



# SA ABORIGINAL CHRONIC DISEASE CONSORTIUM

*“Now I live my life like there’s no tomorrow. I live for my children and I live for my family. It has been twenty years since my diagnosis with testicular cancer. I can truly say that I won the race and beat the odds”.*

*Allan Sumner, Aboriginal Cancer Control Plan*

## Background

Aboriginal and Torres Strait Islander communities collectively form a strong and proud culture. Recent generations have met the challenge of survival with the event of colonisation and its ongoing impacts. In times of adversity, core values of kinship and connection hold strong. It is in this spirit of collaboration that the South Australian Chronic Disease Consortium is formed, working toward achieving health equity for current and future generations of Aboriginal peoples.

The gap in life expectancy that forms the daily reality for Aboriginal peoples is of urgent priority in the Australian community. Recent statistics show a 10.6 and 9.5-year life expectancy difference for Aboriginal males and females respectively when compared to their non-Aboriginal peers. Contributing to this gap is the burden of chronic disease experienced within Aboriginal communities.

In recognition of the vital importance of addressing disparities in chronic disease, three plans focusing specifically on diabetes, cancer control and heart & stroke in Aboriginal peoples in South Australia have been developed over the past 24 months. The three plans outline priority areas and key activities for implementation over the next 5 years.

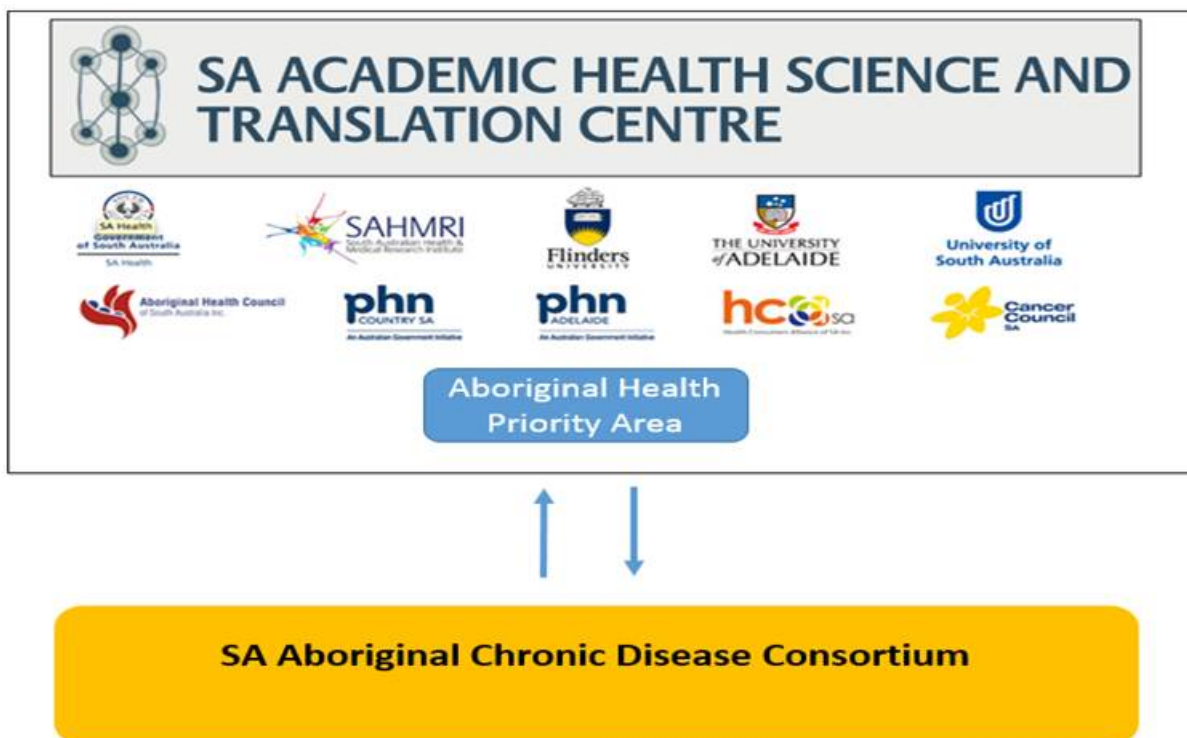


## High Level Across Sector Support to Implement the Three Plans

The implementation of the three plans has been supported by the South Australian Aboriginal Health Partnership (SAAHP). SAAHP is an executive level, cross-sector committee which brings together the State and Commonwealth Governments and the Aboriginal Community Controlled Health Sector to improve Aboriginal health and wellbeing outcomes in South Australia.

SAAHP's support has led to the creation of the South Australian Aboriginal Chronic Disease Consortium (SA ACDC), which sits within the newly established, NHMRC accredited SA Academic Health Science and Translation Centre (the Translation Centre).

The Translation Centre represents a partnership between SA Health, South Australian Health and Medical Research Institute (SAHMRI), University of Adelaide, Flinders University, University of South Australia, Aboriginal Health Council of South Australia, Health Consumers Alliance of South Australia, Adelaide Primary Health Network, Country SA Primary Health Network and Cancer Council SA. The Translation Centre has 7 priority areas of which one is Aboriginal Health. It is a virtual centre that is administered by SAHMRI.



## South Australian Aboriginal Chronic Disease Consortium

The South Australian Aboriginal Chronic Disease Consortium (SA ACDC) is a collaborative, jurisdictional partnership formed to govern and lead the effective implementation of the three plans.

### Goal

The SA ACDC will drive, coordinate and sustain the implementation of the South Australian Aboriginal Heart and Stroke Plan 2017-2021, the South Australian Aboriginal Diabetes Strategy 2017-2021 and the South Australian Aboriginal Cancer Control Plan 2016-2021. The implementation will address priorities specific to each plan, as well as priorities which span across the three plans.

### Vision

The SA ACDC will deliver collaborative, appropriate, well-coordinated and focused strategies as needed at both state and local levels. Through the implementation of the three plans, the SA ACDC will improve the health and wellbeing of Aboriginal and Torres Strait Islander people.

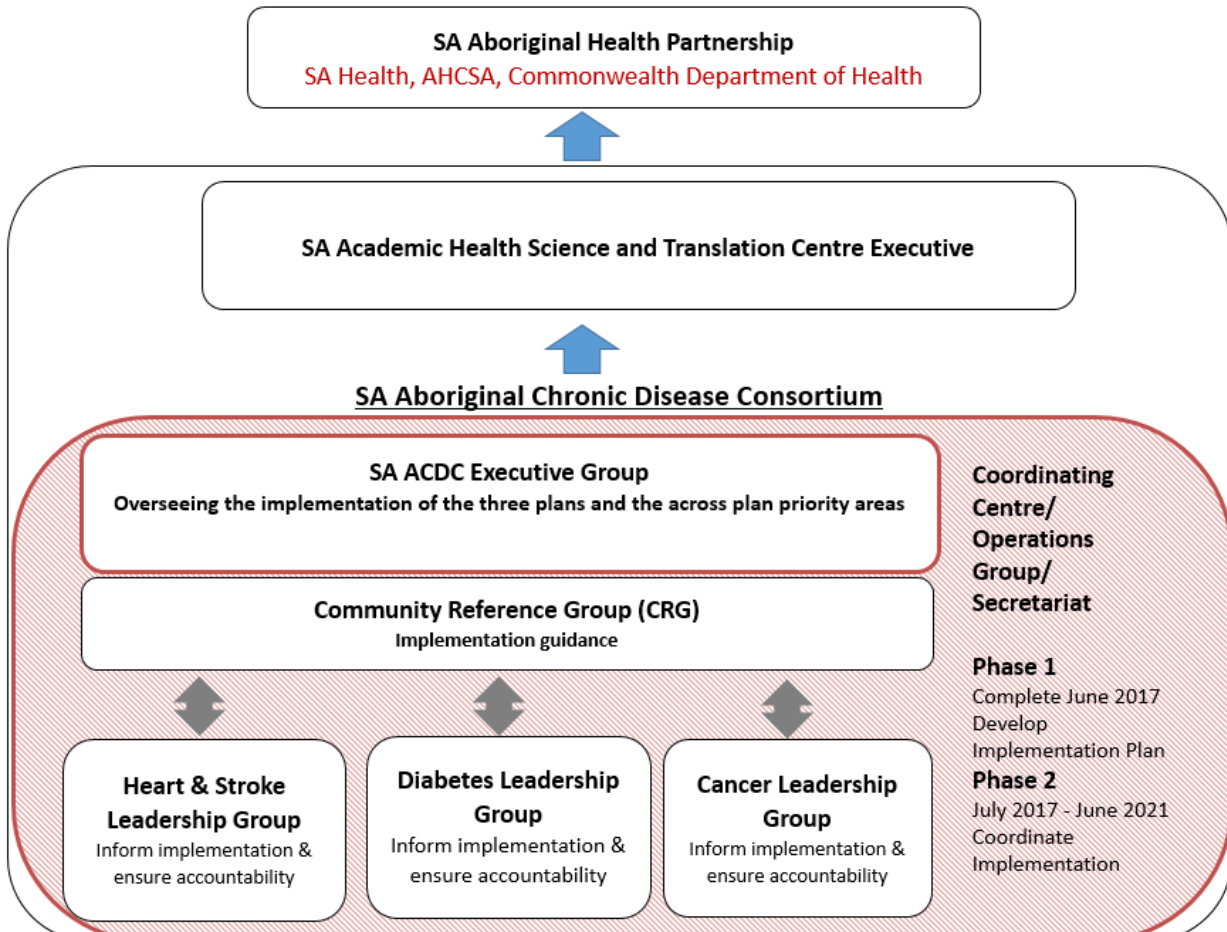
### The SA ACDC will:

- Recognise diversity of health services and the peoples they serve;
- Have representation from key parties involved in the continuum of care for Aboriginal peoples, including representation of the Aboriginal community;
- Have co-chairs, including Aboriginal leadership on all working groups;
- Have integrated monitoring and reporting against targets to quantify impact;
- Work with and build on the existing clinical, professional and administrative structures that already have responsibilities to deliver quality services to Aboriginal peoples;
- Build on the momentum established during the development of the three plans with key stakeholders including community members;
- Work from the existing plans to prioritise and implement improvements in collaboration with Aboriginal communities;
- Coordinate the implementation of the three plans.

### Structure

- Executive group (will report directly to the Translation Centre Executive Management Group who will have a reporting line to SAAHP)
- Community Reference Group (representative of the Aboriginal community)
- Condition-specific Leadership Groups (Diabetes, Heart and Stroke and Cancer)
- Coordinating Centre (funded by SA Health, will provide Operational and Executive support to the South Australian Aboriginal Chronic Disease Consortium)

Collaborating partner organisations will provide in-kind and/or financial contributions to support the implementation of the plans through the SA ACDC. Activities may include service reorientation, workforce training, policy improvements, sector collaboration and coordination and the development of new services where required in a culturally appropriate manner.



## Impact of Chronic Disease in Aboriginal Communities in South Australia

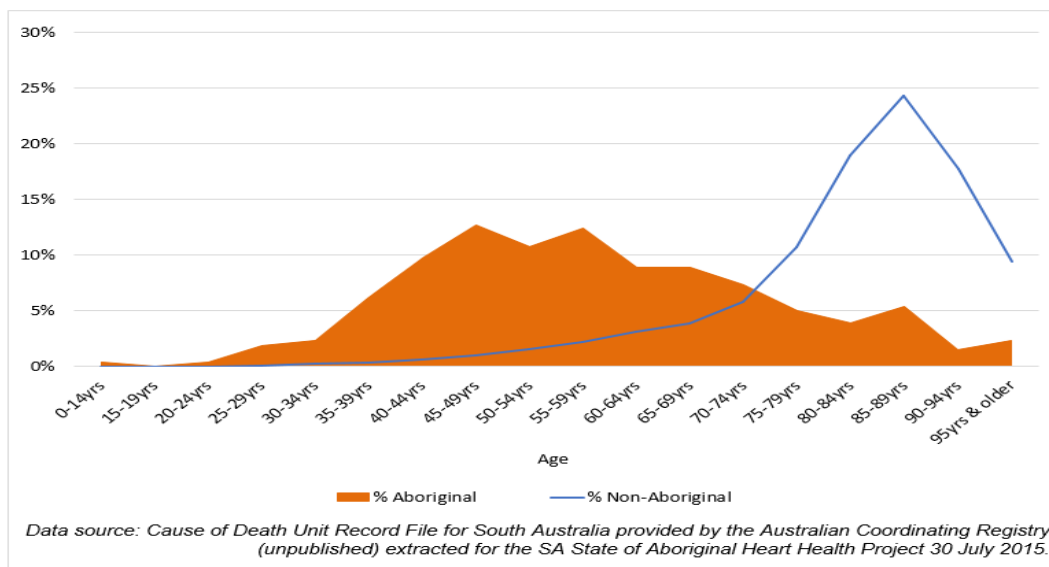
*"..living with hardship and discrimination every day of our lives, it means that being sick and disabled is considered normal, and it means constantly losing our family members and friends ... What this means in real life is losing our elders in what should be the prime of their lives ... and planning our lives around funerals".*

*Dr Puggy Hunter*

### Why Heart, Stroke, Diabetes and Cancer?

#### The impact of heart and stroke

Heart disease and stroke (also known as cardiovascular disease) is the single largest cause of death for Aboriginal peoples in South Australia, accounting for 1 in 4 deaths. It is the single largest contributor to the life expectancy gap experienced by Aboriginal peoples. Importantly, the deaths occur at a much younger age than non-Aboriginal peoples.

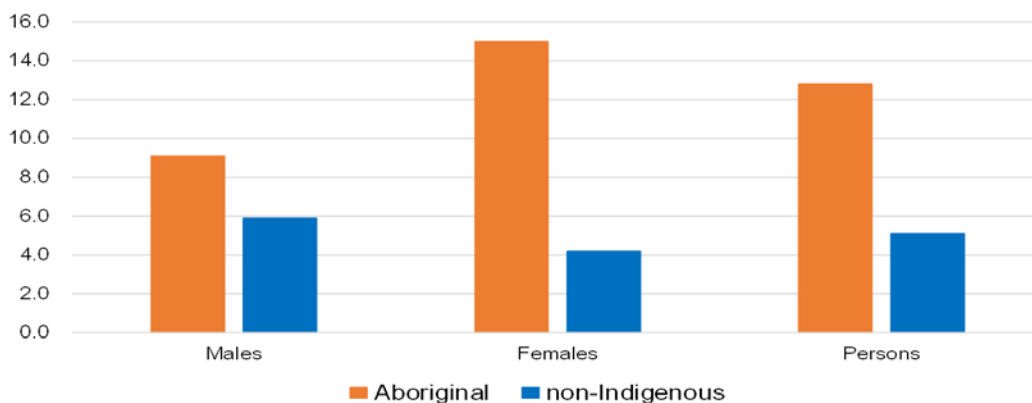


### Deaths from cardiovascular disease, by Aboriginal status and age, SA 2006-2012

#### The impact of diabetes

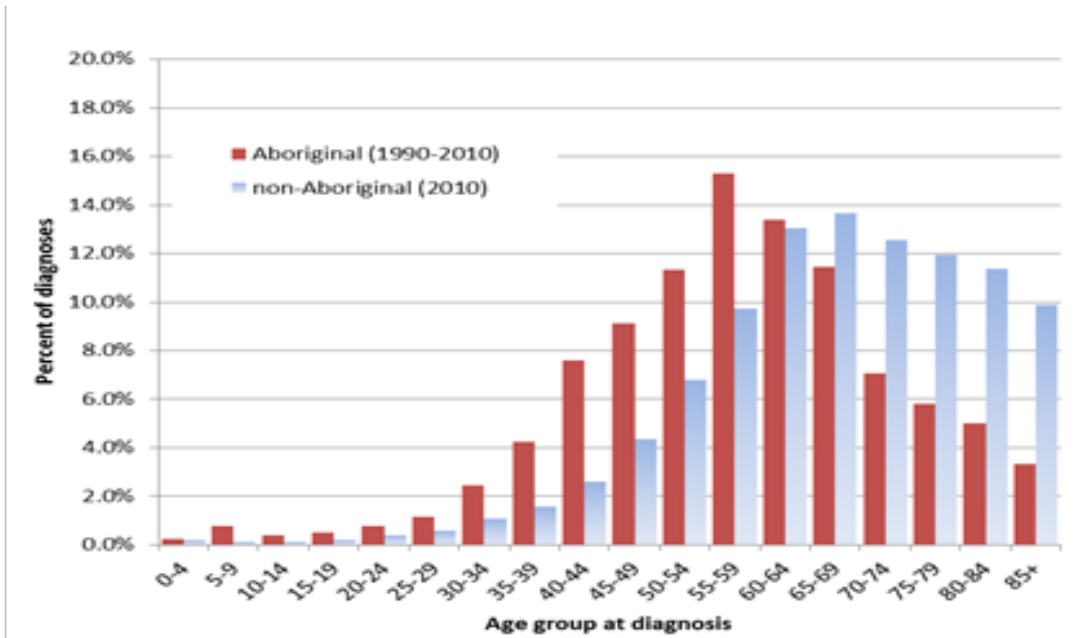
Diabetes, a leading cause of disability and premature death for Aboriginal peoples in South Australia, is experienced at significantly higher rates compared to non-Aboriginal peoples. The diabetes rates (types 1, 2 and gestational) for South Australia are 20% among Aboriginal peoples and 6.2% for non-Aboriginal peoples. Reducing the impact of diabetes is a priority of Aboriginal communities and health organisations.

Prevalence (%) of Type II Diabetes in South Australia (persons 18yrs & older, age standardised ) by Indigenous Status & Sex 2011-13



## The impact of cancer

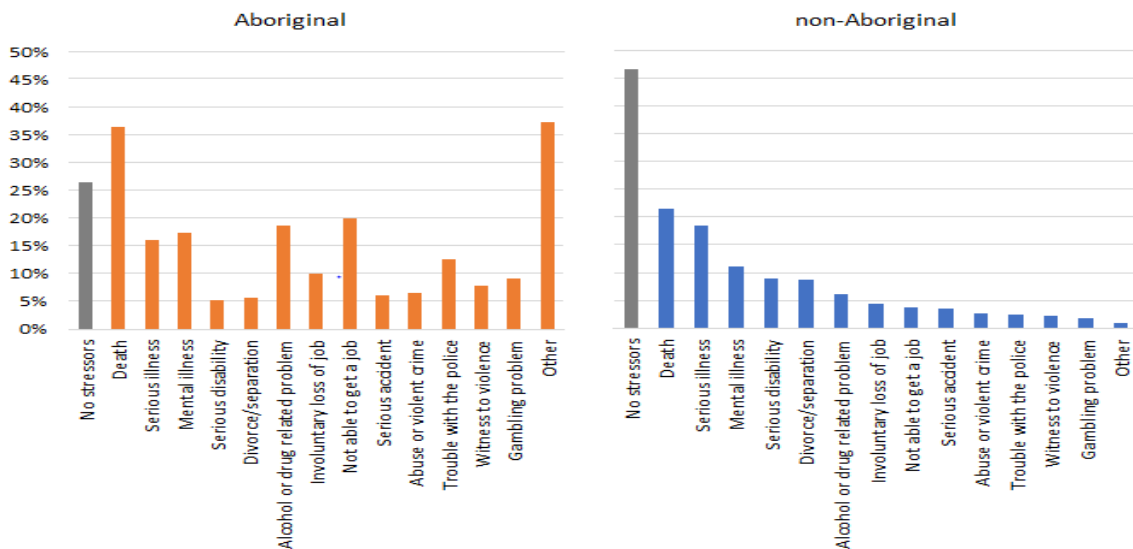
Aboriginal peoples in South Australia are diagnosed with cancer at significantly younger ages compared to the non-Aboriginal population. More than half of diagnoses occur before the age of 60, compared to less than 30% of diagnoses in the non-Aboriginal population. Additionally, Aboriginal peoples are more likely to be diagnosed with cancer at a later stage and, as a result, have worse outcomes.



## Age at cancer diagnosis in South Australia

### The burden of risk factors

There are many risk factors for chronic disease. On average, Aboriginal peoples in South Australia have a higher number of risk factors when compared to their non-Aboriginal counterparts. Risk factors include tobacco smoking, poor nutrition, obesity and distress. Aboriginal peoples report significantly higher levels of psychological distress than non-Aboriginal people. Social and emotional wellbeing form a vital role in the work of the SA ACDC.



Data source: ABS; derived from 2012-13 AATSIHS; 2011-12 AHS

Family stressors reported by SA Aboriginal and non-Aboriginal respondents

## The Way Forward

*“For all those we have loved and lost, this is where you can get involved. It is up to all of us to maintain the momentum and to continue the conversations loudly, and often”.*

*Amanda Mitchell,  
Deputy CEO Aboriginal Health Council of SA Inc.*

### Phase 1 (March – June 2017)

- The Executive Group, Condition Specific Leadership Groups and the Community Reference Groups will be established to lead the development of the SA ACDC.
- The Coordinating Centre will be established to provide the necessary support to drive the work agenda.
- The SA ACDC Network will be established to communicate with relevant individuals, organisations and services about the progress of the Consortium.
- An overarching implementation plan, articulating a phased approach to implementing the 3 plans over the next 4 ½ years, will be completed by June 30 2017. T
  - The plan:
    - will identify condition specific and “across plan” priorities;
    - draw on the existing evidence in the plans;
    - have input from the Executive Group, Community Reference Group and the condition-specific leaderships groups and other key stakeholders to identify priorities.
- A series of workshops, roundtables and action groups will be used to engage all interested stakeholders including Aboriginal community members.
- The SA ACDC will be officially launched in May 2017.

### Phase 2 (July 3 2017 – June 2021)

- Implementation of specific and across plan priorities will commence in July 2017 and will continue until June 2021.
- It is expected that a measurement framework will be in place to monitor and evaluate activities.

**The SA ACDC is excited to begin work planning for flexible, innovative and dynamic knowledge translation activities within the Aboriginal chronic disease sector.**

**Improving the health and wellbeing of the Aboriginal and Torres Strait Islander population is our ultimate vision and we invite you to join us on the journey.**

**For more information about the SA ACDC, to be included in the SA ACDC Network and invited to workshops *contact -***

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