Author’s response to reviews

Title: Where do we stand? The availability and efficacy of diabetes related foot health programs for Aboriginal and Torres Strait Islander Australians: a systematic review

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Author’s response to reviews:

Dear Dr Williams,

Thank you for the opportunity to submit a revised version of our manuscript:

Where do we stand? The availability and efficacy of diabetes related foot health programs for Aboriginal and Torres Strait Islander Australians: a systematic review.

Please find the point by point response to reviewers comments below.

Response to reviewer comments:

Reviewer #1: This is a systematic review evaluating the current literature pertaining to foot health programs for the prevention of diabetes related foot complications in Aboriginal and Torres Strait Islander Australians. The manuscript is well written, and the review has been correctly executed. The methods are clear and could be replicated based on the methods section of the paper. The conclusions drawn are reasonable and within the scope of the paper.

I have the following minor comments for the authors to consider:

Comment: Page 5 line 12 - why do the foot programs need to be 'stand alone'? why can't they sit as part of a broader, culturally sensitive diabetes service for example, or community health service? Like the program in Perth which works with Diabetes & podiatry? Do you mean a footcare-specific program? Can you please clarify? The rationale for this should be made clearer to the reader in the background section, and perhaps reconsider the wording.
Response: Thank you for noting this. Stand-alone foot care programs were included only due to the highly variable foot care components of other broader health care programs, and the likelihood that foot care specific outcomes would not be identifiable and/or comparable due to the confounding effects of other aspects of the broader health care program. This has been clarified in text:

Interventions were excluded if foot care was embedded within a broader health program due to likelihood of variability in the extent and reporting of the foot care component, and, the confounding effect of the broader health care program on foot specific outcomes. Foot care programs not designed specifically for Aboriginal Australians were also excluded.

Comment: Background

Line 49 - at your discretion, consider replacing "in contrast to" with "despite the".

Response: “Despite the” is used at the beginning of the sentence. To avoid repetition we have not adjusted the sentence.

Comment: Results

Line 41 - should this read : full text review?

Response: Thank you, this has been updated.

Comment: Discussion

There was no discussion about the quality assessment, in the results or the discussion? I see the data presented in the table - but shouldn't this be discussed?

Response: Thank you we have adjusted the discussion to refer to methodological quality more overtly.

Overall, methodological quality of the studies that were eligible to be assessed was mixed. Lack of robust assessment of outcome data, including comparison to control data in relation to patient outcomes, was common to all studies. In addition, reporting of economic analysis related to development or implementation of the interventions was not provided in any study.

Comment: You state that there are no national or state foot health programs for prevention of diabetes related foot complication in Aboriginal and Torres Strait Islander Australians. I find this confusing because you have included 13 studies which contained some form of intervention which contained foot specific education, training or service provision. Was it that they were not solely foot specific, but sat within another service? Or the fact that they were not assessed for
effectiveness? Or was it that they were only run in a small geographical area? If it is the latter, are you suggesting that a state-wide or federally led program would be of greater effectiveness? Or that it would mean increased access? I think this needs to be made clearer to the reader.

Response: Thank you for raising this. Our comments are in relation to the lack of state- or nation-wide co-ordinated approaches to delivery of foot care to Aboriginal and Torres Strait Islander peoples. While we identified a number of programs, the lack of evaluation and evidence of wider implementation means that, at best, positive benefits from the programs are restricted to the specific area they are located. We have modified the wording in the discussion, conclusion and abstract conclusion to clarify this:

Discussion: Benefits of existing foot care programs for Aboriginal and Torres Strait Islander peoples are therefore largely restricted to the area/s in which they are delivered.

Conclusion: No state- or nation-wide foot health programs for prevention of diabetes related foot complications in Aboriginal and Torres Strait Islander Australians were identified by this review.

Abstract Conclusion: No state- or nation-wide foot health programs for prevention of diabetes related foot complications in Aboriginal and Torres Strait Islander Australians were identified.

Comment: Line 58 - client - should this be patient?

Response: This has been updated

Comment: Limitations

Consider adding that there may be programs which have been run that are not published in any form, particularly if they are small scale or run by a solo practitioner in remote areas for example.

Response: Thank you we have updated the limitations section to include this.

Additionally, this review only describes programs where reports regarding the development, implementation, or effectiveness of initiatives were publically available. It is likely that programs exist that have not been published in any form; this is particularly probable where these involve individual practitioners or are in small service delivery models.

Comment: Referencing style is incorrect - the numbers of references should occur prior to the full stop in the sentence, or before the comma.

Response: Thank you. This has been updated.
Comment: Table of excluded papers is not necessary, I would remove this.

Response: We believe this is of value to the review, particularly in light of the grey literature searching required, however have moved this to the appendices and replaced Table 2 with the methodological quality assessment table.

Comment: Figures and tables should be at the end of the manuscript, uploaded as separate files, not within the text.

Response: Thank you this has been corrected

Comment: Title is inconsistent with journal guidelines - study type should be at the end - "Where do we stand? The availability and efficacy of diabetes related foot health programs for Aboriginal and Torres Strait Islander Australians: a systematic review"

Response: Thank you, the title has been updated

Comment: The terms culturally safe, culturally secure, culturally sensitive and culturally appropriate are used. Are there subtle differences between these? If there are, that is fine, otherwise consider using one term throughout for consistency.

Response: Thank you for identifying this. We have tried to used wording consistent with that described by the different programmes included in the review due to likelihood of subtle differences in definition/or interpretation of each term. We have reviewed the paper to ensure we are consistent in terminology is aspects of the review we have written.

Reviewer #2:

Comment: Pg 2, line 45. Include a brief description of the IDFP here for reader context. E.g. The IDFP is a health professional training initiative designed to improve recognition of diabetes related foot disease in indigenous populations.

Response: This has been updated to:

Half of the reports related to aspects of the Indigenous Diabetic Foot program, which provides culturally appropriate foot education and training workshops for health care providers

Comment: Pg 2, line 50. The Indigenour Diabetic Foot Program and statements such as "no national or state foot health programs..." appear contradictory to the casual reader. Suggest rewording these to avoid reader confusion.
Response: Thank you. This has been reworded as per Reviewer 1’s comments

Comment: Pg 3, line 1. Key words. Omitted are 'Torres Strait Islander' and 'Indigenous’. These words in addition to 'Aboriginal' are used variously by governments and health agencies to refer to First Nations people of Australia.

Response: Thank you this has been updated

Comment: Pg 7, line 48. Re-word this sentence. It reads like only the listed states were checked, when it should read that the included studies came from the listed states.

Response: This has been changed to:

The thirteen articles detailed foot programs which were conducted in New South Wales (NSW), Queensland (QLD), Western Australia (WA) and the Northern Territory (NT).

Comment: Pg 7, line 51. State of origin lets the reader know that a breadth of states are included; however additional information indicating urban/rural/remote settings may give greater context for readers trying to relate the findings to their clinical situation.

Response: We have included a comment on the location of the majority of programs ie in regional rural and remote areas and referenced the relevant table.

Comment: Pg 9, lines 31-41. The results reported appear anecdotal in nature. Is there quantification in the original article. Note original appears to be from a newsletter or industry publication. Please add some commentary on the limitations of the outcomes as they are reported. In its current format the limitations are not clearly articulated. Repeating these claims in this publication may add greater weight to the findings than they deserve.

Response: thank you for this comment. We have modified the language in this paragraph in light of your concerns and removed reference to specific figures that are anecdotal.

Between 2014 and 201, activity report data from the NT PHN Outreach Services demonstrated the number of patients receiving podiatric care increased by 167% (33). The increased attendance rate is anecdotally credited to the close relationships the team built with each community, in conjunction with a personalised and targeted approach to encouraging people to attend clinics and self-manage their foot health.

Comment: Pg 9, line 58/ Pg 10, line 1. Opinion of students and medical practitioners should not be given weight by being repeated here. Without actual evidence of lower rates of foot
complications the authors need to discount these assertions from the original paper rather than repeat them.

Response: This sentence has been removed

Comment: Table 1, pg 14. Connors paper 'Reported Outcomes' column. Outcomes should =nil. Intention to assess outcomes is described, but not actual outcomes. A decade since originally published so if outcomes have not been published then it can be reported as such.

Response: This has been updated as per your comment.

Comment: Table 1, pg 16. Turner paper.

Please clarify if the intervention a one-off in April 2005 or ongoing?

Outcomes. database- was this a one-off addition of names to a database? Did any follow-up or change in care experience or outcome eventuate? Any quantification of addition to database?

Outcomes. Increased awareness in the community— please clarify- is this claimed by the original authors, or evidenced by pre/post testing or similar? If quantification was the change from baseline described?

Response: This has been clarified in table text, i.e. single visit, no quantifiable outcome measure.

Comment: Table 1, pg 17. Watson paper.

Outcomes section. "Evaluation of effectiveness planned". Intent to evaluate is not an outcome. Did this occur? Has the author been contacted for grey source evaluation? If not removed intended evaluation as an outcome.

Response: As per the methods section “Authors of included studies and reports were contacted where intentions of further evaluation was stated…” The outcome section of the table text has been amended a as per your recommendation.

Comment: Pg 18,line 22. Expand acronym for the first time in this section to aid readability.

Response: This has been expanded.

Comment: Pg 18, line 49. Suggest change "close the gap" to "close the health outcome gap". Close the gap is a contemporary Australian government policy title. adding the words 'health
outcome' provides context to non-Australian readers or for later readers when the contemporary meaning of that phrase is not necessarily retained.

Response: This has been updated to "close the health outcome gap”.

Comment: Pg 18, line 54. Consider adding to this statement listing conditions needing to be met for an intervention to be implemented to also include reference to the intervention needing to be reproducible (i.e. the proposed intervention needs to be able to be implemented elsewhere).

Response: This has been updated to:

To enable an intervention to be successfully and widely implemented by front-line clinicians it must meet rigorously designed methodological standards, it must have been tested for its effectiveness and reproducibility, and it must be easily accessible in peer reviewed literature (37)

Comment: Pg 19, Healthy Deadly Feet initiative.

? The benefit of this information to the paper. The initiative is currently being developed and its efficacy is unknown. It is not additionally funded by NSW Health and there is no published evaluation plan (akin to a RCT publishing their protocol and outcome measures prospectively). The project is well intentioned but until implemented and evaluated does not support the authors proposition that improvement is occurring given many of the historical examples describe intended evaluation without delivering.

Response: We acknowledge that this initiative has not yet been implemented. However we believe it is important to identify this program due to the size and multi site nature of the intended project. This demonstrates large scale buy-in at a state level and has the potential to address many of the inadequacies in current approaches to delivery of translatable culturally safe care.

Comment: Pg20, Newcastle Uni initiative.

The authors can be commended for this initiative. However, to include it as a sign of things to come some more information should be included.

Is the evaluation going to be published, or will it add to the grey literature previously identified as a problem in this field? Is the evaluation relating to outcomes for the target population (if so, what are the outcomes to be measured? Is baseline data already known?) or is the evaluation looking at process markers or educational objectives for undergrad students?

Response: Additional information has been included as per this request.
…..for peer-reviewed publication. This includes evaluation of service utilisation with historical control data for the broader clinical service, effectiveness of diabetes education for improving client knowledge of diabetes self-care, and post-placement changes in self-perceived confidence in provision of culturally safe care in undergraduate students.