

“REMOTE CONTROL” - MAKING THE MONEY COUNT

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TO CLOSE THE GAP ON HEALTH INEQUITIES BETWEEN REMOTE COMMUNITIES AND OTHERS IS A NATIONAL PRIORITY. RIGOROUS EVALUATION IS CRUCIAL TO ENSURING THE INVESTMENT IN PROGRAMS AND SERVICES IN REMOTE COMMUNITIES DELIVERS EFFECTIVE RESULTS.

WHY?

Uncontrolled spending on programs to combat Indigenous disadvantage will not lead to improved outcomes while programs continue to be implemented without close monitoring and evaluation.

Indigenous programs receive some \$6 billion annually, yet fewer than 10 per cent of programs are evaluated. The programs are often implemented on the basis of perceived benefits; the evaluations that do occur often lack methodological rigour.

Robust evidence accumulated through ongoing monitoring and feedback is needed to improve the design and efficiency of programs. It can provide confidence that money is being spent to the best effect, resulting in improvements to the health of remote peoples.

THE CHALLENGE

The challenge is one of empowering remote communities. Equipping remote health professionals with the skills to conduct locally relevant research that enables innovative, effective and sustainable programs is key to better outcomes.

HOW?

Flinders University's Centre for Remote Health, in conjunction with the Center for Behavioral Health Innovation (BHI) at Antioch University, New Hampshire will:

- conduct focus groups and interviews to explore perceptions of what's needed for successful training
- identify suitable methodologies for ongoing research and evaluation.

This will be the catalyst for the development of effective training for organisations and centres to adopt a scientist-practitioner culture, where practice-based evidence enables the development of local solutions to community driven health care priorities. Essential to the training will be a mechanism for regular and routine monitoring and feedback as well as partnerships with established research organisations, such as universities, to provide ongoing mentoring, advice, encouragement, and supervision.

THE OUTCOME

The primary goal of this project is to develop a simple yet robust and effective training package of program innovation, monitoring, and research and evaluation to enable community-based organisations to undertake important research at a local level.

By enabling health professionals and other service providers in remote settings to conduct routine, ongoing evaluation of their programs and services, they will be able to demonstrate the importance and effectiveness of these interventions to the communities to which they are offered.

WHAT WILL SUCCESS LOOK LIKE?

- Regular training programs are offered by CRH and BHI that are culturally appropriate and community supported, acting as an international blueprint.
- Partnerships are established between service organisations and research organisations
- Regular, rigorous research, including routine monitoring and feedback, is part of standard clinical practice, producing reliable evidence of program impact, and reducing duplication and waste
- There's measureable improvement in the health and wellbeing of people in remote communities, particularly in areas such as chronic disease, mental health and suicide
- Governments change policy settings to make routine evaluation a necessary component of any application for funding of programs and services in remote communities



“ ONE OF THE GREAT MISTAKES IS TO JUDGE POLICIES AND PROGRAMS BY THEIR INTENTIONS RATHER THAN THEIR RESULTS. ”

- Milton Friedman

Hudson, S. (2016). *Mapping the Indigenous program and funding maze.*

Snijder, M., et al. (2015). "A systematic review of studies evaluating Australian indigenous community development projects: The extent of community participation, their methodological quality and their outcomes Health behaviour, health promotion and society."

The Centre for Remote Health acknowledges the Arrernte people as the traditional custodians of the land on which it operates | CRICOS No. 00114A