Reviewer’s report

Title: Using developmental evaluation to support knowledge translation: Reflections from a large-scale quality improvement project in Indigenous primary health care

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Reviewer: Fiona Cram

Reviewer’s report:

Thank you for the opportunity to review this manuscript. It is well-written and interesting. I particularly liked the authors’ honesty about their own skill-base (innovation and evaluation (lines 267-277)) and their courage in identifying and implementing a developmental evaluation (DE) approach in the ESP project. While DE was new to them (298), they link it with their existing knowledge base and practice experience, particularly action research and participatory methodologies. They are clear that while the project they are evaluating is a national initiative, they recognise and value the local context in which primary health care is delivered and where change needs to happen if health disparities for Aboriginal and Torres Strait Islander peoples are to be eliminated. In talking about the change needed to achieve this they describe an ecological model of health care delivery at three levels: health practitioners, health organisations/centres, and health system. Their goal in using DE was to, in their words, strengthen knowledge translation and dissemination and - presumably consequent - improvement interventions (lines 67-68) across these levels. They describe their DE methodology and the benefits and challenges of implementing this approach, along with some reflection on whether or not what they did was DE. For the latter they reflect on how their methodology reflected Patton's eight DE principles (Box 2). There are many good parts to this paper that will encourage others to consider the utility of DE within their health context, particularly in terms of evidence-informed change to strengthen equity.

In the remainder of this review I raise some issues that I believe the authors are fully able to respond to but that they may consider to be outside their 'brief' in terms of their focus on a smaller space / gap between the provision of evidence and the impetus for change (see, for example, Table 1). I suspect I may be asking too much in terms of a broader inquisition of health care disparities and how change can happen to better support Aboriginal and Torres Strait Islander health and wellbeing. However I also offer this critique within the context above, namely that this is an informative paper.

1. In what ways are the Australian Indigenous primary care (PHC) services Indigenous? While it is stated that the context for the project is 'indigenous settings' (26) it is never clear what this means in terms of, for example, the ethnicity of health practitioners, the values base of health care practice, the organisation of health centres, the system of health care funding, etc. What I was left with was the impression that potentially the only aspect that makes PHC services indigenous is that they are serving an indigenous patient / client / community base. The absence of any broader context for understanding these PHC services means that issues related to the drivers of health disparity go unnamed and therefore unquestioned in examining / evaluating
health practitioner, health centre, or health system evidence-informed changes to reduce disparities. I am referring in particular to the broader social and economic determinants of health alongside more systemic issues of colonisation, racism, and a lack of culturally responsive health care. I would be very surprised if some of the Indigenous stakeholders interviewed did not raise these issues - but again, I am unclear about who these stakeholders were and whether or not any community people or patients of these services were involved in this project. My overall impression, if I'm honest, is that mostly white people deliver in these services and it is they who were engaged with during this project, and that these broader and potentially more 'sensitive' issues were not touched upon because of the smaller space / gap I mention above.

2. There is some mention of tailoring evidence and reports for Aboriginal and Torres Strait Islander stakeholders (lines 263-4), but this is not expanded upon. In light of #1 above however I was curious about how responsive the DE made the authors to issues of culture and how they then reflected this in their practice. The value of cultural responsiveness is described in terms of other continuous quality improvement (CQI) projects (lines 83-90), but this is not followed up on in relation to the project described in the paper.

3. The term 'complex' is used liberally throughout the paper to describe PHC contexts (e.g., lines 68, 158, 165). I was unclear from the paper what in particular about these contexts is complex. I raise this because the term is sometimes used as code within health care and other contexts to assuage the system of responsibility for disparities; namely, that they (the system, organisation, health practitioner) have tried (top-down) solutions but these haven't worked because patients and their families haven't changed, so things must be more complex. So often we expect / demand patient change rather than looking at ourselves and our organisation - which in a way is simpler because it's about being patient-centred but harder because the system is not used to it and will do its best to avoid it even in the face of evidence and demands from indigenous peoples. I'm not saying the authors are using complex it this way; I wanting to indicate that it may be worthwhile exploring / explaining the use of the term more in the paper.

4. I was surprised that the authors did not think it valuable / informative to look at how DE had been implemented in Indigenous contexts (lines 94-104), but then again - in light of #1 - perhaps this wasn't an indigenous context.

5. The brief description offered of 'typical' process evaluation (lines 233-4) is naive and akin to a straw man against which to argue for DE. The explanation provided on page 15 (lines 314-319) is more nuanced and informative.

6. I do not see the need for a 'new' DE principle as suggested (lines 304-8). Rather, the description offered in the text reflects the principle of co-creation (#7). It's just that the interpretation of this principle in Box 2 is too narrow.

7. The examination by the authors of the role extension of evaluators (and innovators) when using DE has been canvassed within evaluation by feminist evaluators and others using participatory methodologies, and at least one volume of New Directions for Evaluation (American Evaluation Association) has been devoted to evaluation and facilitation. So no-one should be surprised that a closer, more participatory methodology leads to this role extension.
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