedures and make communities aware of them.30,31,32 A review of community enterprise programs for youth in South Australia, for example, found that this was an essential ingredient of successful programs.33

Evaluation and monitoring procedures must be an integral part of program planning. This axiom has implications for the monitoring and evaluation of programs by third parties, such as indigenous affairs departments. Such departments do not have the resources to evaluate the outcomes of the many government indigenous programs; nor is this desirable, given the need for integrated program development and evaluation. To oversee indigenous programs most effectively, indigenous affairs departments should provide other agencies with best-practice guidelines for indigenous program planning and evaluation, and monitor their compliance with those guidelines. Because of the importance of self-determination, such monitoring should include review of:

- indigenous participation in policy formulation
- the match between program objectives, and the needs and priorities of indigenous peoples
- the extent to which indigenous peoples are involved in the delivery of services including the
contracting of service delivery to community organisations
• the opportunity for indigenous peoples to participate in the evaluation of program effectiveness.

The politics of program evaluation
Evaluation is not a politically or ideologically neutral activity. Definitions of the 'problems' that programs are designed to address and the perceptions of the underlying causes are inherently political. In part, political differences in problem definition between representatives of government agencies and indigenous peoples are also based on cultural differences. Generally, indigenous peoples do not compartmentalise aspects of their experience, and insist that their needs be addressed in a holistic fashion and evaluated accordingly. However, government 'departmentalism' (fragmentation of roles) and lack of coordination works against this, and evaluators rarely consider the effect of a program in one sector upon another.

Also, analysis of the underlying causes of social problems (on which program development is based) is particularly unsophisticated, and based on what Chen and Rossi have described as 'the current folklore of the upper-middle-brow media'. The ideological assumptions that underlie such analysis are rarely questioned and they carry weight because of the political power of those holding them, rather than any inherent explanatory value.

On the ground, the political differences over program outcomes are compounded because indigenous peoples often have no choice but to use government programs to achieve their own ends, agencies sometimes provide services in response to gaps in the delivery of services by other organisations; and during program implementation unintended positive outcomes emerge.

For these reasons, it has been argued that evaluation of programs for indigenous peoples must incorporate indigenous assessments of both programs and their broader effects, using criteria that reflect the broad range of social needs. In Canada, indigenous people have taken the initiative in this regard, by attempting to construct development indicators that can be used to measure the wider effects of new programs at the community level.

Just as political and ideological assumptions underlie decisions about what is to be evaluated or monitored, they also underlie the choice of method. Again, such assumptions are rarely openly discussed or questioned. Debates such as that between Keefe and Garbutcheon Singh over the relative merits of economic rationalist and culturalist approaches to evaluation are rare. However, in reports such as the Office of Evaluation and Audit review of the Aboriginal and Torres Strait Islander Commission's Community Infrastructure Program, it is possible to identify an implicit economic rationalist drive for financial accountability that contrasts with broader social development approaches to program evaluation. Such assumptions must be made explicit because they reflect differences not only between nonindigenous evaluators but also between them and the indigenous people for whom programs are intended, and they can be a source of conflict and mistrust.

Another major political consideration has to do with the use that is made of program evaluation research. Writing particularly about organisational decision making, Hennessy and Sullivan point out that much of the evaluation literature is based on an inaccurate rational decision-making model, which assumes a stable environment, clear program goals, and sufficient resources for consideration of all relevant information. In the real world, they argue, decisions about programs are based on the interaction of group coalitions within organisations, and evaluation research is used to protect the interests of these coalitions. In the wider political arena, too, it has been shown that evaluation research has had little demonstrable effect on the policy-making process.

Indigenous organisations are concerned that evaluation is used by program funding agencies to impose unreasonable accountability requirements on them, or to justify political and/or bureaucratic decisions to cut funding. Some believe that the performance of indigenous organisations is subjected to greater scrutiny than other programs of the funding agencies. This is not to argue that program evaluations are of no practical value, for they can improve service delivery and inform public debate. However, ultimately major program decisions will be based on political considerations and relative power, not on the basis of evaluation reports alone.

Evaluation methodology
While many professional evaluators believe that programs can only be properly evaluated using experimental (or quasi-experimental) research designs, various difficulties in their use have been identified. These include: ethical objections to the allocation of potential program recipients to experimental and control groups; cost in both time and resources; and the independence of outcomes on variables such as the choice of the control group and the time selected as the benchmark for measurement. Apart from these difficulties, the results of experimental evaluations are often not replicable in whole populations or other environments. Furthermore, the canons of experimental design preclude participation of indigenous stakeholders and preclude the flexibility of considering other criteria of program effectiveness that might emerge during the program implementation phase.

A comprehensive review of standardised instruments for the evaluation of substance-abuse-prevention programs in the United States found that none were sensitive to cultural differences between populations. To overcome the limitations of experimental approaches, 'naturalistic' and 'fourth generation' approaches to the design of indigenous program evaluation have been advocated. Such designs employ a more descriptive approach and rely on qualitative techniques of data collection and analysis—such as participant interviews and in-depth interviews—used to good effect in cross-cultural research by anthropologists and sociologists. Although some evaluators demonstrate a relatively unsophisticated understanding of qualitative tech-
niques, others have shown how they can be used rigorously and successfully in evaluation research. In Australia, some reports recommend on-site visits, allowing observation of programs in action and discussions with participants, for the most reliable and valid data.

Some proponents of qualitative techniques have advocated that they are the only appropriate techniques to use in the evaluation of programs for indigenous peoples. Hébert, for instance, has asserted that quantitative techniques involving surveys and sampling are not appropriate to the group-consensus mode of decision making of many indigenous groups. However, the appropriateness of the techniques employed depends upon the community involved. For example, even telephone surveys have been used reliably among some indigenous groups in the United States, and technologies such as teleconferencing have been useful in both urban and rural settings and may reduce considerably the cost of consulting with distant groups. The point is that rigorous evaluation requires a pluralistic methodology that includes a range of techniques and data sources (documentary interviews, questionnaires, group discussions, participatory observation, case studies, and so on), and involves as many stakeholders as practicable.

The selection of performance indicators requires careful consideration. They should realistically reflect the effect of the program and the processes involved, from the viewpoints of both administrators and recipients. However, the literature abounds with examples of where this has not been achieved. For example, simple counts of patient visits, proposed in the past as one measure of the performance of Aboriginal health services, provides no information about outcomes achieved by particular services, says nothing about the severity of problems dealt with, is too general to be of any use in process evaluation, and the collection of the data is wasteful of resources. Furthermore, when data from individual health services are aggregated they provide no information on either the efficiency or the effectiveness of the program as a whole.

Given the difficulty of developing appropriate performance indicators and the costs involved in the collection of data, the use of existing data collections for program evaluation has obvious attractions. However, their utility is often limited. First, most routine departmental data collections are designed for specific purposes and do not adequately reflect the impact of particular programs. Second, many of the macro-level health indicators such as census, mortality, and morbidity statistics, reflect the outcomes of complex social and political processes, not just the effects of particular programs. Furthermore, they take no account of the adequacy of the resources allocated.

These limitations have been widely recognised and there have been various calls for the establishment and maintenance of specialised databases. However, while they are clearly necessary, their establishment needs careful consideration. In terms of both resources and time, they are expensive to establish and maintain. Given the costs and a desire for concise data sets for both planning and evaluation, there is often pressure to establish single multifunctional databases. The danger in this approach is that the database will suffer from the same limitations as existing collections and will not provide a comprehensive measure of the impact of particular programs.

Expanded data collection systems are needed to facilitate the evaluation of programs for indigenous peoples. However, the effects of these must be considered carefully. Sackett has been critical of the call by the Royal Commission into Aboriginal Deaths in Custody for the collection of more data on Aboriginal and Torres Strait Islander peoples. He has argued that the response to this by the Commonwealth Government and state governments will extend bureaucratic control and the scrutiny of Aboriginal lives, with little likelihood of benefit to them. For these reasons, the Canadian Development Indicator Project Steering Committee has argued that performance indicator development and data collection should be undertaken by indigenous communities themselves, promoting indigenous autonomy and responsibility, and responding to community heterogeneity.

Cultural appropriateness

For indigenous peoples, a key consideration in monitoring government agency programs is the cultural appropriateness of the programs themselves, of the means by which they are evaluated. While its own reviews highlight the need for cultural appropriateness of program evaluation, the Office of Evaluation and Audit's evaluation handbook provides no specific guidance on this. As with program development, the best way of ensuring that program evaluation is culturally appropriate is to involve indigenous stakeholders in the process. This is more likely to occur in Canada and the United States than in Australia. In North America, indigenous peoples would appear to have more power, in part because of their organisation at the tribal and national levels.

The need to involve indigenous peoples in program development and the collection of evaluation data has already been stressed. However, the results of any research or evaluative data collection do not speak for themselves; they must be interpreted. When data have been collected, a range of competing hypotheses about the findings should be generated and assessed in terms of the available evidence. If this is not done, rather facile conclusions about the impact of a program can be reached. Indigenous people must be involved not simply in data collection but also in the interpretation of those data and the conclusions and recommendations that are drawn from them. What is a desirable outcome for one group of stakeholders may not be so for the indigenous recipients of the program. Even within indigenous communities there will be debates about what is culturally true and untrue and what should be accepted and implemented. Related to the issue of community involvement is the question of representativeness. If evaluation is to include indigenous stakeholders, and the community is too large to include all members, this can be a vexing problem. In Australia, Canada and the
United States, representation may have more than one meaning; and for indigenous communities it may be neither possible nor desirable. Evaluators have to balance the ideals of cultural relativism that entail recognition that in some Indigenous communities not all are authorised to speak, and more universal concerns about democratic representation.

Stakeholders are not equally powerful. Evaluators need to acknowledge and attempt to account for this in all stages of the evaluation process. Whether setting program objectives, deciding upon data collection techniques or interpreting the data, unequal positions of power may have an influence. Evaluation guidelines must articulate ways in which Indigenous peoples can have their views heard at each stage of the evaluation process.

Inclusion of all stakeholders is seen as important to best professional practice in mainstream evaluation. However, it is essential in Indigenous communities where power-holding is more diffuse and where exclusion of some can cause social disruption. Among the advantages accruing from community involvement in evaluation are the identification of unforeseen problems, improvements in program efficiency and effectiveness, and allaying community suspicion and hostility that can undermine evaluation.

While Indigenous stakeholder involvement is essential, it will not ensure cultural appropriateness of program evaluation if there is no recognition of the cultural chasm that often separates non-Indigenous evaluators and Indigenous peoples. Central to this are issues of language and communication. Misunderstandings result from non-Indigenous people's lack of knowledge of the varieties of non-standard English spoken, and the range of non-verbal communication used by Indigenous peoples. Without such knowledge, the integrity of the evaluation process can be compromised. Non-Indigenous evaluators need to be aware of and sensitive to appropriate ways to communicate with Indigenous peoples, and this itself should be monitored.

Conclusion

Evaluation discourses are ubiquitous among government-funded health and substance abuse program personnel. Over the past decade or so, evaluation theory and practice have been a boom industry, as politicians and bureaucrats demand greater accountability for publicly funded programs, particularly those in politically sensitive areas. There can be no argument against evaluation in principle, either for financial and activity monitoring or assessment of outcomes. What is at issue is the uncritical application of evaluation theories and methodologies to programs for Indigenous peoples. Indigenous groups are too heterogeneous, program and evaluation issues too complex, and methodological weakness of much evaluation too apparent for this to continue.

Our analysis of the literature and our research and community-based experiences indicate a chasm between the expectations of funding agencies and Indigenous peoples about health and substance abuse program evaluation. While there are no ideal culturally appropriate models, principles must be contextualised within a framework of self-determination, in which Indigenous peoples negotiate with government agencies to decide what programs they need, how the programs might be implemented, the outcomes they believe are desirable, and how those outcomes can be evaluated. These issues are political as well as financial and require negotiation within Indigenous communities and between those communities and funding agencies.

Evaluation methods have to incorporate a wide and flexible array of qualitative and quantitative techniques that are sensitive to the social and cultural differences existing in Indigenous communities and the paucity of administrative, technological and information infrastructure to support evaluation. Indigenous peoples must be consulted at each stage of the evaluation process, from the determination of objectives to the interpretation of results. Finally, we need to be sure that Indigenous health and substance abuse programs are not unfairly bearing the brunt of evaluation attention, while programs for healthier, non-Indigenous communities escape the bureaucratic gaze.

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