

6. Implementing the Flinders Model of self-management support with Aboriginal people who have diabetes: Findings from a pilot study

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Compelling evidence shows that structured self-management programs are effective in improving the health and wellbeing of patients who suffer chronic diseases. Very few of these programs have been implemented successfully with an Aboriginal client group and through Aboriginal community controlled health services.

Consultation with elders in the Aboriginal community identified that there was widespread concern about health, and about diabetes specifically. The concept of patients being encouraged to engage in self-management was strongly supported by the community.

This 12-month pilot program explored the acceptability and impact of using more structured systems of care for Aboriginal people with diabetes on Eyre Peninsula, South Australia.

The project adapted an existing 'Partners in Health' program to develop patient education, behaviour change and self-management strategies that were culturally appropriate for Aboriginal communities. The researchers investigated whether the modified self-management program delivered by Aboriginal and Torres Strait Islander Health Workers (AHW) was acceptable to an Aboriginal community and whether it helped people to make positive changes. To answer these questions, the researchers developed and tested a revised self-management assessment scale.

Relevance to rural and remote health

Finding ways to support Aboriginal people to manage their own chronic conditions is critical to reducing mortality and morbidity.

This pilot study is a valuable example of developing chronic disease self-management programs in collaboration with Aboriginal people. Particular attention is given to the real-world problems encountered in implementing the program and these experiences can inform similar efforts in other jurisdictions.

The research

The model required AHW to conduct patient-specific assessments and coordinated care planning and goal setting with each patient, their usual general practitioner (GP) and other allied health professionals as required. AHW and other Aboriginal community members received extensive training in implementing chronic disease self-management strategies.

Results were measured using a patient diabetes self-management assessment tool, goal achievement, quality of life and clinical measures at the start and six months later.

Sixty Aboriginal people with type 2 diabetes were recruited for the study and received assessment and care planning. These patients stated that their main problems were family and social dysfunction, access to services, nutrition and exercise. These problems improved by 12% and goals by 26%, while quality of life scores showed no significant change. Self-management scores improved in five of six domains. The mean glycated haemoglobin (HbA1c) levels reduced significantly from 8.74 to 8.09, and average blood pressure remained unchanged.

In addition, at the end of the project, a workshop was held to review the evaluation tools and obtain feedback from the AHW and medical and nursing staff about the strengths and weaknesses of the program.

The program demonstrated that AHW are in a unique position to assess the needs of individual patients and their families.

AHW reported that the program was acceptable to most patients. Those patients who did not benefit were facing other problems that were much more urgent than their personal health.

Lessons learned

The study found that an AHW-led program of self-management support, in partnership with the patient and their GP, is acceptable to Aboriginal patients with diabetes. There were indicators that this approach leads to improved self-management capacity along with improvements in clinical outcomes.

However, time pressures on staff, social problems and available services were factors that need to be considered in planning and implementing such programs so that patient and staff expectations are met. There were delays in getting clients to services and inadequate time given to filling in forms and preparing for care plans.

In conclusion, the pilot showed that an approach of targeted self-management support and addressing main life problems and goals may lead to significant changes in self-management behaviour, and, possibly, clinical measures. This study was a necessary intermediate step towards achieving reductions in complications of diabetes and improved wellbeing.

Wider relevance

Given staff and health care service shortages and the high chronic care needs of Aboriginal people, this study is both relevant and important to rural and remote Aboriginal communities nationally.

Finding ways of enabling Aboriginal people to self-manage their chronic conditions in an informed manner could also be extended to other acute diseases.

This project's strength is the idea of health programs designed with, for and by Aboriginal people.

Due to the high Aboriginal involvement from inception, there is a high potential for wider application, especially for other models of care and project design within Aboriginal communities.

This project has shown the potential of improving consultation methods, practices and information dissemination and could be applied on a wider level. More rigorous and longer-term studies are required to measure the potential for improvements in clinical indicators and quality of life for Aboriginal people with chronic illness.

Programs to increase patients' capacity to manage their chronic disease are growing in popularity with policy makers, health professionals and the general public. However, until this pilot in regional South Australia, Indigenous people rarely participated in such programs. The pilot included extensive consultations with the Indigenous community, ownership of the program by an Aboriginal community-controlled health service, and a key role for Aboriginal and Torres Strait Islander Health Workers as the main coordinators of self-management support. The result was that 60 Aboriginal people participated and achieved notable improvements in health outcomes and personal goals. This pilot demonstrates that mainstream programs are relevant for Aboriginal communities as long as Aboriginal people lead the adaptation process.

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