Reviewer’s report

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

Version: 0 Date: 21 Dec 2018

Reviewer: Luke Taylor

Reviewer’s report:

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.

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 re-wording these to avoid reader confusion.

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.

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.

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.

Pg 9, lines31-41. 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 limitatations are not clearly articulated. Repeating these claims in this publication may add greater weight to the findings than they deserve.

Pg9, line 58/ Pg 10,line1. 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.

Table 1, pg 14. Connors paper 'Reported Outcomes' coloumn. 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.

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?

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.

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

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.

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).

Pg 19, Healthy Deadly Feet initiative.

? The benefit of this information to the paper. The initiative is currently being developed and it's 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.

Pg 20, 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?
Overall: The paucity of evidence is a genuine issue for the community and service providers alike. This paper's review of the evidence is a welcome opportunity to summarise what is (or isn't) known currently. Description of the included articles within the text of the paper should be more overt in identifying where the original paper was published (peer reviewed vs some other source) and comment directly on the lack of quantifiable evaluation when applicable. Original claims of efficacy that are not verifiable should not be repeated. Intentions to evaluate that have not occurred should similarly not be repeated.

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