



Healthcare for Aboriginal young people in the Kimberley: Improving access, screening, and management of Type 2 Diabetes (T2D)

Research Focus: Aboriginal Young People, Health Services, Chronic Disease Screening and Management

Project Overview: Aboriginal young people are at an important stage in the development of their health and well-being. They face a disproportionately high burden of young onset T2D. This is a form of disease that progresses rapidly and carries increased risks of complications. Most people do not know they have diabetes, and therefore, it is essential to check for it. While Aboriginal young people often experience poor health outcomes, they have low use of health care.

Three related projects were explored:

1. What helps or hinders Aboriginal young people in seeking health care,
2. Simplifying diabetes screening for Aboriginal young people (10–14-year-olds) and
3. The experiences, challenges and support needs of Aboriginal young people living with diabetes.

These three projects interviewed 33 Aboriginal young people aged 12-25 years (7 with diabetes), two carers of Aboriginal young people with diabetes, and 32 health professionals.

In the **first project** key challenges included the need for local, long-term Aboriginal health professionals, gender-matching between staff and patients, maintaining confidentiality, and minimising the sense of 'shame' associated with seeking healthcare. The insights gained emphasised the importance of recruiting and retaining health professionals skilled in youth engagement and providing targeted health education that resonates with young Aboriginal people.

In the **second project** we piloted a new way of screening to see if we could simplify checking if Aboriginal young people had diabetes. This was similar to how adults are tested for diabetes (HbA1c test). Screening via finger-prick and venous blood tests increased significantly at the Aboriginal Community Controlled Health Service (36% during v 22% before the pilot) but not at the hospital (0.02% v 0.02%). Health professional feedback included needing to simplify the clinical protocol even further, targeted screening of Aboriginal young people, patient and staff education, finger-prick HbA1c tests, and a whole-of-clinic approach to implementation.

In the **third project** young participants with T2D expressed a range of emotional responses to their diagnosis, from sadness and confusion to a limited understanding of the disease itself. Challenges in managing diabetes were compounded by gaps in knowledge and the difficulty of adhering to lifestyle recommendations. Family members emerged as crucial to self-management. Young people also valued strong, ongoing relationships with health professionals, which improved their engagement with care. Continuity of care from a young person to a young Adult was also requested by young people

with T2D. This research underscores the need for family-centred, culturally safe models of care that offers accessible, localised health education and resources to support young people with diabetes.

Impact:

- Kimberley Clinical Protocols: Type 2 Diabetes in Children. This was updated in 2021 to include finger-prick HbA1c tests.
- Culturally appropriate initiatives, such as the “Be Healthy, Be Anything” social media campaign in Derby, designed to promote healthy lifestyles and prevent chronic disease in remote Aboriginal communities.

Team Members:

- Erica Spry – Rural Clinical School of WA and Kimberley Aboriginal Medical Services, Broome
- Julia Marley and David Atkinson - Rural Clinical School of WA, Broome
- Susannah Warwick - Rural Clinical School of WA, Derby and Derby Aboriginal Health Service
- Andrea Manifold and Kimberley Seear – Rural Clinical School of WA, Derby
- Tracey Kitaura and Matthew Le Lievre – Derby Aboriginal Health Service
- Kimberley Seear, Vicki O’Donnell and Sally Singleton – Kimberley Aboriginal Medical Services
- Ben Harkin, Lydia Scott and Gavin Cleland – WA Country Health Service, Broome
- Paula Edgill – Derbarl Yerrigan Health Service and Centre for Aboriginal Medical and Dental Health, UWA Perth
- Renae Kirkham and Louise Maple-Brown – Menzies School of Health Research, Darwin

Collaborators: Kimberley Aboriginal Community Controlled Health Services

Timeframe: 2021 – current

Plain Language Reports: [Kimberley Young People Plain Language Reports](#)

Publications:

Warwick S, Atkinson D, Kitaura T, LeLievre M, Marley JV. Young Aboriginal People's Perspective on Access to Health Care in Remote Australia: Hearing Their Voices. *Prog Community Health Partnership* 2019. DOI:[10.1353/cpr.2019.0017](https://doi.org/10.1353/cpr.2019.0017)

Warwick S, LeLievre M, Seear KH, Atkinson D, Marley JV. Above and Beyond: Fashioning an Accessible Health Service for Aboriginal Youth in Remote Western Australia. *Prog Community Health Partnership* 2021, 15:e7. DOI:[10.1353/cpr.2021.0049](https://doi.org/10.1353/cpr.2021.0049)

Warwick, S. Accessible health care for Aboriginal young people in remote Australia. Master's Thesis, *The University of Western Australia*, 2021. DOI:[10.26182/ax1g-s033](https://doi.org/10.26182/ax1g-s033)

Manifold A, Atkinson D, Marley JV, Scott L, Cleland G, Edgill P, Singleton S. Complex diabetes screening guidelines for high risk adolescent Aboriginal Australians: a barrier to implementation in primary health care. *Aust J Primary Health* 2019, 25:501-508. DOI: [10.1071/PY19030](https://doi.org/10.1071/PY19030)

Spry E, Seear K, Harkin B, O'Donnell V, Maple-Brown L, Atkinson D, Kirkham R. Aboriginal young people's experiences of type 2 diabetes diagnosis, management and support: A qualitative study in the Kimberley region of Western Australia. *Health Promotion J Aust* 2025, 36(2):e919. DOI: [10.1002/hpja.919](https://doi.org/10.1002/hpja.919)

Get Involved: for further details on each project, please contact the following researchers:

- Project #1: Susannah Warwick: susannah.warwick@rcswa.edu.au
- Project #2: Julia Marley: julia.marley@rcswa.edu.au
- Project #3: Erica Spry: erica.spry@rcswa.edu.au or research@kamsc.org.au