### **ABSTRACT SUBMISSION TEMPLATE**

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**Presentation or session title** (100 characters)

SA Aboriginal Chronic Disease Consortium - Roadmap – Vehicle for change

**Presenting Author(s)\*** Ms Kim Morey

\*Please only list the authors who will be attending the summit. If your abstract is accepted, all authors must register for summit in order for your abstract to appear in the program. For a panel, please list all panel members. We will not accept proposals for all-male panels.

**Affiliation:** South Australia Academic Health Science and Translation Centre

**Country of residence**

Australia

**Type of session** (please select from the dropdown list)

**Individual presentation**

**Theme** (please select from the dropdown list)

Using evidence for better policy, programs and practice

**Objectives/aims** (Please describe the objectives and/or aims of the study or activity you wish to present on, or for the panel you suggest to include in the GEIS 2018 program. Max 600 characters.)

Describe the establishment of the South Australian Aboriginal Chronic Disease Consortium (the Consortium) to improve disparate health outcomes experienced by Aboriginal people with chronic diseases, through a coordinated evidence based cross approach. This is being driven through the establishment of the South Australian Chronic Disease Consortium. The Consortium’s aim is to

drive, coordinate and sustain the implementation of the priorities in the South Australian Aboriginal Heart and Stroke Plan 2017-2021, the South Australian Diabetes Strategy 2017-2021 and the South Australian Aboriginal Cancer Control Plan, all identified in a 5yr Roadmap for Action.

**Methods** (What methods were used as part of your study or activity? If you are submitting a panel proposal, what will be the format of your session? Max 600 characters.)

An “all of health sector” approach was identified essential to drive the implementation of the Heart and Stroke, Diabetes and Cancer Control plans, due to gaps in implementation of existing plans. The SA Aboriginal Health Partnership and SA Health made the approach feasible by endorsing the establishment of the Consortium, which then led extensive stakeholder and community consultation to identify priorities within and across the plans following a 5-stage approach. Areas for immediate focused effort were identified, time limited Action Groups were created to progress strategy development and work plans were commenced to engage key stakeholders across the health and policy landscapes.

**Main findings** (Please describe the results and/or outcomes of your study or activity. If you are submitting a panel proposal, describe the expected results from this panel. Max 600 characters.)

The Consortium sits within the SA Academic Health Science and Translation Centre as its Aboriginal health priority. The Road Map for Action identified 7 across plan priority action areas covering 21 priority strategies. Some ‘Across plan priorities’ are in the areas of prevention and early detection, acute management, ongoing management, access to services. The three condition-specific areas covered 6 priority strategies. The Road Map was endorsed by the Consortium’s governance bodies, including Community representatives. Early evidence is showing increased networking and coordination and focused direction for stakeholders, with alignment of members’ priorities to the Road Map for Action.

**Please note: If you are submitting an abstract for a symposium or panel**, please ensure your responses above describe the aims and intended results for your panel. Under ‘methods’, please include a description of your session format and panel participants.