



SVHA Aboriginal and Torres Strait Islander Advocacy Strategy 2021-2023

Reconciliation Action Plan Committee

December 2020

SVHA Aboriginal and Torres Strait Islander Advocacy Strategy 2021-2023: In line with SVHA RAP 2020-2023

Overarching Goal: Improved access to and funding for, culturally appropriate cancer care for Aboriginal and Torres Strait Islander people

	Goals	Key objectives	Key opportunities to influence	Advocacy strategies	Who
1	<p>SVHA adopt and promote:</p> <ol style="list-style-type: none"> <i>Optimal Care Pathways for Aboriginal and Torres Strait Islander people with cancer. (OCP)¹</i> <i>The Guide to Implementing the Optimal Pathways for Aboriginal and Torres Strait Islander people with cancer²</i> 	<ol style="list-style-type: none"> Improved cancer care for Aboriginal and Torres Strait Islander peoples accessing care throughout SVHA 	<ul style="list-style-type: none"> Review the intent and key principles of the OCP to build a case for change. Develop a statement of intent to define a vision for change. Analyse, through a survey, the readiness of SVHA to adopt the OCP. Work with SVHM and SVHNS to explore adoption of Optimal Care Pathways. 	<ul style="list-style-type: none"> RAP Co-Chair work with CEO Public Division and CEOs for SVHM and SVHNS to explore adoption and promotion opportunities. (Target for full adoption by end 2023, in line with SVHA RAP) 	<ul style="list-style-type: none"> Public Division CEOs and teams Consider the establishment of a mechanism/team to oversee and monitor the implementation of OCP at SVHA Senior Research Fellow – Aboriginal and Torres Strait Islander Health – (Advisory) Group Advocacy & Planning Group Chief Medical officer Cancer care clinicians from respective hospitals/divisions?

¹ <https://www.canceraustralia.gov.au/sites/default/files/publications/optimal-care-pathway-aboriginal-and-torres-strait-islander-people-cancer/pdf/optimal-care-pathway-for-aboriginal-and-torres-strait-islander-people-with-cancer.pdf>

² https://www.canceraustralia.gov.au/sites/default/files/publications/optimal-care-pathway-aboriginal-and-torres-strait-islander-people-cancer-guide/pdf/optimal_care_pathway_for_aboriginal_and_torres_strait_islander_people_with_cancer_the_guide.pdf

2	<p>Increased participation in the national cancer screening programs by Aboriginal and Torres Strait Islander peoples, resulting in earlier detection.</p>	<ol style="list-style-type: none"> 1. Influence existing national screening programs (breast, bowel, cervical) to ensure that they culturally appropriate and safe. 2. Improved identification of Indigenous Australians in screening programs, across jurisdictions. 3. Expansion of assertive outreach health services for improved use and support for screening programs amongst Aboriginal and Torres Strait Islanders. 4. Increased funding to support new models of delivery of screening programs. 	<ul style="list-style-type: none"> • National Reconciliation Week • Daffodil Day (and other cancer awareness days) • Engage Health Minister and Minister for Indigenous Affairs at critical times. • Engage with Department of Health (federal and state) 	<ul style="list-style-type: none"> • Consider research and data collection on why Indigenous Australians do access early screening. What can we learn and scale? • Develop media stories and spokespeople based on data findings. • Promote changes to methods and delivery of screening to improve access, eg: earlier screening age, locations, cultural awareness and safety. • Consider funding implications and discuss with governments. • Discuss options for SVHA to become the premier provider of post-screening cancer care for Aboriginal and Torres Strait Islander peoples. 	<ul style="list-style-type: none"> • Senior Research Fellow – Aboriginal and Torres Strait Islander Health - (Gail Garvey, Advisory) • Group Advocacy & Planning (Geoff Deakin) • Group Media (Paul Andrews) • Inclusive Health (John Willis) • Cancer clinicians • External partners • Group Chief Medical officer • Group Public Division CEO (Patricia)
3	<p>Assess full out-of-pocket costs for Indigenous Australians if they were to access all available cancer care.</p>	<ol style="list-style-type: none"> 1. Understand the costs of culturally safe cancer care for Aboriginal and Torres Strait Islander people. 2. Develop advocacy approach to ensure affordability of care if required. 3. Encourage Indigenous Australians to access the full offering of cancer care services, including physical, financial and spiritual. 	<ul style="list-style-type: none"> • Federal budget in May 2021 • State budgets 	<ul style="list-style-type: none"> • Research and gather data on costs, develop models. • Depending on costing outcomes develop media and advocacy response. 	<ul style="list-style-type: none"> • Senior Research Fellow – Aboriginal and Torres Strait Islander Health - (Gail Garvey, Advisory) • Group Advocacy & Planning (Geoff Deakin) • Group Media (Paul Andrews) • Inclusive Health (John Willis) • External partners • Key clinical Working Party members
4	<p>Provide equality of financial access to post cancer care scripts (closing the gap) regardless of whether the script is filled within a hospital pharmacy or outside.</p>	<ol style="list-style-type: none"> 1. Improved financial support and accessibility for Indigenous Australians accessing cancer care scripts. (Financial and government policy implications) 	<ul style="list-style-type: none"> • Government budgets • Departments of Health • Cancer awareness days 	<ul style="list-style-type: none"> • Analyse the financial burden on Indigenous Australians due to this policy. • Analyse financial implications of SVHA wearing the cost of the scripts short-med term while 	<ul style="list-style-type: none"> • SVHNS, SVHM • Group Advocacy & Planning (Geoff Deakin) • Group Media (Paul Andrews) • External partners (Pharmacy Guild?)

				<p>policy change is sought from government</p> <ul style="list-style-type: none"> • Media 	<ul style="list-style-type: none"> • Private Hospitals Division Representation. • Group People and Culture Manager • Indigenous Recruitment Specialists • Clinical educators as required • Key clinical Working Party Members
5	<p>Support investment in Aboriginal and Torres Strait Islander cancer care workforce.</p>	<ol style="list-style-type: none"> 1. Increased number of Indigenous cancer care workers (cancer care co-ordinators, Aboriginal health workers in cancer care, doctors, nurses, post care) 	<ul style="list-style-type: none"> • Universities • Departments of Health • Health Minister, Education Minister, Indigenous Affairs Minister 	<ul style="list-style-type: none"> • Work with external partners (eg Peter Mac to get the issue on the national agenda) • Influence media • Discussion paper on workforce • Link to SVHA RAP employment goals • Raise possibility of increased scholarships for Indigenous trainees with ACU and other tertiary institutions 	<ul style="list-style-type: none"> • RAP Chair (Darlene Dreise) • Senior Research Fellow – Aboriginal and Torres Strait Islander Health - (Gail Garvey, Advisory) • Group Advocacy & Planning (Geoff Deakin) • Group Media (Paul Andrews)
6	<p>Ensure the best and most appropriate, culturally safe palliative and end of life cancer care for Aboriginal and Torres Strait Islander people is available.</p>	<ol style="list-style-type: none"> 1. Increased investment in culturally safe palliative cancer care in primary care and private settings through the Medical Benefit Scheme. 2. Policy changes to improve palliative care capabilities among generalist health and aged care workforce. 3. Investment in a culturally safe National Palliative Care Research Strategy. 4. Increased investment at state levels in evidence-based, integrated culturally safe palliative care services. 5. Increased access to culturally safe palliative care services in private and public hospital, aged 	<ul style="list-style-type: none"> • Relevant government palliative care strategies policies and clinical guidelines • Adoption and roll out of OCP across healthcare providers. 	<ul style="list-style-type: none"> • Investigate partnerships with other organisations eg: Palliative Care Australia, Palliative Care Queensland, CHA, and Aboriginal and Torres Strait Islander partners. • Advocacy support for 'Dying on Country' program. 	<ul style="list-style-type: none"> • RAP Chair (Darlene Dreise) • Inclusive Health (John Willis) • Group Advocacy & Planning (Geoff Deakin) • Group Media (Paul Andrews) • Palliative cancer care clinicians at both SVHM and SVHNS, including the Centre for Palliative Care • Care Services team as appropriate • External partners • Senior Research Fellow – Aboriginal and Torres Strait Islander Health (Gail Garvey, Advisory)

		care settings and within the community.			
7	Lend the SVHA voice to key issues that impact Aboriginal and Torres Strait Islander people, being prepared to support partners on key issues as appropriate.	1. In line with the SVHA Mission, lend our voice appropriately to critical policy issues that impact the lives of Indigenous Australians (the issues will be varied and selected on a case by case basis such as comments on Australia Day, Black Lives in Custody etc).	<ul style="list-style-type: none"> • Media • Employee engagement 	<ul style="list-style-type: none"> • Investigate partnerships with other organisations • Media statements • Internal SVHA organisational positions 	<ul style="list-style-type: none"> • RAP Chair (Darlene Dreise) • Group Leader Mission (Lisa MacDonald) • Group Media (Paul Andrews) • Group Advocacy & Planning (Geoff Deakin) • Group CEO (Toby Hall) • CEO Public Division if any State implications (Patricia O'Rourke) • RAP Steering committee

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