

Project Proposal for Translational Research Grants Scheme – Expression of Interest

SECTION A - PROJECT OVERVIEW

Chief investigator	Muna Oli
Host organisation	Western Sydney University
Project title	Improving Health Literacy on Type 2 Diabetes Mellitus Among Aboriginal People In New South Wales (NSW) Australia
Partnering Organisations and Research Sites	NSW Ministry of Health, Aboriginal Community Controlled Health Services (ACCHSs), and Local Health Districts (LHDs), (Southwestern Sydney Local Health District, 2020)
Total funds requested (excluding GST)	\$480,000
Project sites	New South Wales (NSW) Australia

Need for the research in NSW (Selection criteria: 1.1 – 1.5, 3.4)	Solution: Intervention/Approach (Selection criteria: 2a.2, 3.3)	Aim, research questions and hypotheses. (Selection criteria: 2a.1)	Study design and methods. (Selection criteria: 2a.2)	Outcome measures (Selection criteria: 2a.2 – 2a.3)
<p>1.Indigenous Australians face a 13% prevalence of Type 2 Diabetes, accounting for 60% of related hospitalizations and a mortality rate 4.7 times higher than non-Indigenous Australians (Australian Institute of Health and Welfare, 2020).</p> <p>2.Type 2 Diabetes is common in Australia, and poor health literacy complicates disease management, raising the risk of serious complications like cardiovascular disease, kidney disease, and amputations</p>	<p>1. The Working with Aboriginal people and communities resource emphasizes that developing culturally responsive services requires collaboration with Aboriginal Elders, community members, and stakeholders in program design (NSW Department of Community Services, 2018).</p> <p>2.For Aboriginal and Torres Strait Islander communities, culturally relevant educational resources like visual aids, storytelling, and Indigenous language translations aim to close health literacy gaps and</p>	<p>Aim: Enhance health literacy and self-management skills for Type 2 Diabetes Mellitus (T2DM) among Aboriginal communities in NSW, through culturally tailored interventions aligned with existing healthcare initiatives (NSW Agency for Clinical Innovation, 2024).</p> <p>Research Question</p> <p>1.How effective are culturally appropriate health literacy programs for Aboriginal populations managing type 2 diabetes? (NSW Agency for Clinical Innovation, 2024).</p>	<p>A 3-year mixed-methods study with three distinct phases:</p> <p>Phase 1 (Year 1): Community Engagement and Recruitment</p> <ul style="list-style-type: none"> - Establish an advisory committee for study design and recruitment - Collaborate with Aboriginal health services to engage participants (Macniven et al., 2019). <p>Phase 2 (Year 2): Data Collection</p>	<p>Primary outcomes</p> <p>1.The reduction in HbA1c levels among participants indicates an improvement in glycemic control (Burrow & Ride, 2016).</p> <p>2.Programs offering culturally tailored education and support led to improved self-reported adherence to diabetic self-care behaviours, including regular exercise, dietary changes, and consistent</p>

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<p>(Australian Institute of Health and Welfare, 2024).</p> <p>3.The NSW healthcare system faces significant economic challenges from T2DM complications, mainly due to rising long-term care costs and preventable hospitalizations (Aboriginal Health Plan to 2027, 2023).</p> <p>4.Existing healthcare programs have not effectively offered culturally tailored solutions to meet the unique challenges of Aboriginal communities (Nolan-Isles et al., 2021).</p> <p>5.The NSW Aboriginal Health Plan notes systemic healthcare</p>	<p>enhance knowledge about diabetes care (StackPath, 2020).</p> <p>3.Digital health solutions, such as telehealth platforms and mobile apps, are crucial for preventing staff shortages, improving healthcare outcomes, and facilitating self-care and healthcare access in rural and remote areas (Ministry of Health NSW, 2020).</p> <p>4.Peer support groups and culturally sensitive workshops by community health workers are vital for creating a supportive environment that encourages healthy habits, knowledge sharing, and reducing stigma around Type 2 Diabetes Mellitus (Conte et al., 2019).</p> <p>5.Indigenous Community-Controlled Health Organisations</p>	<p>2.How can digital health tools be integrated into healthcare systems to improve diabetes management for Aboriginal communities? (Diabetes Australia, 2024).</p> <p>3.How can culturally tailored interventions be scaled up to address health literacy disparities and improve health outcomes among diverse Aboriginal communities in NSW? (NSW health, 2019).</p> <p>4.What barriers hinder health literacy improvements in Aboriginal communities, and what strategies can enhance health outcomes? (Nolan-Isles et al., 2021).</p> <p>5.How do community structures and cultural customs impact the effectiveness of health literacy</p>	<p>-Use a mixed-methods approach in coastal, rural, and border regions</p> <p>- Conduct qualitative interviews and quantitative analysis of service availability and frequency (Macniven et al., 2019).</p> <p>Phase 3 (Year 3): Data Analysis</p> <p>- Apply a health ecosystem framework integrating statistical and thematic analyses</p> <p>- Identify trends to inform evidence-based recommendations (Macniven et al., 2019).</p>	<p>medication use (NSW Agency for Clinical Innovation, 2024).</p> <p>3.Culturally tailored education and support campaigns yield positive outcomes, including enhanced health literacy and increased confidence in diabetes self-management (NSW Agency for Clinical Innovation, 2024).</p> <p>Secondary Outcomes:</p> <p>1.Evidence-based interventions reduce diabetes-related hospital admissions and complications (AIHW, 2023).</p>
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<p>inequalities, especially the effects of racism and social determinants on type 2 diabetes outcomes for Aboriginal communities (Sharing Power in System Reform, 2024).</p> <p>6.Rural and remote Aboriginal populations in NSW face challenges like isolation, limited access to culturally safe healthcare, inadequate digital health infrastructure, and systemic racism (Nolan-Isles et al., 2021).</p> <p>7.Aboriginal health outcomes in NSW are greatly affected by social determinants such as education, income, housing stability, and cultural safety,</p>	<p>(ACCHOs) ensure the long-term viability and broad consequences of health programmes in Aboriginal communities by providing customised, community-focused health care services (NACCHO, 2022).</p> <p>6. Programs to enhance nutrition and food safety in Aboriginal and Torres Strait Islander communities use collaborative methods, such as cooking classes, group exercise, and sharing cultural knowledge, to encourage participation and practical education (Lee & Ride, 2018).</p> <p>7. To effectively and culturally respectfully care for Aboriginal patients, NSW Health employees must take cultural competency training, which involves interactive</p>	<p>initiatives among Aboriginal people? (Australian Institute of Health and Welfare, 2023).</p> <p>Hypotheses:</p> <p>1.Customised health literacy initiatives will result in better quality of life, reduced hospitalisations, and improved glycaemic control (Australian Journal of General Practice, 2022).</p> <p>2.The strategic integration of digital technologies can facilitate sustained self-management habits and broaden access to essential health services (Diabetes Australia, 2024).</p>	<p>Quantitative measures:</p> <p>1.Assess HbA1c levels pre- and post-intervention for glycaemic control (Chopra et al., 2022).</p> <p>2.Measures decrease in hospitalizations and emergency visits related to type 2 diabetes (Chakraborty et al., 2020).</p> <p>3.Use the Health Literacy Questionnaire (HLQ), to evaluate improved health literacy (Australian Journal of General Practice, 2022).</p>	<p>2. Culturally sensitive healthcare services are vital for promoting healthcare equity among Aboriginal and Torres Islander peoples, especially in rural areas (Burrow & Ride, 2016).</p> <p>3.Positive participants feedback indicates that digital health tools, like continuous glucose monitoring, enhance diabetes management in these communities (Diabetes Australia, 2024).</p> <p>4. The NSW Aboriginal Health Plan 2024-2034 promotes health equity through a</p>
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<p>worsening health disparities in type 2 diabetes management, emphasizing the need to address these factors for health equity (Innovation, 2022).</p> <p>8.In NSW, about 70,000 Aboriginal Australians were hospitalized for Type 2 Diabetes, with a rate of 8,500 per 100,000 population, 4.3 times higher than non-Indigenous Australians, highlighting the urgent need for targeted interventions (DiCAP Project Statewide Report - Phase One, 2024).</p> <p>9.The NSW Future Health Strategic Framework 2022-2032 prioritizes improving</p>	<p>workshops and online modules (NSW Health, 2022).</p> <p>8.Primary care health professionals, Aboriginal Community Controlled Health Services (ACCHSs), and Local Health Districts (LHDs) must collaborate to ensure healthcare programs are effectively integrated with existing services, resulting in improved and more sustainable health outcomes (New South Wales Ministry of Health, n.d.).</p>	<p>3.In NSW, co-designed interventions with Aboriginal communities result in stronger programme acceptance, higher participation rates, and more long-term, sustainable effects, which eventually promote positive transformation and better health outcomes (Gamarada Universal Indigenous Resources Pty Ltd, 2023).</p> <p>4.Programme effectiveness will be increased by addressing social determinants of health, including housing, education, and access to culturally appropriate healthcare (Dick, 2022).</p> <p>5.Improved adherence and long-term success of programmes will result from</p>	<p>Qualitative measures</p> <p>1.Conduct focus groups and interviews with participants, healthcare providers, and community leaders to evaluate the program's cultural appropriateness, acceptability, and perceived impact (Wilson et al., 2020).</p> <p>2.Identifies obstacles and enablers to effective adoption and implementation of diabetes care initiatives for Aboriginal people, informed by focus groups and interviews (Omodei-James et al., 2024).</p>	<p>comprehensive framework and evidence-based interventions (NSW Aboriginal Health Plan 2024-2034, 2024).</p> <p>5.Surveys and qualitative feedback indicate increased, community trust in healthcare systems, highlighting the importance of respect in quality care (Diabetes, 2024).</p> <p>6.Support from community leaders for health literacy and program sustainability fosters culturally sensitive solutions and enhances program</p>
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health literacy to educate and empower individuals, enhance outcomes for chronic diseases, and address disparities in healthcare access and quality (NSW Ministry of Health, 2022).		increased interaction with family members and community leaders (NSW Ministry of Health, n.d.).		effectiveness (Inquiry into Diabetes, 2023). 7. Developing scalable intervention models for involves four steps: evaluating scalability, formulating a strategy, preparing for implementation, and executing the intervention on a larger scale (Centre for Epidemiology and Evidence, 2023).
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A.1 Research impact (Selection criteria: 1.6, 3.3)

The Future Health Strategic Framework 2022–2032 aims to address health inequities and improve health literacy for underserved populations, especially Aboriginal communities in NSW. By improving health literacy for Type 2 Diabetes Mellitus, this initiative empowers self-management and reduces systemic disparities (NSW Ministry of Health, 2022).

Health literacy and Type 2 diabetes:

Health literacy is crucial for enabling individuals, especially Aboriginal and Torres Strait Islander peoples, to effectively access, understand, and apply health information, leading to informed health decisions and improved health outcomes (Australian Journal of General Practice, 2022).

NSW Health literacy Statistics:

Aboriginal and Torres Strait Islander Australians experience a significant burden from type 2 diabetes mellitus (T2DM), with 13% of Indigenous adults indicating diabetes or elevated sugar levels in 2018-19, and they are four times more likely to require hospitalization with a mortality rate 4.7 times greater than non-Indigenous peers (Australian Institute of Health and Welfare, 2020). Health disparities are worsened by low health literacy, which effects access to care and treatment adherence. Empowering Aboriginal people through culturally relevant communication and educational initiatives can enhance health literacy and help reduce the gap in health outcomes (Sharing Power in System Reform, 2024).

How can health literacy achieve the better outcomes and reduce Type 2 diabetes mellitus among Aboriginal communities?

Enhancing health literacy can lead to improved outcomes and a reduction in Type 2 Diabetes Mellitus (T2DM) among Aboriginal people in NSW through culturally tailored health education (StackPath, 2020). Methods like storytelling, visual aids, and interactive workshops that resonate with Aboriginal learning styles can effectively clarify complex medical information (StackPath, 2020).

Aboriginal Community Controlled Health Organisations (ACCHOs) are essential in tackling Type 2 Diabetes Mellitus through culturally appropriate, community-driven solutions (Inquiry into Diabetes, 2023). Additionally, community-led initiatives, such as outreach clinics and collaborations with Aboriginal health services, can significantly improve T2DM outcomes (Southwestern Sydney Local Health District, 2020). Moreover, culturally safe digital health solutions, including telehealth and mobile applications, can enhance health outcomes for Indigenous populations (Goodman et al., 2024).

A.2 Measurement and evaluation of research impact (Selection criteria: 2a.3)

The future health strategic framework 2022-2032 outcomes focus on the improving health literacy and access to health services. There are several outcome measures that justifies the current project, focussing on improvement of health literacy among women about gestational diabetes given as follows.

1. Person centred:

Co-designed interventions with families, communities, and Aboriginal Elders will foster cultural safety, trust, and relevance, ultimately leading to more sustainable and effective health outcomes (Gamarada Universal Indigenous Resources Pty Ltd, 2023).

Culturally responsive educational resources, incorporating visual aids, storytelling, and Indigenous language translations, will bridge health literacy gaps and enhance diabetes care knowledge in an engaging and accessible manner (StackPath, 2020).

2. Workforce Development:

The program offers training for healthcare professionals that focuses on cultural competency, utilizing both hands-on workshops and online courses to enhance their skills in delivering care that is culturally sensitive, overcoming health literacy challenges, and addressing the specific needs of Aboriginal patients (NSW Health, 2022).

3. Health System Improvements:

Local Health Districts (LHDs), Aboriginal Community Controlled Health Services (ACCHSs), and primary care physicians need to collaborate effectively to integrate healthcare programs with existing facilities, which will improve accessibility, sustainability, and health outcomes, particularly in reducing disparities in the management of type 2 diabetes (NSW Aboriginal Health Plan, 2023).

A.3 Translation Pathway (Selection criteria: 3.2)

Our project aims to improve Health Literacy on Type 2 Diabetes Mellitus Among Aboriginal People in New South Wales, Australia. Inadequate health literacy significantly increases the risk of developing diabetes.

Which key partners will be engaged for this purpose, and how will you work with them?

Aboriginal Community-Controlled Health Organizations (ACCHOs): These organizations will guarantee cultural sensitivity and offer community-driven insights, facilitating program adoption and sustainability (NACCHO, 2022).

Primary Care Physicians and Local Health Districts (LHDs): These collaborators will assist in incorporating health literacy initiatives into current medical services, guaranteeing continuity of care and accessibility (Health NSW, 2023).

Community Health Workers and Peer Support Groups: By Leading culturally aware workshops to establish a safe space for stigma reduction and behavior modification (PMC, 2020).

Digital Health Partners: By Using mobile health and telehealth to reach remote Aboriginal populations while removing structural and physical obstacles (PMC, 2021).

Additionally, Health educators, health promotion officers, local general practitioners, and other health professionals are involved in the project's execution as stakeholders, and they can significantly contribute to raising the health literacy statistics. (NSW Health et al., 2019).

A.4 Feasibility of implementation in NSW health system (Selection criteria 3.1 – 3.7)

Complementing Strategic Priorities: The initiative addresses healthcare inequities for Aboriginal populations and enhances health literacy in support of the Future Health Strategic Framework 2022–2032 (NSW Health, 2022).

Utilization of Infrastructure: To provide minimal disturbance to the health system and increase access to culturally competent treatment, the program will be delivered using the current network of ACCHOs and LHDs (Southwestern Sydney Local Health District, 2020).

Cultural Relevance: For adoption and implementation to be effective, co-designed interventions with Aboriginal Elders, families, and community members provide cultural safety and trust (NACCHO, 2023).

Training of the Workforce: Healthcare providers will be able to overcome systemic obstacles and guarantee successful program implementation with customized cultural competency training

Effectiveness of cost: It is anticipated that the program will reduce long-term healthcare costs by lowering hospitalizations and complications associated to diabetes, making it a financially feasible endeavour (AIHW, 2023).

Evaluation and feedback: The results of the intervention will be evaluated using a strong mixed-methods evaluation framework, guaranteeing flexibility and scalability for usage in the future (ResearchGate, 2020).

Through the integration of evidence-based interventions with pre-existing resources and the involvement of community stakeholders, the project guarantees realistic and long-lasting implementation within the health system of New South Wales.

SECTION B - PARTNERS AND STAKEHOLDERS TO BE CONSULTED

B.1. Partners required for research and translation/ implementation (Selection Criteria: 2b.2, 3.2)

Specify partners required for successful conduct of the project and translation of findings in the below table.

	Full Name	Position	Organisation	Contribution to the project and/or translation of findings
1	Geri Wilson-Matenga	Executive Director, Centre for Aboriginal Health	NSW Ministry of Health	Overseeing statewide initiatives for Aboriginal health and incorporating culturally sensitive approaches within health services (Sharing Power in System Reform, 2024).
2	Nicole Turner	Interim Chief Executive Officer	Aboriginal Health and Medical Research Council of NSW (AH&MRC)	Directing the strategic priorities and advocating for health education that respects cultural values and addressing the health needs of Aboriginal communities (Sharing Power in System Reform, 2024).
3	Raylene Gordon	Executive Director Aboriginal Health	Hunter New England Local Health District	Managing Aboriginal health initiatives in the local area, ensuring that health literacy programs are culturally relevant and implemented effectively (Sharing Power in System Reform, 2024).
4	Robyn Martin	Director, Aboriginal Health and Primary Partnerships	Mid North Coast Local Health District	Launching community-focused health literacy initiatives to enhance understanding and management of Type 2 Diabetes (Robyn Martin - Mid North Coast Local Health District, 2024).

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5	Dr. Shannon Lin	Advanced Accredited Practising Dietitian and Diabetes Educator	University of Technology Sydney (UTS)	Offering specialized knowledge in dietary strategies for controlling Type 2 Diabetes Mellitus, creating culturally customized group education programs, and facilitating training for health professionals working with Aboriginal populations.
6	Sonya Cameron (nee Christian)	Indigenous Health Project Officer	Western Sydney ITC	Key contributions involve supervising outreach teams, enhancing healthcare services for culturally sensitive care, and developing diabetes education programs for Indigenous Australian communities (Indigenous Health Experts Western Sydney ITC, 2023).
7	Dr. Andrew Melito	GP Registrar	Western Sydney ITC	Delivering primary care assistance to Aboriginal patients, with an emphasis on improving diabetes management through culturally safe healthcare practices (Indigenous Health Experts Western Sydney ITC, 2023).

B.2 Stakeholders to be consulted (Selection criteria: (1.3, 1.5, 3.3 - 3.5))

#	Person consulted	Justification of consultation (Agency for Clinical Innovation, 2020).
1	Kristen Ella (Associate Director, Aboriginal Health and Wellbeing)	Ensures that the program promotes health equity by offering knowledge in culturally relevant health interventions for Aboriginal populations (Innovation, 2014).
2	Kiel Hennessey (Network Manager, Aboriginal Chronic Conditions)	Provides specific expertise in the management of chronic illness in Aboriginal communities, guaranteeing that the project is in line with community demands (Agency for Clinical Innovation, 2020).
3	Irene Kopp (Co-Chair, Nurse Practitioner, and Credentialed Diabetes Educator, Nepean Hospital)	Increases staff confidence in providing care and improves patient outcomes by bringing clinical knowledge in diabetes care and workforce training (for, 2023).
4	Professor Wah Cheung (Director of Diabetes and Endocrinology, Westmead Hospital)	Offers tactical advice on how to enhance the results of diabetes treatment, increase access to high-risk foot services, and use virtual care solutions (Agency for Clinical Innovation, 2023).

SECTION C – MILESTONES AND BUDGET**C.1 Project milestones (Selection criteria: 2c.1 – 2c.2)**

#	Key milestone	Date completed (month/yyyy)
1	Studying and identifying the factors that contribute to low health literacy about Type 2 Diabetes Mellitus among Aboriginal people, as well as creating project goals.	March2025-july2025
2	Request project permission from the relevant local health districts and the NSW Ministry of Health.	September 2025
3	Obtain ethics approval for the initiative, which focuses on collaborating with NSW's Aboriginal communities.	December 2025
4	Finding and evaluating medical experts to participate in the initiative, including health educators and practitioners.	February 2025
5	Recruitment of staff required to achieve project goals.	April 2025
6	Ensure that project staff receive enough training that focuses on cultural competency and the health requirements of Aboriginal communities.	June 2025
7	Implementation of specialized health literacy initiatives through a health literacy portal, community centres, and hospitals.	August 2025
8	Measurement of program results, such as evaluations of health literacy levels before and after the intervention.	December 2025
9	Health literacy programs are revised and improved based on evaluation findings and feedback.	March 2026
10	To maintain the initiative, hold training sessions and workshops for community leaders and employees.	May 2026

C.2 Project budget (Selection Criteria: 2d.1)

Grants range from \$50,000 up to \$500,000 over 2.5 years to 3 years. Note a more detailed budget will be requested if invited to full application stage.

Budget Item	Funding requested (excl. GST)			Description (<50 words per item)
	July 2025	July 2026	July 2027	
Identifying the main causes of low health literacy through research.	\$70,000	\$10,000	\$80,000	The primary goals of the financing will be to identify the factors that contribute to low health literacy and the obstacles that people face when trying to obtain health services and health literacy. A comprehensive study will be conducted by a data analyst and statistical expert who will be compensated to work with the western Sydney local health district and NSW's Aboriginal communities to improve Type 2 Diabetes Mellitus among Aboriginal people,
Staff education and workforce training	\$10,000	\$40,000	\$70,000	This project will focus on working with Aboriginal Community-Controlled Health Organisations (ACCHOs) and Aboriginal and Torres-Strait islander communities in western Sydney local health district to increase health literacy among staff to ensure that project staff receive enough training that focuses on cultural competency and the health requirements of Aboriginal communities.
Portal for health literacy and technology use	\$50,000	\$60,000	\$90,000	Enhancing health literacy through technology will be the main goal of the western Sydney local health district's technology use and portal development.
Total	\$130,000	\$110,000	\$240,000	\$480,000

SECTION D – REFERENCES

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Policy	manual	Not	applicable	Status	Active.
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