

NSW ABORIGINAL POPULATION HEALTH TRAINING INITIATIVE EVALUATION FINDINGS

Prepared by Centre for Epidemiology and Evidence



Background

The NSW Aboriginal Population Health Training Initiative (APHTI) is a three-year training program for Aboriginal people in which participants undertake studies leading to a Master of Public Health (MPH) degree and complete a series of work placements in population health services.

The APHTI commenced in 2011. It aims to “contribute to the development of the Aboriginal population health workforce, with the long-term goal of improving the health of Aboriginal people in NSW”. Its objectives are to:

- provide a more adaptive and competent Aboriginal population health workforce;
- increase the number of Aboriginal people with postgraduate qualifications in population health;
- increase the number of Aboriginal people who have achieved public health workplace-based competencies;
- increase exposure of Aboriginal trainees to population health career opportunities;
- increase the population health workforce’s exposure to Aboriginal population health issues, and the value of traineeships.

There have been three intakes of APHTI trainees: four trainees were recruited in 2011, two in 2013, and five in 2014. The APHTI helps meet commitments made by the NSW Government relating to Aboriginal workforce development and to ‘Closing the Gap’ in health outcomes between Indigenous and non-Indigenous Australians.

In 2014, an evaluation was commissioned to describe how the APHTI has been implemented, to identify significant achievements and challenges in its implementation, and to measure the impact of the APHTI on increasing the NSW Aboriginal population health workforce.



Evaluation methods

The APHTI evaluation had three components:

- A combination of face-to-face, telephone and group semi-structured interviews were conducted with 31 key stakeholders, including: APHTI trainees (n=11), Local Health District (LHD) coordinators (n=4), workplace supervisors (n=4), MPH convenors within universities (n=1), NSW Ministry of Health staff (n=5), APHTI Advisory Committee members (n=5), and Aboriginal workforce coordinators within participating LHDs (n=1). Interviews explored the experiences of key stakeholders in participating in, implementing or coordinating the APHTI. Interview data were analysed by qualitative thematic analysis.
- Key APHTI documents were analysed, including the Competency Framework, the APHTI Implementation Report (2012), mid program and final assessment resources, resources developed for LHDs, the ‘Where to study my MPH’ resource for APHTI trainees, and supporting documents developed by LHDs.
- APHTI participants’ outcome data were analysed, including trainees’ exit interview summaries, academic transcripts, and summaries of mid program reviews and final assessments.



Evaluation Results

Program implementation, achievements and challenges

Overall, stakeholders reported a positive experience of the APHTI. The first group of trainees reported some difficulties as systems and resources were being developed and refined; however, despite these, all trainees were pleased to have entered the program. All trainees saw it as being a benefit to their development and future career. Most LHD stakeholders were also satisfied with their experience of the APHTI and all who were interviewed indicated that their LHD would consider engaging trainees again.

Key issues raised by stakeholders on specific aspects of program implementation included:

- Overall, trainees and other LHD staff were very satisfied with the suitability and outcomes of their APHTI placements and projects.
- Trainees stressed the importance of having a good first placement: one that was culturally safe, which oriented the trainee to working in population health, and was appropriate to the knowledge and skills of trainees who were just starting in this field.
- Some trainees experienced difficulties with some university course and workplace elements, especially where higher-level maths was required. This meant that some LHDs had to provide their trainees with more support than they had anticipated.
- LHDs implemented different arrangements when it came to the ongoing employment status of their trainees. Post-program job security was a concern for some trainees.
- Trainees were generally satisfied with the support they received in the program at all levels. The quality of support currently provided by the APHTI Coordinator at the Ministry was especially highlighted. From the perspective of workplace supervisors, while there may have been some instances where supervisors had to provide more support than anticipated, the general experience of providing support to APHTI trainees was positive.
- Trainees and LHD staff involved in supporting trainees reported that they generally balanced the work and study elements of the program well.
- The first group of APHTI trainees had problems applying the Competency Framework to their work, especially in developing, compiling and documenting evidence of competency; however, the latter intakes of APHTI trainees appear to have had a more positive experience with the Competency Framework. LHD coordinators and supervisors now see the Competency Framework as being 'fit for purpose' and providing a good basis for planning and monitoring trainee learning.
- Most trainees reported a high level of satisfaction with the program from a cultural safety perspective.
- The costs associated with engaging APHTI trainees have influenced LHDs' decisions on whether to participate. The current funding model appears to be working well.
- There may be potential to place APHTI trainees in organisations other than LHDs.


Impact on the NSW Aboriginal population health workforce

- Early employment outcomes of the APHTI have been positive, with all four of the first group of graduates securing jobs in NSW Health, including two currently in management roles. As the first group of four trainees completed the program in 2014 and another seven trainees are still in training, it is too early to draw many conclusions about the effectiveness of the program in achieving its aim of contributing to the development of the Aboriginal population health workforce.
- The APHTI is making progress in achieving its defined program objectives, including those related to: Aboriginal staff attainment of postgraduate qualifications in population health, workplace-based competencies in public health, and exposure to population health career opportunities.
- The APHTI has so far maintained a 100% retention rate of its trainees. This reflects the high level of support provided to both trainees and their LHD employers. Two participating LHDs are now supporting their second groups of APHTI trainees and others have indicated their interest in hosting more trainees in the future.



Key Findings

- The current APHTI model appears to be working well; the employment and educational outcomes of the first group of APHTI graduates are good; the current trainees and employers are satisfied with the way the program is being implemented; demand for the initiative is growing. That said, trainees and other LHD stakeholders made a number of suggestions to enhance the program including: more joint development activities with other Ministry training programs, face-to-face workshops for LHD coordinators and supervisors, and improvements to the induction of new trainees.
- The high level support provided by the Ministry to both trainees and LHDs was widely acknowledged as a major success factor in the APHTI. This should be maintained and further systematised to ensure that the knowledge and approach of the current APHTI Coordinator can be passed on to a successor at some point.

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- There was broad agreement that the APHTI should continue to be open to Aboriginal people from a broad range of backgrounds and with different capabilities. This might mean that some trainees will require more support to complete the program, but this can produce an even better end result for trainees, their communities, and the NSW health system.
 - Ongoing attention should be given to building the 'APHTI brand' as a mark of quality. The APHTI Advisory Committee should explore perceptions of the program and ensure that a positive reputation is built for the program and its graduates.
 - Inconsistencies in the employment conditions of APHTI trainees and in their post-program job security were a source of concern for some trainees. Ways of overcoming or reducing the effect of these inconsistencies on trainees need to be explored. However, care is needed to avoid imposing a 'one-size-fits-all' solution that reduces the program's current flexibility, and which may deter some employers and prospective trainees from participating.
 - Trainees generally reported that they felt culturally safe in their traineeships, but there were a few isolated incidents of concern. All staff involved in the delivery of the APHTI should be required to have completed the whole of the *Respecting the Difference* training: or at least its two-hour eLearning component.

Thank you to all those who participated in the 2014 Evaluation of the NSW Aboriginal Population Health Training Initiative.

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