

Evaluation of the NSW Indigenous Diabetic Foot Program for Health Workers whose primary role is with Aboriginal People in the Lower Mid North Coast.

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Aim

The Indigenous Diabetic Foot Program (IDFP) provides education programs for both Health Workers and Aboriginal clients with diabetes. It includes education on foot complications for people with diabetes, a screening tool for identifying those at high risk and an education component to encourage self care. Whilst the program has been highly praised and implemented into health services across Australia, there is little evidence to ascertain if the program has been successful in improving the foot health of Indigenous people with diabetes. The aim of the project was to evaluate the effectiveness of the program as evidenced by Health Worker's perceptions of the education workshop and the integration of the screening tools into clinical practice.

Method

A pre and post evaluation design method was used. A one day workshop was delivered to Aboriginal Health Workers from the Hunter New England Local Health District and local Aboriginal Community Controlled Service (ACCHS) in the Lower Mid North Coast of NSW, a group of workers for whom the IDFP was developed. Workshop participants were invited to complete a pre knowledge questionnaire, followed by the same questionnaire after the completion of the workshop. A follow up knowledge questionnaire was sent out six months after the workshop along with an evaluation survey. Data obtained was analysed using descriptive statistics.

Results

Eleven participants attended the workshop and all completed the pre, post workshop and post six month questionnaires. Four participants were employed by HNE and the remaining seven were employed as Health Workers by the ACCHS. The overall results found the knowledge base and confidence levels improved immediately after the workshop. The medium scores for the group as a whole: pre workshop 19, post workshop 31, post 6 months 27. Overall, there was an increase in the number of occasions of service for Aboriginal people using the HNE podiatry service in the Lower Mid North Coast Cluster. The screening form was implemented into clinical practice by 55% of the participants, all of whom were employed by the ACCHS and had a clinical component in their position.

Conclusion

The results indicate that the IDFP is a beneficial educational program for Aboriginal Health Workers but only those with a clinical component in their job description had incorporated the DART form into their clinical practice. Whilst these results indicate that more Aboriginal people are being seen by a podiatrist, there is no data to ascertain whether more Indigenous people are being screened for diabetic foot complications or whether the program has impacted on health outcomes.

Recommendations

The use of the DART form should be formally supported by service managers and incorporated into assessment packages used by Health Workers. Diabetic foot assessments/screenings should be incorporated into key performance indicators for health providers. Consideration should be given to employing Aboriginal Health Workers to work alongside podiatrists in community settings.

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Esher emigrated to Australia in 2006 to set up a podiatry department at Aged Care & Rehabilitation Services in Taree after graduating from Southampton University in the UK. The last five and half years has seen her focus on woundcare and the high risk foot. She has now left the HNE to concentrate on her private practice.

