STRATEGY FOR TYPE 2 DIABETES CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE IN SOUTH AUSTRALIA.

The aim of the Diabetes Care Strategy is to improve the quality of life and increase longevity of Aboriginal and Torres Strait Islander people in South Australia with type 2 diabetes by preventing or slowing related vascular disease progression. It is also to improve the delivery of a coordinated and focused approach to type 2 diabetes care management within the health sectors.

Lead organisation: Wardliparingga Aboriginal Research Unit, SAHMRI

Project Overview: Type 2 diabetes mellitus (T2DM) among the Aboriginal and Torres Strait Islander population is experienced in the early to middle adulthood, it is aggressive leading to severe complications relatively quickly and the proportion of people it effects is increasing rather than slowing. Type 2 diabetes mellitus is a long standing persistent concern for the South Australian Aboriginal community and has been emphasised as a health priority since initial consultations began in 2013 with the Wardliparingga Aboriginal Research Unit of the South Australian Institute of Health and Medical Research (SAHMRI). In response, Wardliparingga has established a large diabetes program of work that includes streams focused on knowledge translation, scientific research, community awareness and health service intervention. The development of a Type 2 Diabetes Care Strategy for Aboriginal people in South Australia is an opportunity for the Aboriginal community in collaboration with all leading service providers to inform policy and practice of diabetes care provision across the state. The method for developing the Strategy has been informed by the Aboriginal Health Council of South Australia (AHCSA) Board and SA Health is funding its development.

To develop the Strategy the research team will undergo several activities, they are as follows;

1. Establish a governance structure: Establish a Diabetes Strategy Steering Committee to oversee the finalisation of the Diabetes Care Strategy.

2. Scoping Review: Describing the T2DM initiatives that have been implemented over the last ten years in South Australia specifically focused on the health of Aboriginal people through a scoping review.

3. Audit Review: Collecting information that will identify the quality of T2DM care and the health profile of Aboriginal people with T2DM. This will be done by conducting a retrospective review of primary health care records of Aboriginal people with T2DM. Health care records will be reviewed at five SA Health (Government) and five Aboriginal Community Controlled primary care services across South Australia. The primary health care system characteristics will also be described, using an adapted version of the One21Seventy tool.

4. Mapping: Mapping of primary, secondary and tertiary government and community controlled health services across the states that are available to manage the care of people with T2DM and related cardiovascular, renal, retinal and mental health care conditions.

5. Gap Analysis: A gap analysis by using the information collected in Objectives 2, 3 and 4.

6. Diabetes Collaboration: Convening a collaboration of Aboriginal people, community controlled organisations and government service providers who are recognised key stakeholders, engage with them and provide them with opportunities to collaboratively inform service requirements for a coordinated approach to T2DM and related services, based on their knowledge and the information collected by the project, to better meet the needs of Aboriginal people.

7. Diabetes Care Strategy: Document a state-wide multi-sector health services coordination Diabetes Care Strategy for the Management of T2DM among Aboriginal and Torres Strait Islander people in South Australia, based on key stakeholder consultations that can be used to facilitate the orientation of services to better meet conditions.
**Steering Committee**: The Diabetes Steering Committee is still being established. The role of the Steering Committee will be to oversee the development of the Strategy and ensure that it is inclusive, comprehensive and informed by the most recent evidence. Membership will include the Aboriginal Community, Aboriginal Community Controlled Organisations, State and Commonwealth government and non-government agencies and clinical and medical expertise.

**Stakeholder Engagement**: Along the way we welcome and will seek involvement from many stakeholder groups including: Aboriginal people, community groups and people who provide diabetes care services to Aboriginal people. We will be communicating, consulting and engaging widely. If you are interested in being involved in the development of a ‘Strategy for Type 2 Diabetes Care for Aboriginal and Torres Strait Islander People in South Australia’ please contact the project team.

**Funding Source**: South Australian Department of Health

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**Development of a Diabetes Care Strategy for Aboriginal people in SA**

![Diagram](attachment:image)

Figure: Stages of development of the Diabetes Care Strategy for Aboriginal people in South Australia

**Project Team**:
- **Chief Investigator**: Professor Alex Brown 08 8128 4205  
  odette.gibson@sahmri.com
- **Lead Researcher**: Doctor Odette Gibson 08 8128 4207  
  cynthia.fielding@sahmri.com
- **Research Officer**: Cynthia Fielding 08 8128 4207  
  cynthia.fielding@sahmri.com
- **Research Assistant**: Zoe Luz 08 8128 4237  
  zoe.luz@sahmri.com