

## 1. Introduction

The IEPCP has received additional funding to look at broadening the scope of the EMR Improving the Journey (ItJ)-Type 2 Diabetes System Improvement Project to look at the specific needs of Aboriginal and Torres Strait Islander (ATSI) and CALD communities in the region.

This survey aims to identify current diabetes services targeted at high risk groups in the catchment. The questions were developed using the National Service Improvement Framework for Diabetes. This will support consistency in collecting the information and provide an evidence base for planning further actions for the Improving the Journey Project.

## 2. Organisational Details

### \* 1. Please enter your organisation's details

<b>Name</b>	<input type="text"/>
<b>Organisation</b>	<input type="text"/>
<b>Site/Campus</b>	<input type="text"/>
<b>Team</b>	<input type="text"/>
<b>Role/Position</b>	<input type="text"/>
<b>Clinical Discipline</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

### 2. Org Name (filter question)

- EH
- St Vin
- MannCHS
- MonashLink CHS
- IECHS
- WCHS
- RDNS
- Ranges

### 3. Health Promotion: information on healthy lifestyle to the community

**\* 1. Do you routinely provide access to information on food, nutrition and physical activity to assist in mitigating the risks of overweight, obesity and type 2 diabetes?**

- Yes in all program areas
- In most program areas
- In some program areas
- Not routinely
- Not sure

## 4. Health promotion: strategies for providing information on healthy lifestyle...

**\* 1. Please describe how information on healthy lifestyle is provided routinely across the organisation - tick ways that apply to your organisation from the list below**

- Written information in waiting room
- Routinely discussed in individual consultations
- Written information routinely given out in individual consultations
- Lifestyle programs offered by the organisation (e.g. Life! Taking Action on Diabetes)
- Routinely included in all group programs
- Community forums
- Other (please specify)

## 5. Health promotion: lifestyle information modified to be culturally appropria...

**\* 1. Is the healthy lifestyle information provided in other languages or formats to meet the needs of CALD and/or ATSI clients?**

- Yes
- No
- Not Sure

## 6. Health Promotion: Culturally appropriate lifestyle information

### \* 1. What languages:

- |  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Mandarin                  | <input type="checkbox"/> German     | <input type="checkbox"/> Croatian   |
| <input type="checkbox"/> Cantonese                 | <input type="checkbox"/> Dutch      | <input type="checkbox"/> Macedonian |
| <input type="checkbox"/> Malaysian                 | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Korean     |
| <input type="checkbox"/> Greek                     | <input type="checkbox"/> Filipino   | <input type="checkbox"/> Fijian     |
| <input type="checkbox"/> Italian                   | <input type="checkbox"/> Malay      | <input type="checkbox"/> Lebanese   |
| <input type="checkbox"/> Hindi                     | <input type="checkbox"/> Polish     | <input type="checkbox"/> Maltese    |
| <input type="checkbox"/> Sinhalese                 | <input type="checkbox"/> Arabic     | <input type="checkbox"/> Turkish    |
| <input type="checkbox"/> Tamil                     | <input type="checkbox"/> Bosnian    | <input type="checkbox"/> French     |
| <input type="checkbox"/> Vietnamese                | <input type="checkbox"/> Servian    |                                     |
| <input type="checkbox"/> If other (please specify) |                                     |                                     |

### 2. Please describe any of the strategies/programs related to lifestyle information provided in other languages or formats to meet the needs of CALD and/or ATSI clients.

## 7. Disseminating information about diabetes risk factors

**\* 1. Do you disseminate information about diabetes risk factors and symptoms to the community?**

- Yes
- Occasionally
- No
- Not sure

## 8. Disseminating information about diabetes risk factors -strategies

**\* 1. Please describe how you disseminate information about diabetes risk factors to the community? - tick ways that apply to your organisation from the list below**

- Written information in waiting room
- Routinely discussed in individual consultations
- Written information routinely given out in individual consultations
- Routinely included in all group programs
- Community forums
- Other (please specify)

**\* 2. Are any of these strategies targetted at any particular hisk groups?**

- Yes
- No



## 9. Information on diabetes risk factors - High risk groups

### \* 1. Which high risk groups?

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> China                  | <input type="checkbox"/> South Africa | <input type="checkbox"/> Federal Republic of Croatia                    |
| <input type="checkbox"/> ATSI                   | <input type="checkbox"/> Germany      | <input type="checkbox"/> Korea,   |
| <input type="checkbox"/> Malaysia               | <input type="checkbox"/> Netherlands  | <input type="checkbox"/> Republic of (South)Pacific Island<br>Countries |
| <input type="checkbox"/> Greece                 | <input type="checkbox"/> Indonesia    | <input type="checkbox"/> Lebanon  |
| <input type="checkbox"/> Italy                  | <input type="checkbox"/> Philippines  | <input type="checkbox"/> Malta  |
| <input type="checkbox"/> Hong Kong              | <input type="checkbox"/> Singapore    | <input type="checkbox"/> Turkey   |
| <input type="checkbox"/> India                  | <input type="checkbox"/> Poland       | <input type="checkbox"/> France   |
| <input type="checkbox"/> Sri Lanka              | <input type="checkbox"/> Egypt        | <input type="checkbox"/> Macedonia                                      |
| <input type="checkbox"/> Vietnam                | <input type="checkbox"/> Yugoslavia   |   |
| <input type="checkbox"/> Other (please specify) |                                       |   |

## 10. Routine screening for diabetes risk factors

**\* 1. Do you have systems in place (such as protocols and processes to support use of routine risk factor screening) so that all people attending your services at risk of diabetes are identified and referred appropriately?**

- Yes for all clients
- In most program areas
- In some program areas
- Not routinely
- Not sure

## 11. Routine screening for risk factors -Organisational systems

**\* 1. Please describe how this is achieved - tick ways that apply to your organisation from the list below**

- Risk factor screening questions embedded in the intake and assessment processes
- Risk factor screening questions embedded in all assessment forms
- Risk factor screening questions embedded in some allied health assessment forms
- Risk factor screening questions given to clients at reception
- Other (please specify)

**\* 2. Are any of these routine screening strategies targetted at any particular hisk groups?**

- Yes
- No

## 12. Screening for high risk groups

### \* 1. Which high risk groups do you specifically target for screening?

- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> China     | <input type="checkbox"/> South Africa                    | <input type="checkbox"/> Croatia                    |
| <input type="checkbox"/> ATSI      | <input type="checkbox"/> Germany                         | <input type="checkbox"/> Korea, Republic of (South) |
| <input type="checkbox"/> Malaysia  | <input type="checkbox"/> Netherlands                     | <input type="checkbox"/> Fiji                       |
| <input type="checkbox"/> Greece    | <input type="checkbox"/> Indonesia                       | <input type="checkbox"/> Lebanon                    |
| <input type="checkbox"/> Italy     | <input type="checkbox"/> Philippines                     | <input type="checkbox"/> Malta                      |
| <input type="checkbox"/> Hong Kong | <input type="checkbox"/> Singapore                       | <input type="checkbox"/> Turkey                     |
| <input type="checkbox"/> India     | <input type="checkbox"/> Poland                          | <input type="checkbox"/> France                     |
| <input type="checkbox"/> Sri Lanka | <input type="checkbox"/> Egypt                           | <input type="checkbox"/> Macedonia                  |
| <input type="checkbox"/> Viet Nam  | <input type="checkbox"/> Yugoslavia, Federal Republic of |   |

If other (please specify)

## 13. Best care and support

**\* 1. Do you have processes to assess the extent to which clinical practice guidelines are implemented?**

- No
- Not sure
- If yes, please describe

**\* 2. Do you have defined referral pathways for people with diabetes?**

- Yes for all clients
- In most program areas
- In some program areas
- Not routinely
- Not sure

**\* 3. Do you have designated coordinators of care for people with diabetes?**

- Yes for all clients
- In most program areas
- In some program areas
- Not routinely
- Not sure

**\* 4. Are the defined referral pathways and/or designated coordinators of care roles specifically targetting ATSI and/or CALD clients?**

- Not Applicable
- Yes
- No
- Not sure

## 14. Modifications to best practice for high risk groups

**\* 1. Please describe the modifications to referral pathways and/or care coordination for these groups?**

## 15. Patient information for people with diabetes

**\* 1. Do you inform people diagnosed with diabetes of available sources of information, education and support for health, psychosocial and financial issues?**

- Yes in all program areas
- In most program areas
- In some program areas
- Not routinely
- Not sure

## 16. Information about diabetes in other languages

**\* 1. Do you have information about diabetes available in other languages?**

- Yes
- No
- Not Sure



## 17. Diabetes information in other languages

**\* 1. Do you provide information in their own language to people from any of the countries listed?**

- |                                    |  |   |
|------------------------------------|--|---|
| <input type="checkbox"/> China     | <input type="checkbox"/> South Africa                    | <input type="checkbox"/> Croatia                    |
| <input type="checkbox"/> ATSI      | <input type="checkbox"/> Germany                         | <input type="checkbox"/> Korea, Republic of (South) |
| <input type="checkbox"/> Malaysia  | <input type="checkbox"/> Netherlands                     | <input type="checkbox"/> Fiji                       |
| <input type="checkbox"/> Greece    | <input type="checkbox"/> Indonesia                       | <input type="checkbox"/> Lebanon                    |
| <input type="checkbox"/> Italy     | <input type="checkbox"/> Philippines                     | <input type="checkbox"/> Malta                      |
| <input type="checkbox"/> Hong Kong | <input type="checkbox"/> Singapore                       | <input type="checkbox"/> Turkey                     |
| <input type="checkbox"/> India     | <input type="checkbox"/> Poland                          | <input type="checkbox"/> France                     |
| <input type="checkbox"/> Sri Lanka | <input type="checkbox"/> Egypt                           | <input type="checkbox"/> Macedonia                  |
| <input type="checkbox"/> Viet Nam  | <input type="checkbox"/> Yugoslavia, Federal Republic of |   |

If other (please specify)

## 18. CALD / ATSI specific care and support

### \* 1. Do you refer to any CALD or ATSI specific groups/services?

- No
- Not Sure
- Yes, please describe

### \* 2. Are there other ways that you modify education and support for health, psychosocial and financial issues to meet the needs of CALD and ATSI clients?

- No
- Not Sure
- Yes - please describe

### \* 3. Do have systems in place so that all people with diabetes have adequate access to appropriate foot care and/or podiatry services?

- Yes for all clients
- In most program areas
- In some program areas
- Not routinely
- Not sure

If you answered: "yes for all clients", "in most program areas", "in some program areas" or "not routinely" please describe

## 19. Foot care and Podiatry services

**\* 1. Are the systems in place so that all people with diabetes have adequate access to appropriate foot care and/or podiatry services modified to meet the needs of CALD and/or ATSI clients?**

- Yes
- No
- Not sure

## 20. Foot care services for high risk groups

### \* 1. What groups:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> China                     | <input type="checkbox"/> South Africa                    | <input type="checkbox"/> Croatia                    |
| <input type="checkbox"/> ATSI                      | <input type="checkbox"/> Germany                         | <input type="checkbox"/> Korea, Republic of (South) |
| <input type="checkbox"/> Malaysia                  | <input type="checkbox"/> Netherlands                     | <input type="checkbox"/> Fiji                       |
| <input type="checkbox"/> Greece                    | <input type="checkbox"/> Indonesia                       | <input type="checkbox"/> Lebanon                    |
| <input type="checkbox"/> Italy                     | <input type="checkbox"/> Philippines                     | <input type="checkbox"/> Malta                      |
| <input type="checkbox"/> Hong Kong                 | <input type="checkbox"/> Singapore                       | <input type="checkbox"/> Turkey                     |
| <input type="checkbox"/> India                     | <input type="checkbox"/> Poland                          | <input type="checkbox"/> France                     |
| <input type="checkbox"/> Sri Lanka                 | <input type="checkbox"/> Egypt                           | <input type="checkbox"/> Macedonia                  |
| <input type="checkbox"/> Viet Nam                  | <input type="checkbox"/> Yugoslavia, Federal Republic of | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> If other (please specify) |  |   |

### \* 2. Please describe the modifications you have made to support access to appropriate foot care for these groups

## 21. Early detection and management of diabetic retinopathy and nephropathy

**\* 1. Do you have systems in place to ensure people with diabetes have appropriate early detection and management of diabetic retinopathy and nephropathy?**

- Yes for all clients
- In most program areas
- In some program areas
- Not routinely
- Not sure

If you answered: "yes for all clients", "in most program areas", "in some program areas" or "not routinely" please describe

## 22. CALD/ATSI specific modifications for diabetic retinopathy and nephropathy

**1. Are the systems in place to ensure people with diabetes have appropriate early detection and management of diabetic retinopathy and nephropathy modified to meet the needs of CALD and/or ATSI clients?**

- Yes
- No
- Not Sure

## 23. CALD/ATSI specific modifications for diabetic retinopathy and nephropathy

### \* 1. What groups:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> China                     | <input type="checkbox"/> South Africa                    | <input type="checkbox"/> Croatia                    |
| <input type="checkbox"/> ATSI                      | <input type="checkbox"/> Germany                         | <input type="checkbox"/> Korea, Republic of (South) |
| <input type="checkbox"/> Malaysia                  | <input type="checkbox"/> Netherlands                     | <input type="checkbox"/> Fiji                       |
| <input type="checkbox"/> Greece                    | <input type="checkbox"/> Indonesia                       | <input type="checkbox"/> Lebanon                    |
| <input type="checkbox"/> Italy                     | <input type="checkbox"/> Philippines                     | <input type="checkbox"/> Malta                      |
| <input type="checkbox"/> Hong Kong                 | <input type="checkbox"/> Singapore                       | <input type="checkbox"/> Turkey                     |
| <input type="checkbox"/> India                     | <input type="checkbox"/> Poland                          | <input type="checkbox"/> France                     |
| <input type="checkbox"/> Sri Lanka                 | <input type="checkbox"/> Egypt                           | <input type="checkbox"/> Macedonia                  |
| <input type="checkbox"/> Viet Nam                  | <input type="checkbox"/> Yugoslavia, Federal Republic of |   |
| <input type="checkbox"/> If other (please specify) |  |   |

### \* 2. Please describe the modifications you have made to support access to nephropathy and retinopathy screening for these groups?

## 24. Preventing hospital admissions

**\* 1. Do you have strategies/agreements with other service providers to reduce preventable hospital admissions in people with diabetes?**

- Yes
- No
- Not Sure



## 25. ATSI or CALD specific agreements to prevent hospital admissions

**\* 1. Do any of these strategies/agreements relate specifically to ATSI or CALD client groups?**

- Yes
- No
- Not Sure

## 26. ATSI or CALD specific agreements to prevent hospital admissions -which grou...

### \* 1. What groups:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> China                     | <input type="checkbox"/> South Africa                    | <input type="checkbox"/> Croatia                    |
| <input type="checkbox"/> ATSI                      | <input type="checkbox"/> Germany                         | <input type="checkbox"/> Korea, Republic of (South) |
| <input type="checkbox"/> Malaysia                  | <input type="checkbox"/> Netherlands                     | <input type="checkbox"/> Fiji                       |
| <input type="checkbox"/> Greece                    | <input type="checkbox"/> Indonesia                       | <input type="checkbox"/> Lebanon                    |
| <input type="checkbox"/> Italy                     | <input type="checkbox"/> Philippines                     | <input type="checkbox"/> Malta                      |
| <input type="checkbox"/> Hong Kong                 | <input type="checkbox"/> Singapore                       | <input type="checkbox"/> Turkey                     |
| <input type="checkbox"/> India                     | <input type="checkbox"/> Poland                          | <input type="checkbox"/> France                     |
| <input type="checkbox"/> Sri Lanka                 | <input type="checkbox"/> Egypt                           | <input type="checkbox"/> Macedonia                  |
| <input type="checkbox"/> Viet Nam                  | <input type="checkbox"/> Yugoslavia, Federal Republic of |   |
| <input type="checkbox"/> If other (please specify) |  |   |

### \* 2. Please describe the modifications to strategies/agreements with other service providers to reduce preventable hospital admissions in people with diabetes in these groups?

## 27. Information on accreditation of service

**\* 1. Does your organisation provide information to help people with diabetes assess the quality of care being provided( such as indicating if practioners involved in diabetes programs are Credentialed Diabetes Educators)**

- Yes
- No
- Not Sure

## 28. Information on accreditation of service - in other languages

**\* 1. Do you have this information available in other languages?**

- Yes
- No
- Not Sure

## 29. Information on accreditation of service -which languages

### \* 1. What languages:

- |  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Mandarin                  | <input type="checkbox"/> German     | <input type="checkbox"/> Croatian   |
| <input type="checkbox"/> Cantonese                 | <input type="checkbox"/> Dutch      | <input type="checkbox"/> Macedonian |
| <input type="checkbox"/> Malaysian                 | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Korean     |
| <input type="checkbox"/> Greek                     | <input type="checkbox"/> Filipino   | <input type="checkbox"/> Fijian     |
| <input type="checkbox"/> Italian                   | <input type="checkbox"/> Malay      | <input type="checkbox"/> Lebanese   |
| <input type="checkbox"/> Hindi                     | <input type="checkbox"/> Polish     | <input type="checkbox"/> Maltese    |
| <input type="checkbox"/> Sinhalese                 | <input type="checkbox"/> Arabic     | <input type="checkbox"/> Turkish    |
| <input type="checkbox"/> Tamil                     | <input type="checkbox"/> Bosnian    | <input type="checkbox"/> French     |
| <input type="checkbox"/> Vietnamese                | <input type="checkbox"/> Servian    |                                     |
| <input type="checkbox"/> If other (please specify) |                                     |                                     |

## 30. CALD / ATSI Data Collection

**\* 1. The next stage of this research project is to collect organisational data of the number of CALD/ATSI clients registered within an organisation.**

**If we were to ask you what is the cultural breakdown of all clients attending your organisation, would you be able to provide this data?**

- Yes
- No
- Not sure

Please describe

## 31. Thank-you

Thank-you for completing the survey