

Submission

Cancer Australia - Public Consultation

Lung Cancer Screening Enquiry

February 2020

About the NHLF

The National Health Leadership Forum (NHLF) was established in 2011. The NHLF is a collective partnership of 12 national organisations who represent a united voice on Aboriginal and Torres Strait Islander health and wellbeing with expertise across service delivery, workforce, research, healing and mental health and social and emotional wellbeing.

The NHLF was instrumental in the formation of the Close the Gap Campaign and continues to lead the Campaign as the senior collective of Aboriginal and Torres Strait Islander health leadership. Committed to achieving health equality, we draw strength from cultural integrity, the evidence base and community.

We provide advice and direction to the Australian Government on the development and implementation of informed policy and program objectives that contribute to improved and equitable health and life outcomes, and the cultural wellbeing of Aboriginal and Torres Strait Islander peoples. Health is a noted human right, it is an underpinning to everyday life, and key factor in economic (and environmental) sustainability. Our vision is for the Australian health system to be free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable.

The NHLF Membership

- Aboriginal and Torres Strait Islander Healing Foundation
- Australian Indigenous Doctors' Association
- Australian Indigenous Psychologists' Association
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Indigenous Allied Health Australia
- Indigenous Dentists' Association of Australia
- The Lowitja Institute
- National Aboriginal and Torres Strait Islander Health Workers' Association
- National Aboriginal and Torres Strait Islander Leadership in Mental Health
- National Aboriginal Community Controlled Health Organisation
- National Association of Aboriginal and Torres Strait Islander Physiotherapists
- Torres Strait Regional Authority

The NHLF welcomes the opportunity to respond to the request for submission to Cancer Australia's Lung Cancer Screening Enquiry.

Response to the Survey Questions

Question 1. What, in your opinion, are the most important issues that should be considered for a screening program for people at high risk of lung cancer?

1. The social determinants of health (SDOH) such as poverty, poor access to health services, lack of education, unemployment, lack of transport, lack of housing or poor and overcrowded housing can all impact negatively on anyone's health. However, the negative impacts from these determinants are experienced by greater numbers of and more intensely by Aboriginal and Torres Strait Islander people.¹
2. The SDoH combined with systemic racism harm Aboriginal and Torres Strait Islander peoples' equal access to health, employment opportunities, education and all other resources associated with self-determination and healthy sustainable outcomes. Systemic racism and the multi-generational experiences of trauma and dislocation continue to have real impacts on the lives of many Aboriginal and Torres Strait Islander people.² Without addressing systemic racism within our society we will not improve the health outcomes nor prevention rates for Aboriginal and Torres Strait Islander people.³
3. The uptake of screening programs is not just about a biomedical approach to lung cancer, the challenges are driven by the social as well as cultural determinants of health. If these are not incorporated into the process of pre-screening, screening and post screening (treatment and management plans if required) then improvements in lung cancer rates for Aboriginal and Torres Strait Islander peoples won't improve. For example, how will people access screening tests if current screening programs are not available in their location. How will people be supported for when they receive a positive response to a screening test. Depending on location the ability to access treatment often requires people to move off their traditional

¹ National Aboriginal and Torres Strait Islander Leadership in Mental Health: Dudgeon, P. Calma, T and Holland C. (2015) Future Directions in Aboriginal and Torres Strait Islander Social and Emotional Wellbeing, Mental Health and Related Areas Policy. Retrieved from <https://natsilmh.org.au/resources>

² NHLF, 2017, Position Paper on Racism: <https://www.catsinam.org.au/policy/position-statements>; and Joint Statement (NMBA, CATSINaM, ACM, CAN and ANMF), 2018, Cultural safety: Nurses and midwives leading the way for safe health care: <https://www.catsinam.org.au/communications/press-releases-and-joint-statements>.

³ NHLF, 2017, Position Paper on Racism: <https://www.catsinam.org.au/policy/position-statements>; Joint Statement (NMBA, CATSINaM, ACM, CAN and ANMF), 2018, Cultural safety: Nurses and midwives leading the way for safe health care: <https://www.catsinam.org.au/communications/press-releases-and-joint-statements>; and Lai, G.C., Taylor, E.V. Haigh, M.M. and Thompson, S.C. 2018. Factors Affecting the Retention of Indigenous Australians in the Health Workforce: A system Review. International Journal of Environmental Research and Public Health. (more

country. This creates complex issues for the patient and their family including difficulty with ensuring compliance due to loneliness and isolation.

Question 2. If a national lung cancer screening program were introduced for people at high risk of lung cancer, what do you think are the best ways to engage and recruit them to participate?

4. The incidence, treatment and outcomes for Aboriginal and Torres Strait Islander people are embedded in existing social injustices. For Aboriginal and Torres Strait Islander people to have belief in the benefit of this, or any, screening program they must be confident that there will be a positive health benefit for them. There needs to be surety that there will be follow up and follow through for people once they have been screened. That treatment will be available and that they will be able to make decisions best for themselves.
5. The above will require effective communication to support this screening program that will also support self-management of issues that may arise from a screening program. For this to occur the engagement process for Aboriginal and Torres Strait Islander people should include clinical yarning that encompasses culturally appropriate conversations, language appropriate materials, and interpreters (where applicable).
6. Part of the effective communication and engagement process will be a relationship between the screening program and the local primary health care services which Aboriginal and Torres Strait Islander people attend, this includes the Aboriginal Community Controlled Health Organisations (ACCHOS), general practices and community health clinics. The PHNs are a potential source to assist with the implementation of a screening program but that depends on the type of relationship they have with the ACCHO Sector. For example, the Queensland Aboriginal and Islander Health Council (QAIHC) has signed a MoU with the 7 Qld PHNS to work together to improve Aboriginal and Torres Strait Islander Health, this type of relationship will be useful for this screening program. Likewise, the *optimal care pathway for Aboriginal and Torres Strait Islander people with cancer* is a good starting point to guide the development of this program.

Question 3. What do you see as the practical challenges and opportunities in delivering a national lung cancer screening program for people at high risk of lung cancer in Australia?

7. The challenges that will need to be overcome are:
 - Accessibility
 - Timeliness
 - Follow up
 - Trauma informed care approach will need to be embedded into the program

- Health literacy will need to be understood and an education campaign form part of the screening program.
8. Linking into the existing Tackling Indigenous Smoking Program and its knowledges would be beneficial. Early identification such as through a screening program, must be part of a package of preventative measures.

Question 4. Do you have any other comments or suggestions about lung cancer screening or the enquiry?

9. Having a culturally safe and responsive workforce will be important for this screening program as it is in all screening programs as they are important in the response following any positive test.
10. Utilising the existing Aboriginal and Torres Strait Islander nursing, midwifery, allied health, medical, Aboriginal Health Workforce and Aboriginal Health Practitioners will be good resources to assist with the implementation of a screening program to Aboriginal and Torres Strait Islander communities.
11. As part of developing the lung cancer screening program it will be necessary to consider the following matters:
- Who will perform the screening?
 - Who will perform the usual duties of that person(s) if they are assigned to screening activities?
 - Is additional training required?
 - Who will provide that training?
 - Will it be sustainable?
 - Is there support for community-based workers?
 - How will the result and recommendations be transmitted to the patient and local health service? and
 - Do local health facilities have the capacity to deliver education and support to people and their families found with a positive test?
12. Indeed, the appropriateness of the workforce plus other matters such as how to engage and recruit Aboriginal and Torres Strait Islander peoples to participate in a lung screening program can be informed by organisations such as Ninti One, the ACCHO sector and members of the NHLF.