

ACKNOWLEDGEMENT OF COUNTRY

We would like to show our respect and acknowledge the traditional custodians of this land, of elders past and present, on which this event takes.



TRANSLATING EVIDENCE INTO
PRACTICE FOR ABORIGINAL
AND TORRES STRAIT
ISLANDER PEOPLE WITH
CANCER WITH THE
ASSISTANCE OF
COLLABORATION AND
COMMUNITY WISDOM.

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BACKGROUND

- St. Vincent's Hospital Melbourne (SVHM) is Victoria's largest metropolitan provider of acute, adult Aboriginal and Torres Strait Islander healthcare.
- However we were aware that we saw smaller numbers of this population for cancer care.
- We wanted to better understand their experiences and how we could improve.

A REVIEW OF THE PATIENT JOURNEY FOR ABORIGINAL AND TORRES STRAIT ISLANDERS WITH CANCER



Artist: Lynette Briggs - Wiradjuri
Memorandum of Understanding between the Victorian Aboriginal Health Service and St Vincent's Hospital Melbourne

STUDY 1: A REVIEW OF THE PATIENT JOURNEY

- **AIMS:**
 - To review the patient journey of all Aboriginal patients with cancer who have received care at SVHM between 2011 and 2013.
 - To identify specific barriers to accessing care including social determinants of health.
- **Oncology Social Work Australia (OSWA) Aboriginal Health and Cancer grant (2013)**

METHODS

- **Medical records audited using a modified existing framework (Kelly, J. Managing Two Worlds, 2012).**
- **Information listed under:**
 - Patient priorities and concerns
 - Health care story
 - Family concerns and issues
 - Services involved

METHODS

- Factors relating to the social determinants of health were extracted from this data.
- Outcomes were discussed with Aboriginal Hospital Liaison Officers for cultural input.

PARTICIPANTS – STUDY 1

25	individual patients
162	episodes of care
80%	advanced disease
59	years of age on average (range 36-78)
57%	males
66%	of carers = female relative
49%	had a 'lifestyle' cancer (24% gastro/colorectal, 10% ENT , 14% lung)

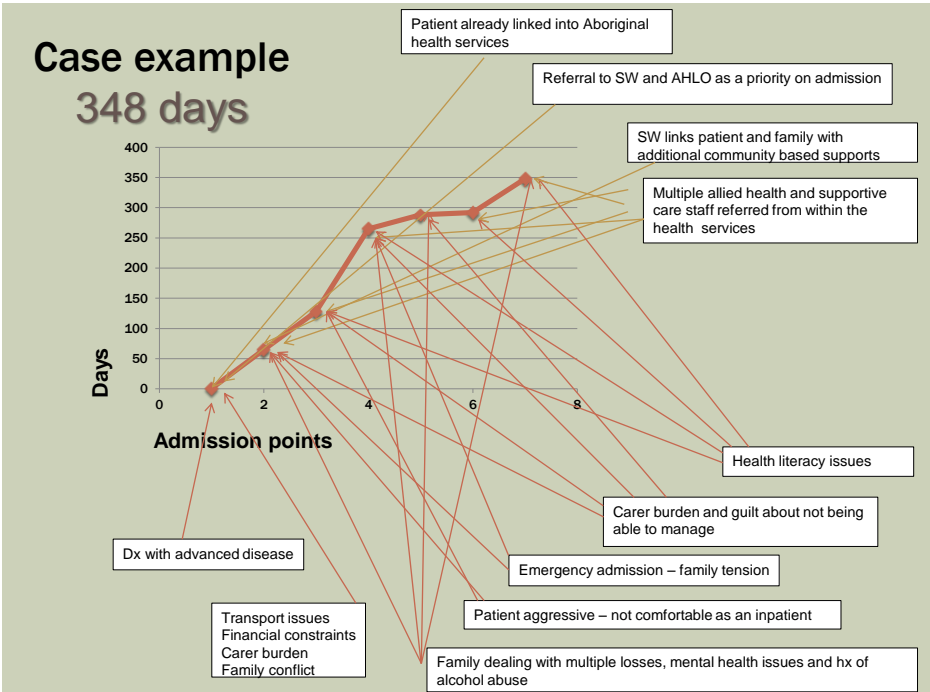
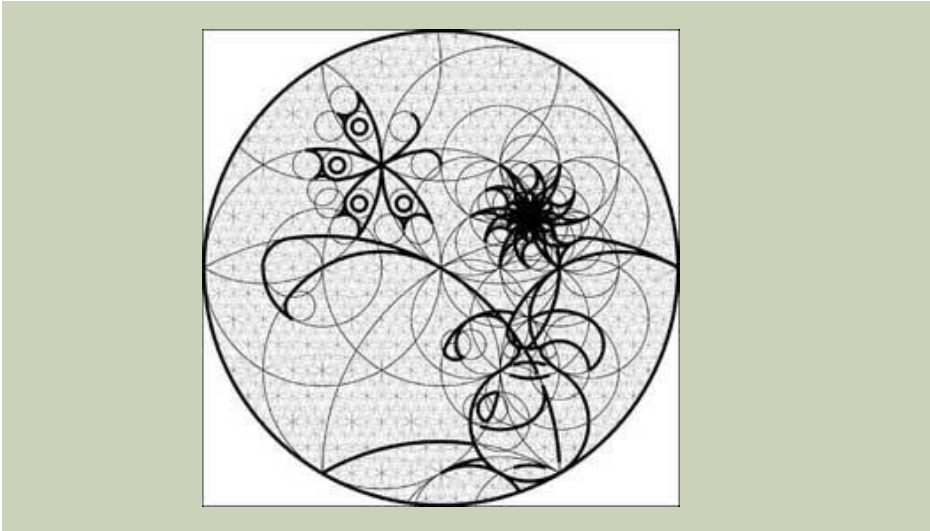
RESULTS – CHALLENGES FOR PARTICIPANTS

- The majority were experiencing challenging psychosocial circumstances in addition to living with cancer including concerns about:
 - **88% access to health services**
 - **75%** finances
 - **75%** family conflict
 - **63% literacy**
 - **63%** family violence
 - **50%** housing
 - **38% complex grief**
- **Over half had 4 or more** of these concerns in addition to their cancer.

RESULTS – STRENGTHS FOR PARTICIPANTS

- However the majority also had sources of external psychosocial support or inner resources that helped to reduce these burdens including:
 - **100% practical/emotional support from family/friends**
 - **87%** active engagement in their own care planning
 - **75% multiple family members involved in care**
 - **63%** demonstrated resilience and determination
 - **63%** links to a GP
 - **50%** deeply integrated into the Aboriginal community
 - **50% formally linked in with an Aboriginal organisation**

COMPLEXITY



WORKING TOGETHER : HEALTH & WELLBEING IN CANCER FOR ABORIGINAL PEOPLE



St Vincent's Hospital,
Melbourne (SVHM)

Access Services for Koories
(ASK) Program

Co Health – Community
Health Program

Department of Health &
Human Services (DHHS)
Koolin Balit Local Initiatives

Peter Mac Callum Cancer
Centre

STUDY 2

- To develop a model of care that includes:
 - An individualized care plan
 - An early proactive response
 - A response that addresses each of their needs
 - The Welcome, Understanding and Empower model

WELCOME

- A **welcoming** environment to increase how comfortable and cared for the person feels as they enter the hospital and move around the various departments.
 - Signage
 - Front line staff
 - Aboriginal flag on site
 - Aboriginal artwork
 - Meeting an Aboriginal staff member early

UNDERSTAND

- Individuals to feel that staff at SVHM **understand**:
 - who they are
 - who their family is
 - what specific concerns, burdens, strengths and needs they have
- The history of suffering and of strength of Aboriginal and Torres Strait islander people and the importance of culture are understood
- There is a desire to know Aboriginal and Torres Strait islander history and culture

EMPOWERMENT

- Matching information and services with health literacy levels.
- Targeted information should be shared in a way that:
 - each person and those close to them understands
 - is at a pace where we can check back to ensure it has been understood by the person and their family.
- Where possible, information that has been written by or through consultation with Aboriginal and Torres Strait Islander people should take precedence over other forms of information.

INDIVIDUALISED CARE PLANNING

1. Use of the SCNAT-IP to guide a conversation with participants
Supportive Care Needs Tool for Indigenous People (SCNAT-IP) an unmet needs assessment tool specifically designed for Indigenous Australians with cancer (Garvey et al, 2012).
2. Go through the questionnaire with each participant
3. Deliver a culturally appropriate response to each factor of concern including information, referral, advocacy and/or resources

The 'WHATEVER IT TAKES' model

CASE EXAMPLE – ‘T’

- Medical Presentation
- Psychosocial History
- Identified Issues / Barriers to treatment
- Interventions – What we did to engage T?
 - * Medical
 - * Emotional
 - * Cultural
 - * Practical