Using this guide

Introduction

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Step 2: Presentation, initial investigations and referral
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We acknowledge the Traditional Owners of Country throughout Australia and their continuing connection to the land, sea and community. We pay our respects to them and their cultures and to Elders past and present.
A guide to implementing the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer (OCP) using the main and sub menus at the top of each page. The guide suggests activities to support implementation of the OCP at different levels of the health system. These levels are outlined below and can be accessed using the quick link tabs on relevant pages.
About the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer

Each Optimal Care Pathway is underpinned by principles such as multidisciplinary care and care coordination. The Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer (OCP) incorporates additional concepts to support the delivery of culturally appropriate and responsive cancer care. It is the responsibility of the healthcare system and all people within its employment to address the needs of Aboriginal and Torres Strait Islander people in a culturally appropriate and responsive way.
About the implementation guide

Implementation of the OCP can assist health system, health services and health professionals wishing to:

• consider cancer-specific issues as part of cultural safety activity
• consider issues for Aboriginal and Torres Strait Islander people when implementing the tumour-specific optimal care pathways.

The guide includes three main sections to support implementation of the OCP:

• a guide to getting started, including enablers for change
• overarching implementation activities themes
• pathway-specific implementation activities relevant to particular steps in the continuum of care.

The guide also includes:

• case studies and enablers for implementation
• a resources and tools section
• a guide to the terminology in the OCP and guide.
A guide to implementing the optimal care pathway for Aboriginal and Torres Strait Islander people with cancer is a companion to the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer (OCP) and is designed to act as a bridge between the cancer-specific priorities of the OCP and broader guidance, frameworks and policies that support culturally appropriate and responsive health care.

What are Optimal Care Pathways?

Optimal Care Pathways are national guides that promote best practice cancer care and optimal patient experience for different cancer types.

Tumour-specific Optimal Care Pathways are supported by quick reference guides for general practitioners and primary care staff, as well as ‘What to expect’ guides for consumers. For certain tumour-types implementation resources, such as I-PACED (Implementing Pathways for Cancer Early Diagnosis), to assist GPs about critical primary care points and the recommended care that should be offered and e-learning modules have also been developed.

The Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer complements the tumour-specific Optimal Care Pathways. It has been developed in response to the unique connection to culture and recognised disparities in cancer outcomes experienced by Aboriginal and Torres Strait Islander people.
About the Optimal Care Pathway

Cancer Statistics

Age standardised mortality rate for all cancers

Five-year relative survival rate for all cancers combined, all persons


### Incidence figures for top 5 cancer types in Aboriginal and Torres Strait Islander persons 2010 - 2014

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>No. of new cases</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung cancer</td>
<td>1,211</td>
<td>1</td>
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<tr>
<td>Breast cancer</td>
<td>989</td>
<td>2</td>
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<tr>
<td>Colorectal cancer</td>
<td>840</td>
<td>3</td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>771</td>
<td>4</td>
</tr>
<tr>
<td>Head and neck (with lip)</td>
<td>536</td>
<td>5</td>
</tr>
</tbody>
</table>

### Mortality figures for top 5 cancer types in Aboriginal and Torres Strait Islander persons 2012 - 2016

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>No. of deaths</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung cancer</td>
<td>780</td>
<td>1</td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td>213</td>
<td>2</td>
</tr>
<tr>
<td>Head and neck (with lip)</td>
<td>204</td>
<td>3</td>
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<tr>
<td>Liver cancer</td>
<td>202</td>
<td>4</td>
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<tr>
<td>Cancer of unknown primary site</td>
<td>195</td>
<td>5</td>
</tr>
</tbody>
</table>

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The overarching premise of the OCP – delivery of culturally appropriate and responsive health care – is not unique to cancer service delivery. Implementation should leverage existing frameworks and activities (see the Resources and Tools section).

Implementation of the OCP is a long-term commitment requiring a whole-of-system approach.

**Plan for success**

Successful implementation of the OCP will require:

- communication to raise awareness of the OCP at all levels of the health system
- Aboriginal and Torres Strait Islander engagement and involvement
- executive leadership and vision
- a commitment to resourcing activities to drive and facilitate change.

**STRATEGIES FOR CHANGE**

- 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 to work towards
- Broker and leverage relationships with Aboriginal and Torres Strait Islander health units within state and territory health departments and other relevant organisations to create a shared vision and agenda
- Develop, register and report on a Reconciliation Action Plan
- Establish working groups with clear plans to drive, measure and report the impact of implementation
- Implement Action 1.2: Addressing health needs of Aboriginal and Torres Strait Islander people in the National Safety and Quality Health Service Standards.
Aboriginal and Torres Strait Islander engagement and involvement

Engaging with local Aboriginal and Torres Strait Islander communities in the planning and delivery of cancer care is an important way to empower Aboriginal and Torres Strait Islander people to access and engage with health and cancer services.

**STRATEGIES FOR CHANGE**

- Review page 19 of the OCP for ideas on relationship building with the local community.
- Locate and engage with local Aboriginal Community-Controlled Health Services, Aboriginal Medical Services, Aboriginal Health Units, the Aboriginal Land Council, Elders and other members of the community.
- Contact local Aboriginal and Torres Strait Islander agencies to find out who to engage with about cancer control activity and preferred ways to approach that person or group.
- Check whether similar consultation processes have recently occurred or are planned through other parts of the health service to avoid duplication and excessive demands on communities.
- Implement Action 2.13: Working in partnership in the National Safety and Quality Health Service Standards.
Identification

Protocols for identification of people as Aboriginal and/or Torres Strait Islander is fundamental both to tailor care and to monitor outcomes. More information is provided under implementation Priority 2 in this guide.

STRATEGIES FOR CHANGE

- Review Action 5.8 of the National Safety and Quality Health Service Standards, which focuses on identifying people of Aboriginal and/or Torres Strait Islander origin
- Establish systems for routine identification of people who identify as Aboriginal or Torres Strait Islander.
Continuous measurement for improvement

Monitoring, measuring and reporting are key enablers for the implementation of the OCP. An initial assessment of current practice is important, followed by ongoing measurement to monitor progress and drive continuous quality improvement.

Aboriginal and/or Torres Strait Islander people are the only people who can decide whether care is culturally safe. Therefore, services wanting to measure whether cancer care is culturally safe should ask for and act on feedback from patients, their families and communities in assessment and planning cycles.

STRATEGIES FOR CHANGE

- Include relevant measures for Aboriginal and/or Torres Strait Islander people as part of existing data sets
- Collect and use local data (including client feedback) to identify priorities and track progress
- Identify and address local barriers to sharing and linking data between and across services
- Ensure that patient-reported outcome and experience measures are culturally appropriate and that tools are validated for use with Aboriginal and Torres Strait Islander people
- Implement Action 1.4: Implementing and monitoring targeted strategies in the National Safety and Quality Health Service Standards.
Case Studies

Canberra Region Cancer Centre: Mapping implementation priorities

To progress implementation of the *Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer (OCP)*, Canberra Region Cancer Centre undertook a retrospective audit of patient care to identify gaps and required improvements. The audit assessed how closely local care provision for Aboriginal and Torres Strait Islander people aligned with recommendations across the steps of the OCP.

Information was extracted from oncology management information systems for medical and radiation oncology. Extracts were assessed against a detailed list of criteria that could be objectively assessed, including involvement of an Aboriginal Liaison Officer at each step, discussion of pain management needs with a health professional of the same gender, identification of supportive care needs using a validated tool, and involvement of a GP or Aboriginal Liaison Officer in the MDT meeting.

The audit identified some areas of concordance and some areas for improvement. The areas for improvement have led to the development of recommendations to be taken forward in the OCP implementation plan for the centre.
Case Studies

SA Health and Medical Research Institute: Integrating cancer and Aboriginal patient experience data

The South Australia Health and Medical Research Institute (SAHMRI) has undertaken a project to develop an integrated, comprehensive cancer monitoring system in South Australia, with a particular focus on Aboriginal people. The CanDAD project is bringing together cancer registry, hospital, radiotherapy, pharmacy, clinical, screening and health insurance data to comprehensively monitor cancer incidence trends, cancer management and survival. The Optimal Care Pathways coupled with Managing Two Worlds patient mapping tools was utilised to map the qualitative data emerging from CanDAD through the lived experiences of Aboriginal people with cancer and / or their families to identify gaps and potential opportunities in service provision in cancer care. A key aspect of the project is the integration of and value placed on the importance of sharing stories and personal experiences. Integration of the experiences of Aboriginal people will guide continuous service improvement, community engagement, advocacy and outcomes research. Key findings of this study were translated into the development of the second South Australian Aboriginal Cancer Control Plan 2016-2021, with the study team and its Aboriginal community reference group providing advice and interpretation of findings into this plan as a key translation activity.

The project has been funded by a grant from the National Health and Medical Research Council (NHMRC) and will provide data infrastructure for health services, population research, and for training Aboriginal (and non-Aboriginal) researchers.
Priority 1: Culturally competent workforce

All those involved in planning and delivering cancer care should be culturally competent. Cultural competency requires ongoing learning.

Quick check: monitoring progress

Does your service:

- include cultural safety as a standing item within service governance?
- provide cultural safety protocols and pathways to all staff, including new staff, locums and Visiting Medical Officers?
- require all health service staff to undertake cultural competency training?
- have established means to get input from people with expertise in caring for Aboriginal and Torres Strait Islander people?
- make male and female health professionals available to Aboriginal and Torres Strait Islander patients?
- routinely seek and act on feedback from Aboriginal and Torres Strait Islander people on their experience?
How the OCP can help

The OCP emphasises the importance of understanding patient values, beliefs, cultural needs and history. It highlights the importance of sensitivity when discussing cultural beliefs about cancer, Sorry Business, Men’s and Women’s Business and concerns about research exposure. It provides information about respectful and appropriate communication and practical considerations during consultations.

Implementation of the OCP aims to support:

• consistent, system-wide use of culturally appropriate, respectful and appropriate communication about cancer across the continuum of care

• involvement across the continuum of care of appropriately trained and supported Identified health professionals (Aboriginal and/or Torres Strait Islander Health Workers, Aboriginal and/or Torres Strait Islander Hospital Liaison Officers and other relevant health workers) or other culturally competent health workers

• empowerment of Aboriginal and Torres Strait Islander people to express beliefs, values and preferences that are important to their cancer care and experience.

Review pages 18–25 of the OCP for more information on cultural safety considerations in cancer.
SYSTEM AND POLICY CONSIDERATIONS

- Supplement national / state cultural safety frameworks and resources with cancer-specific considerations
- Review the scope of work and support needs of identified health professionals and other culturally appropriate health professionals in relation to cancer care and promote their involvement in the multidisciplinary team
- Include cultural competency training and education (with cancer-specific examples) as part of university and medical school curricula and professional college / society professional development programs
- Include relevant work experience in a unit or service providing Aboriginal and Torres Strait Islander health care as part of health professional training.
HEALTH SERVICE ACTIVITIES

WHAT

Maintain and demonstrate a workforce competent in the delivery of culturally safe and responsive cancer care

HOW

• Implement Action 1.21: Improving cultural competency in the National Safety and Quality Health Service Standards
• Integrate cancer-specific examples within cultural safety policies and protocols
• Provide adequate baseline and refresher training in cultural competency, including cancer examples, for all health service staff
• Give patients access to both male and female health professionals to respect sensitivities around men’s and women’s business
• Require routine audit, reporting and review of cultural safety for patients receiving cancer care, including patient surveys and feedback

Ensure early engagement of experts in provision of culturally safe and responsive care

• Create pathways and protocols for health and cancer services to access Identified health professionals, or other culturally competent health professionals
• Review the demand and scope of work for Identified health professionals to ensure roles are used effectively, efficiently and meaningfully in a cancer setting
• Provide cancer-specific training for Aboriginal and/or Torres Strait Islander Health Workers and opportunities for self-reflection and support in relation to difficult cases
GUIDANCE FOR HEALTH PROFESSIONALS

- Undertake ongoing cultural competency training and consider cancer-specific needs.
- Find out more about Aboriginal and Torres Strait Islander history, role models and Elders of national significance.
- Know how to access a person working as a registered health professional who identifies as Aboriginal and/or Torres Strait Islander Aboriginal Health Workers, Aboriginal Health professionals or other health professionals with expertise in culturally appropriate and responsive care.
- Lead change in workforce cultural competency by taking part in governance committees and peer discussion.
Case Studies

Royal Australasian College of Surgeons (RACS): Cultural safety training

The Royal Australasian College of Surgeons (RACS) is a non-profit organisation training surgeons and maintaining surgical standards in Australia and New Zealand. The RACS Indigenous Health Position Statement provides a framework for reducing disparities in outcomes between Indigenous and non-Indigenous people in Australia and New Zealand. It encourages support and participation of Indigenous people in its activities and uses a partnership approach. Key activities are overseen by the Indigenous Health Committee, chaired by an Indigenous Fellow. The Position Statement describes a commitment to ensuring that all surgeons are trained and competent to provide culturally appropriate surgical care.

The Indigenous Health section of the RACS website contains further information about activities and initiatives.
Priority 2: Integrated planning and delivery of care across services

Integration of cancer-specific and Aboriginal and Torres Strait Islander health expertise is an important foundation for culturally appropriate and responsive cancer care.

Quick check: monitoring progress

Does your service:

- have an agreed protocol for identification of Aboriginal and Torres Strait Islander patients?
- include Aboriginal and/or Torres Strait Islander people within service governance and reporting?
- routinely seek input from Aboriginal and/or Torres Strait Islander communities about the health service environment?
- have established pathways and agreed ways of working with services providing care and support for Aboriginal and/or Torres Strait Islander people?
How the OCP can help

The OCP highlights the need for services involved in cancer care to work with relevant Aboriginal and Torres Strait Islander health and community organisations to deliver culturally appropriate and responsive cancer care within a safe and welcoming environment.

Implementation of the OCP aims to support:

- enhanced coordination of cancer care for Aboriginal and Torres Strait Islander people across sectors and across the continuum of care
- consistent use of tools and resources to identify the information and support needs of Aboriginal and Torres Strait Islander people at risk of or treated for cancer
- established relationships between care providers across sectors to enable delivery of clinical care and support
- use of appropriate technology such as telehealth to help facilitate and coordinate effective, culturally appropriate and responsive care
- consistent and timely access to culturally appropriate services to help address identified supportive care needs
- consistent provision of culturally appropriate information about cancer to Aboriginal and Torres Strait Islander people
- empowerment of Aboriginal and Torres Strait Islander people to access information and support to help anticipate what happens across the cancer pathway.

Review pages 18–25 of the OCP for more information on cultural safety considerations in cancer.
SYSTEM AND POLICY CONSIDERATIONS

- Develop and promote nationally consistent and appropriate strategies, systems and processes to record identification of Aboriginal and Torres Strait Islander people receiving cancer care.
- Promote the development, implementation and evaluation of best-practice integrated cancer care.
HEALTH SERVICE ACTIVITIES

WHAT

- Provide systems and tools to support patients to identify as Aboriginal and/or Torres Strait Islander

HOW

- Implement Action 5.8: Identifying people of Aboriginal and/or Torres Strait Islander origin in the National Safety and Quality Health Service Standards
- Include space to note identification as Aboriginal and/or Torres Strait Islander on admission, referral and cancer planning templates and tools
- Provide patients with information to help them understand the benefits for their cancer care of identifying as Aboriginal and/or Torres Strait Islander
- Provide health professionals and staff with training on appropriate ways to ask whether a person identifies as Aboriginal and/or Torres Strait Islander
- Use validated tools to collect and review data related to outcomes and experiences of Aboriginal and Torres Strait Islander patients to reinforce the importance of collecting information about identification

Demonstrate a commitment to collaborative planning of cancer service delivery

- Develop an Aboriginal and Torres Strait Islander Impact Statement for all new activities
- Include Aboriginal and Torres Strait Islander health services and communities in cancer program and service governance
- Routinely evaluate and report on progress and outcomes in a way that reflects and recognises the input and priorities of all relevant services and community
### HEALTH SERVICE ACTIVITIES

<table>
<thead>
<tr>
<th>WHAT</th>
<th>HOW</th>
</tr>
</thead>
</table>
| Work in partnership with Aboriginal and Torres Strait Islander health services to deliver integrated care across the cancer continuum | • Implement Action 2.13: Working in Partnership in the [National Safety and Quality Health Service Standards](https://www.nationalhealthservicestandards.com.au/).  
• Map local health and community services relevant to the care of Aboriginal and Torres Strait Islander people  
• Develop localised plans for service integration highlighting pathways to connect patients with available relevant services |

<table>
<thead>
<tr>
<th>WHAT</th>
<th>HOW</th>
</tr>
</thead>
</table>
| Plan and design health services to create a safe and welcoming environment for all patients across the cancer continuum | • Implement Action 1.33: Creating a welcoming environment in the [National Safety and Quality Health Service Standards](https://www.nationalhealthservicestandards.com.au/).  
• Engage and involve local Aboriginal and Torres Strait Islander communities early in the planning and delivery of health services and programs |
GUIDANCE FOR HEALTH PROFESSIONALS

- Routinely ask patients whether they identify as Aboriginal and/or Torres Strait Islander, following advice for how to do this in a safe and appropriate way.
- Be aware of where conversations with Aboriginal and/or Torres Strait Islander people about their health take place and provide options to address concerns about privacy if needed.
Case Studies

South Australian Aboriginal Health Partnership (SAAHP): An integrated approach to Aboriginal cancer care

South Australia is currently the only state to have a dedicated cancer plan for Aboriginal people. The South Australian Aboriginal Cancer Control Plan 2016–2021 was developed to address the disparity in cancer outcomes seen between Aboriginal and non-Aboriginal people.

Implementation of the Plan is being led by the South Australian Aboriginal Chronic Disease Consortium aligned to South Australia’s Health Translation Centre, with oversight from an Executive Group and Aboriginal Community Reference Group.

Cancer is one of three chronic disease areas led by the consortium. The cross-sectoral Cancer Leadership Group includes representation from Primary Health Networks, South Australian Department of Health and Aging, Aboriginal Health Council of South Australia, local Aboriginal Community Controlled Health Organisations and Aboriginal community members. This integration of cancer expertise within a consortium focused on Aboriginal chronic disease provides a model that prioritises attributes and principles that must underpin the delivery of appropriate prevention, screening, treatment and support for Aboriginal people with cancer.
Case Studies

Illawarra Aboriginal Medical Service: Providing culturally appropriate cancer care

Following feedback from personal experiences in the community, Illawarra Aboriginal Medical Service (IAMS) identified the opportunity to provide enhanced supportive care for cancer patients.

In 2015, IAMS applied for seed funding to improve the care of Aboriginal people with cancer. The funds helped establish a team at IAMS to support patients from the time of initial cancer investigations, through to treatment and follow-up, including palliative care and grief support. Being reflective of the community’s needs, the project was supported and driven by the Aboriginal Chief Executive Officer and board.

An evaluation of the pilot project found that the service was culturally appropriate and improved accessibility of cancer services.

The IAMS Cancer Care Team continues to be funded and consists of an Aboriginal Health Worker and a counsellor three days a week, supported by a general practitioner.

“Working from a needs base is why this project is successful. Establishing strong communication points and liaising with community and multiple cancer care health services and health professionals was the first step in being able to provide better cancer care to support the Aboriginal and Torres Strait Islander community.” (IAMS cancer care staff)
Priority 3: Culturally appropriate care coordination and support

Effective and culturally appropriate care coordination and support for Aboriginal and Torres Strait Islander people requires positive relationships and trust as well as recognition of and action in relation to specific supportive care needs.

Quick check: monitoring progress
Do you or does your service:

- use cancer information resources designed specifically for Aboriginal and Torres Strait Islander people?
- use validated tools to identify the supportive care needs of Aboriginal and Torres Strait Islander people with cancer?
- use jurisdictional Patient Assistance Travel Schemes and seek assistance from relevant health professionals/practitioners in coordinating travel, accommodation and support needs?
- have established and functional systems to monitor non-attendance at appointments?
How the OCP can help

The OCP emphasises the importance of culturally appropriate care coordination and support for Aboriginal and Torres Strait Islander people. It provides links to information resources to help with communication. Cancer Australia has developed resources to complement the OCP that can be used with patients, family and community.

Implementation of the OCP aims to support:

- meaningful engagement and input from Aboriginal and Torres Strait Islander communities in the planning and delivery of services providing cancer care
- integration of mainstream and Aboriginal and Torres Strait Islander health services in the design and delivery of cancer services
- system-wide and appropriate identification of Aboriginal and Torres Strait Islander people to facilitate access to culturally appropriate care, information and support
- welcoming and inclusive healthcare environments for Aboriginal and Torres Strait Islander people receiving cancer care.

Review pages 13–16 of the OCP for more information on care coordination, support and communication.
SYSTEM AND POLICY CONSIDERATIONS

- Promote the use of technology to increase access and coordination of care and support for Aboriginal and Torres Strait Islander communities who have to travel long distances for appointments.
- Develop and distribute national information resources about cancer for Aboriginal and Torres Strait Islander people.
- Develop cancer information for Aboriginal and Torres Strait Islander people that emphasises the benefit of talking about beliefs, values and preferences during consultations and provides tips and strategies to do this.
- Continue to promote use of government-funded programs that support coordinated care for Aboriginal and Torres Strait Islander people, such as Integrated Team Care arrangements.\textsuperscript{23}
HEALTH SERVICE ACTIVITIES

**WHAT**

Maintain a range of activities to facilitate coordination of care for Aboriginal and Torres Strait Islander people across the cancer pathway

- Engage with Identified health professionals or other culturally competent health professionals to help coordinate care between/within health services and settings
- Use telehealth and/or provide travel and accommodation support for people who live a long distance from the cancer service
- Maintain two-way communication between specialist services and the patient’s primary care practitioner to share information and support local provision of support and care
- Use Integrated Team Care arrangements to support coordination of care
- Allow additional time for discussions to facilitate involvement of family members and carers (within optimal timeframes)
- Establish systems to proactively follow-up patients who do not attend clinic appointments

Encourage and empower Aboriginal and Torres Strait Islander people to identify supportive care needs

- Use validated tools and resources (e.g. SCNAT-IP) to identify the support and information needs of Aboriginal and Torres Strait Islander people and their families
- Develop and use culturally appropriate patient information about cancer; tailored if possible, to reflect local services and context

**HOW**
GUIDANCE FOR HEALTH PROFESSIONALS

• Consider using telehealth consultations to reduce the need for people to travel long distances for appointments
• Be aware of and facilitate access to local travel, accommodation and support services
• Use validated tools to identify supportive care needs of Aboriginal and Torres Strait Islander people and their families
• Notify the patient’s general or primary care practitioner, Aboriginal and/or Torres Strait Islander Health Worker or Aboriginal and/or Torres Strait Islander Hospital Liaison Officer if a patient does not attend clinic appointments
• Ensure clinical handover documentation is received and followed up appropriately
Case Studies

Peter MacCallum Cancer Centre: A welcoming environment

A possum skin cloak, handmade by Aboriginal women who have had cancer, is used at the Peter MacCallum Cancer Centre as a symbol of healing and support for other Aboriginal and Torres Strait Islander people going through cancer treatment.

The possum skin cloak is available for use by Aboriginal and Torres Strait Islander people and their families during cancer treatment at Peter MacCallum Cancer Centre.

The cloak was made as part of the Breast Cancer Network Australia ‘Culture is Healing’ program, which aims to create culturally appropriate spaces in hospital.
Case Studies

Northern Territory: Providing education and networking opportunities

In Darwin, the Alan Walker Cancer Care Centre identified the opportunity to strengthen relationships with and increase cancer knowledge in primary health care settings.

An accredited course was delivered by cancer professionals about cancer and optimal care pathways to chronic disease coordinators and Aboriginal Health Practitioners located in multiple NT primary health care sites.

The education sessions helped increase knowledge about cancer and optimal care, such as optimal referral timeframes and follow-up for patients discharged from hospital.

The sessions also provided a valuable networking opportunity, enhancing communication channels between hospital-based cancer coordinators and rural and remote primary health care chronic disease coordinators.
Case Studies

**St Vincent's Hospital Melbourne: Culturally appropriate care coordination and support opportunities**

St Vincent's is a large public hospital located in Fitzroy, Melbourne. It is part of the North Western Melbourne Primary Health Care Unit and has a long history of working with its local Aboriginal and Torres Strait Islander population, providing outreach to the Victorian Aboriginal Health Service (VAHS).

St Vincent’s has an Aboriginal Health Unit, with a dedicated Manager and Aboriginal and Torres Strait Islander staff. The Unit incorporates the Aboriginal Hospital Liaison Officer (AHLO) Program.

The Aboriginal Health Unit AHLOs provide support to people with cancer in line with needs identified with a social worker through the cancer multidisciplinary team. The Unit and the hospital’s Social Work Team have developed an Aboriginal and Torres Strait Islander Care planning tool to assess patient health and other priorities and communicate complex care needs to key stakeholders. The tool is completed with the patient and used by the Unit and Social Work Team to help ensure a patient’s needs are appropriately prioritised and holistically addressed in and out of hospital.

A key enabler for provision of culturally appropriate care is the identification of Aboriginal people. Through an ongoing continuous quality improvement project, the use of an Aboriginal flag as part of the oncology management information system to highlight people who identify as Aboriginal, facilitates the provision of culturally appropriate care by the team.

This combined expertise of the multidisciplinary team and Aboriginal Health Unit helps in delivering culturally appropriate, patient-centred cancer care. This model also helps to reduce the workload for Aboriginal Health Workers, allowing them to focus on face-to-face patient interaction.
Step 1: Prevention and early detection

Compared with non-Indigenous people in Australia, Aboriginal and Torres Strait Islander people experience:

- a different pattern of cancer incidence, with some cancers (e.g. cancers of the lung, liver, head and neck [oral] and cervix) occurring more frequently than in non-Indigenous Australians\textsuperscript{22}
- a higher incidence of cancers that are more likely to be fatal (e.g. cancers of the lung and liver)\textsuperscript{23, 24}
- higher levels of modifiable risk factors relevant to cancer (e.g. smoking, alcohol consumption, poor diet, low levels of physical activity and high levels of infections such as hepatitis B and C)\textsuperscript{25, 26, 27, 28}
- lower participation in cancer screening programs\textsuperscript{29}
- a higher likelihood of having cancer at an advanced stage of development at diagnosis\textsuperscript{30}

Quick check: monitoring progress

Do you or does your service:

- have a protocol / guidance for how to discuss cancer risk and family history in a culturally appropriate way?
- promote and assist Aboriginal and Torres Strait Islander people to access immunisations?
- routinely use the Medicare health assessment for Aboriginal and Torres Strait Islander people\textsuperscript{31} and incorporate strategies to reduce risk of cancer?
- work with local Aboriginal Community-Controlled Health Services and/or other Aboriginal and Torres Strait Islander health and community groups to promote awareness of cancer risk and encourage early help seeking?
How the OCP can help

The OCP highlights strategies focused on risk reduction, screening, immunisation and early detection of cancer for Aboriginal and Torres Strait Islander people.

Implementation of the OCP aims to support:

- a stronger focus within public and environmental health planning on strategies to reduce the risk of cancer in Aboriginal and Torres Strait Islander communities (including primary and secondary prevention)
- collaborative approaches to improve access to and participation in population-based cancer screening and immunisation programs by Aboriginal and Torres Strait Islander people
- increased awareness by health professionals of cancers for which Aboriginal and Torres Strait Islander people are at highest risk
- consistent provision of culturally appropriate advice to Aboriginal and Torres Strait Islander people about prevention and early detection of cancer
- empowerment of Aboriginal and Torres Strait Islander people to seek and access advice, services and support to reduce the risk of cancer and support early detection.

Review practice against step 1 of the OCP.
SYSTEM AND POLICY CONSIDERATIONS

- Develop and promote national cancer awareness campaigns for Aboriginal and Torres Strait Islander people.
- Continue to promote the use of the Medicare health assessment for Aboriginal and Torres Strait Islander people (MBS item 715) in a way that encourages positive communication messaging and is sensitive to references to cancer.
HEALTH SERVICE ACTIVITIES

Public health plans include the following strategies for Aboriginal and Torres Strait Islander people:

- Encouraging and supporting behaviours to reduce cancer risk (including primary and secondary prevention)
- Increasing access and encouraging participation in population-based cancer screening programs
- Increasing access and encouraging participation in relevant immunisation programs.

Primary care providers:

- Include cancer prevention and screening as priority areas of focus and/or as part of commissioning for chronic disease or Aboriginal and Torres Strait Islander health
- Develop/participate in campaigns to increase community awareness and action in response to cancer signs and symptoms
- Run education sessions/publish newsletter articles on the importance of prevention and early detection of cancer in Aboriginal and Torres Strait Islander people
- Incorporate pathways and prompts around risk management, screening and early detection of cancer into Health Pathways software/other GP software
- Design service delivery to meet community needs and align to Medicare services that promote wellbeing and management of ill health
- Use the Medicare health assessment for Aboriginal and Torres Strait Islander people (MBS item 715) as an opportunity to discuss prevention and early detection and assess cancer risk (see the RACGP/NACCHO guide)
HEALTH SERVICE ACTIVITIES

Cancer screening services:

- Work with local Aboriginal Community Controlled Health Services and others to design and implement culturally appropriate strategies to increase awareness, facilitate access and encourage participation in population-based cancer screening by Aboriginal and Torres Strait Islander people.

Immunisation programs:

- Work with local Aboriginal Community-Controlled Health Services to design and implement culturally appropriate strategies to increase awareness, facilitate access and encourage participation in relevant immunisation programs by Aboriginal and Torres Strait Islander people.
Step 2: Presentation, initial investigations and referral

Presentation and initial investigation of cancer symptoms can be affected by the fact that Aboriginal and Torres Strait Islander people may:

- present with multiple comorbidities
- have multiple risk factors
- present with later stage disease
- be hesitant to discuss gender-specific matters with / in the presence of a member of the opposite gender
- feel culturally unsafe accessing mainstream health services
- face financial, transport or other barriers to accessing health services
- have family and community responsibilities
- experience feelings of discomfort or shame from heightened attention, sharing personal information, previous experiences or perceptions about cancer or mainstream medical services.
Quick check: monitoring progress

Do you or does your service:

- understand and have strategies to address potential barriers to early presentation of cancer symptoms in Aboriginal and Torres Strait Islander people?
- provide culturally appropriate information about steps involved in the investigation of cancer symptoms?
- facilitate access for Aboriginal and Torres Strait Islander people to appropriate support to help with accessing and attending specialist appointments?
- implement strategies to facilitate timely follow-up on the status of tests or referrals for investigation of cancer symptoms in Aboriginal and Torres Strait Islander people?
How the OCP can help

The OCP provides strategies to encourage early presentation and support timely referral and appropriate support and communication for Aboriginal and Torres Strait Islander people with signs and symptoms of cancer.

Implementation of the OCP aims to support:

- inclusion of strategies to address challenges around presentation and access for Aboriginal and Torres Strait Islander people, within referral pathways for investigation of cancer symptoms
- timely access to local support services appropriate for Aboriginal and Torres Strait Islander people requiring investigation of cancer symptoms
- empowerment of Aboriginal and Torres Strait Islander people to report symptoms and access investigations for symptoms of cancer.

Review practice against step 2 of the OCP.

**SYSTEM AND POLICY CONSIDERATIONS**

- National development of culturally appropriate information about steps involved in the investigation of symptoms of cancer
- Investigate options and promote mandatory use of collecting Indigenous status.
HEALTH SERVICE ACTIVITIES

Services involved in investigation of cancer symptoms:

• Routinely ask people attending for investigation of symptoms whether they identify as Aboriginal and/or Torres Strait Islander
• Designate a culturally responsive health professional to support patients undergoing investigations, including follow-up on referrals
• Map and use available financial, accommodation and support services for people who need to travel for tests
• Use communication technologies such as telehealth to reduce the need for travel for tests and to support involvement of family and community members in initial investigations
• Work with Aboriginal and Torres Strait Islander communities to promote positive messages and reduce fear of having tests.

Primary care providers:

• Run education sessions/publish newsletter articles highlighting the importance of timely referral and investigation of cancer symptoms in Aboriginal and Torres Strait Islander people
• Develop and participate in campaigns to increase community awareness of cancer signs and symptoms and encourage help-seeking.
Step 3: Diagnosis, staging and treatment planning / Step 4: Treatment

Key considerations during cancer diagnosis, staging, treatment planning and treatment for Aboriginal and Torres Strait Islander people include the need to:

- consider the patient’s cultural, spiritual, psychosocial and holistic needs as part of treatment planning and support
- be aware of and respect Aboriginal and Torres Strait Islander perceptions and views on health, illness and treatment
- the importance of early referral to palliative care based on need not prognosis
- proactively identify patient needs in relation to pain or other aspects of care.

Quick check: monitoring progress

Do you or does your service:

- understand and respond to cultural factors that may influence decision making by Aboriginal and Torres Strait Islander people?
- offer the option for patients to see a health professional of the same gender as the patient?
- routinely identify Aboriginal and Torres Strait Islander patients during multidisciplinary treatment planning meetings?
- have expertise in culturally appropriate care on the multidisciplinary team?
- use culturally appropriate care coordination to support timely diagnostic work up appropriate to the cancer type?
- invite the patient’s preferred general or primary care practitioner to attend or contribute information to the multidisciplinary team meeting? (may be via video or teleconference)
- consider suitable clinical trials and provide culturally appropriate information about clinical trials?
- collect and use patient-reported outcome and experience measures relevant to Aboriginal and Torres Strait Islander people with cancer?
How the OCP can help

The OCP provides information about diagnosis and staging, treatment planning, treatment, research and clinical trials as well as support and communication.

Implementation of the OCP aims to support:

- design and delivery of cancer services to proactively consider and address the needs of Aboriginal and Torres Strait Islander people and their families to deliver person-centred care
- culturally appropriate care coordination to facilitate optimal time between diagnosis, staging, treatment planning and treatment
- increased access and facilitation of participation in appropriate clinical trials by Aboriginal and Torres Strait Islander people
- increased research into appropriate models of treatment and care by and for Aboriginal and Torres Strait Islander people
- early referral to palliative care and completion of advance care planning as appropriate.

Review practice against steps 3 and 4 of the OCP.
SYSTEM AND POLICY CONSIDERATIONS

- Consideration by national clinical trial organisations about ways to increase access to and participation in cancer clinical trials by Aboriginal and Torres Strait Islander people.

HEALTH SERVICE ACTIVITIES

Cancer services:

- Implement overarching strategies to ensure the cultural safety and responsiveness of the service
- Proactively identify Aboriginal and Torres Strait Islander patients during multidisciplinary treatment planning meetings so that appropriate support needs can be considered
- Include an identified health professional or other health professional with expertise in culturally appropriate and responsive care as part of the cancer multidisciplinary team
- Implement strategies to encourage and facilitate Aboriginal and Torres Strait Islander participation in clinical trials and research
- Collect and use patient-reported outcome and experience measures to consider the specific needs of Aboriginal and Torres Strait Islander people.
Step 5: Care after initial treatment and recovery

Key considerations for follow-up after initial cancer treatment and recovery for Aboriginal and Torres Strait Islander people include:

- the importance of a follow-up care plan that includes strategies for rapid re-entry to specialist services for suspected recurrence
- facilitating culturally appropriate strategies to assist with the transition to survivorship and support a healthy lifestyle
- discussing patient beliefs and definition of living well to ensure health services are working towards the patient’s ideal outcome.

Quick check: monitoring progress

Do you or does your service:

- routinely engage input from an identified health professional or other health professional with expertise in culturally appropriate and responsive care to provide support for people after completion of active treatment for cancer?
- discuss patient beliefs and definition of living well to ensure health services are working towards the patient’s ideal outcome?
- provide culturally appropriate information to help Aboriginal and Torres Strait Islander people understand plans for follow-up care and how to access support once initial treatment has been completed?
How the OCP can help

The OCP provides information about supporting the transition from active treatment to survivorship.

Implementation of the OCP aims to support:

• proactive consideration of the needs of Aboriginal and Torres Strait Islander people in plans and pathways for cancer follow-up and survivorship care

• implementation of systems to enact and revise follow-up and survivorship care plans according to patient needs

• empowerment of Aboriginal and Torres Strait Islander people to identify their needs and preferences in relation to their care after completion of initial treatment for cancer.

Review practice against step 5 of the OCP.
SYSTEM AND POLICY CONSIDERATIONS: CARE AFTER INITIAL TREATMENT AND RECOVERY

- Include specific survivorship considerations for Aboriginal and Torres Strait Islander people as part of programs of work exploring shared care / survivorship care.

HEALTH SERVICE ACTIVITIES: DIAGNOSIS, STAGING, TREATMENT PLANNING AND TREATMENT

Cancer services:
- Include specific goals and strategies in plans focused on provision of culturally appropriate and responsive cancer follow-up care for Aboriginal and Torres Strait Islander people
- Support the collection and use of patient-reported outcome and experience measures to consider the specific survivorship care needs of Aboriginal and Torres Strait Islander people.
Step 6: Managing recurrent, residual or metastatic disease / Step 7: End of life care

For Aboriginal and Torres Strait Islander people who experience recurrent, residual and metastatic disease, it is important to be aware of:

- Aboriginal and Torres Strait Islander perceptions and views on health and illness as well as cultural beliefs related to death and dying
- the need for proactivity to identify patient needs in relation to pain or other aspects of care
- the importance of early referral to palliative care based on need not prognosis.

For patients at end of life, wherever possible and requested by the patient, family and/or carers, health services should support the inclusion of cultural practices.

Quick check: monitoring progress

Do you or does your service:

- have agreed strategies and information to help patients understand their situation at the point of recurrence or diagnosis of residual or metastatic disease?
- use culturally appropriate language and strategies to discuss death and dying with Aboriginal and Torres Strait Islander people?
- consider cultural beliefs and practices in the management of pain?
- have culturally appropriate strategies and pathways to identify and respond to the needs and preferences of Aboriginal and Torres Strait Islander patients at the end of life?
- support and facilitate provision of cultural practices for Aboriginal and Torres Strait Islander people, their families, carers and community at end of life?
How the OCP can help

The OCP provides information on management of recurrent, residual or metastatic disease, including treatment, pain management, palliative care and supportive care. It also includes information about end of life care, including information about return to country and practices around death and dying.

Implementation of the OCP aims to support:

- proactive consideration of the needs and beliefs of Aboriginal and Torres Strait Islander people in the planning and delivery of pain management and palliative care services
- early discussions with patients and their families and carers about advance care planning
- planning and delivery of health services that are respectful of and responsive to the beliefs and preferences of Aboriginal and Torres Strait Islander people at end of life
- empowerment of Aboriginal and Torres Strait Islander people and their families to identify their needs and preferences in relation to end-of-life care.

Review practice against steps 6 and 7 of the OCP.
SYSTEM AND POLICY CONSIDERATIONS

- Include specific survivorship considerations for Aboriginal and Torres Strait Islander people as part of programs of work exploring shared care / survivorship care.

HEALTH SERVICE ACTIVITIES

Cancer services palliative care and primary care services:

- Develop and implement pathways and services to support patients who wish to return to country at end of life
- Empower Aboriginal and Torres Strait Islander communities to provide input into messaging and information about palliative and end-of-life care.
The OCP includes links to a range of resources to support optimal cancer care for Aboriginal and Torres Strait Islander people. The list below contains some of the key national policies and frameworks relevant to implementation of the OCP.

Further resources can be found on the Cancer Australia website and HealthInfoNet.

<table>
<thead>
<tr>
<th>RESOURCE</th>
<th>AUDIENCE</th>
<th>PURPOSE</th>
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<tbody>
<tr>
<td>Aboriginal and Torres Strait Islander cultural capability</td>
<td>Researchers and stakeholders</td>
<td>Provides a basis for building the cultural capability of the Commonwealth public sector. Explains the skills, knowledge, and practices that employees need to perform their duties in a culturally informed way and offers a model to support the development of these skills across the sector.</td>
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<tr>
<td>Australian Government</td>
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<tr>
<td>Australian Health Ministers’ Advisory Council 2016–2026</td>
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<td>RESOURCE</td>
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<tr>
<td>Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities</td>
<td>Commonwealth public sector</td>
<td>Provides guidance for the conduct of ethical research with Aboriginal and Torres Strait Islander peoples and communities to: • improve the way researchers work with Aboriginal and Torres Strait Islander people and their communities • develop and /or strengthen research capabilities of Aboriginal and Torres Strait Islander people and their communities • enhance the rights of Aboriginal and Torres Strait Islander peoples as researchers, research partners, collaborators and participants in research.</td>
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<tr>
<td>National Health and Medical Research Council</td>
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<tr>
<td>2018</td>
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<tr>
<td>Identification of Aboriginal and Torres Strait Islander people in Australian general practice</td>
<td>General practice</td>
<td>Provides advice for general practices and general practitioners to support improved identification of Aboriginal and Torres Strait Islander people as a necessary precondition for participation in Closing the Gap initiative.</td>
</tr>
<tr>
<td>Royal Australian College of General Practitioners</td>
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<tr>
<td>Improving the accessibility of health services in urban and regional settings for Indigenous people</td>
<td>Health services</td>
<td>Draws on approximately 30 research studies as well as documented practice experience to explore how to improve accessibility of metropolitan, urban and regional health services for Indigenous Australians.</td>
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<td>AIHW / AIFS</td>
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<td>RESOURCE</td>
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<td>PURPOSE</td>
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<tr>
<td>National CQI Framework for Aboriginal and Torres Strait Islander Primary Health Care 2018–2023</td>
<td>Primary care providers and policy makers</td>
<td>Provides practical support for health care providers and policy makers to embed Continuous Quality Improvement (CQI) into primary health care for Aboriginal and Torres Strait Islander people.</td>
</tr>
<tr>
<td>National Aboriginal Community Controlled Health Organisation</td>
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<tr>
<td>National Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health</td>
<td>Hospitals and health service organisations</td>
<td>The National Safety and Quality Health Service (NSQHS) Standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations. The User Guide for Aboriginal and Torres Strait Islander Health defines six actions that specifically meet the needs of Aboriginal and Torres Strait Islander people:</td>
</tr>
<tr>
<td>The Wardliparingga Aboriginal Research Unit of the South Australian Health and Medical Research Institute. Australian Commission on Safety and Quality in Health Care 2017</td>
<td></td>
<td><strong>Partnering with consumers standard</strong></td>
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<tr>
<td></td>
<td></td>
<td>2.13 The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs</td>
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<td></td>
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<td><strong>Clinical governance standard</strong></td>
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<td>1.2 The governing body ensures that the organisation’s safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people</td>
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</table>
| National Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health | Hospitals and health service organisations | 1.21 The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients  
1.33 The health service organisation demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of Aboriginal and Torres Strait Islander people |
| The Wardliparingga Aboriginal Research Unit of the South Australian Health and Medical Research Institute, Australian Commission on Safety and Quality in Health Care |                                 | **Comprehensive care standard**  
5.8 The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information system |
| National Safety and Quality Health Service Comprehensive Care Standard | Health services                  | Aims to ensure that patients receive comprehensive health care that meets their individual needs and considers the impact of their health issues on their life and wellbeing. It also aims to ensure that risks of harm for patients during health care are prevented and managed through targeted strategies.  
Comprehensive care is the coordinated delivery of the total health care required or requested by a patient. This care is aligned with the patient’s expressed goals of care and healthcare needs, considers the impact of the patient’s health issues on their life and wellbeing, and is clinically appropriate. | 2000 |
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<tr>
<th>RESOURCE</th>
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<tr>
<td>National Safety and Quality Health Service Standards, User Guide for Medication Management in Cancer Care</td>
<td>Health services</td>
<td>This User Guide is designed for healthcare services involved in providing medications for cancer care following entry into a cancer service, at diagnosis and consideration of chemotherapy as a treatment option.</td>
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<tr>
<td>Australian Commission on Quality and Safety in Health Care</td>
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<tr>
<td>National standards for collecting Indigenous status data</td>
<td>Health services</td>
<td>Documents the recommended national approach for collecting and recording accurate information on the Indigenous status of clients.</td>
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<tr>
<td>Australian Institute of Health and Welfare</td>
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</table>
Cancer Australia recognises that ‘Aboriginal and Torres Strait Islander people’ is the preferred term for referring to Aboriginal peoples and Torres Strait Islanders collectively. This term recognises the distinct cultures, languages and homelands of Australia’s Indigenous communities.

The OCP provides a detailed glossary. The key terms used in this guide are provided below.

<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
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<tbody>
<tr>
<td>Aboriginal and Torres Strait Islander Health Practitioner / Aboriginal Health Practitioner / Torres Strait Islander health Practitioner</td>
<td>A person registered by the Aboriginal and Torres Strait Islander Health Practice Board. The practitioner may use the titles: • Aboriginal health practitioner, • Aboriginal and Torres Strait Islander health practitioner, or • Torres Strait Islander health practitioner.</td>
</tr>
<tr>
<td>Aboriginal and/or Torres Strait Islander Health Worker</td>
<td>An Aboriginal and/or Torres Strait Islander person who has gained a Certificate II or higher qualification in Aboriginal and/or Torres Strait Islander Primary Health Care from the Health (HLT) training package.</td>
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References
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<tr>
<th>TERM</th>
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<tr>
<td>Aboriginal and/or Torres Strait Islander Hospital</td>
<td>An Aboriginal and/or Torres Strait Islander person (usually an Aboriginal Health Worker) who assists multidisciplinary teams to provide culturally appropriate health care and support for individuals and families visiting hospitals and health clinics.</td>
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<tr>
<td>Liaison Officer</td>
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<tr>
<td>Aboriginal Community Controlled Health Service</td>
<td>An incorporated Aboriginal organisation, which is initiated by a local Aboriginal community. ACCHSs are based in local Aboriginal communities and governed by an Aboriginal body which is elected by the local Aboriginal community. Each ACCHS delivers a holistic and culturally appropriate health service to the community which controls it.</td>
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<tr>
<td>(ACCHS)</td>
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<tr>
<td>Aboriginal Medical Service</td>
<td>A health service that publicly recognises itself as an Aboriginal Medical Service and delivers services to a predominantly Aboriginal and Torres Strait Islander population.</td>
</tr>
<tr>
<td>Cultural awareness</td>
<td>A basic understanding of Aboriginal and Torres Strait Islander histories, peoples and cultures. There is no common accepted practice to reflect cultural awareness, and the actions taken depend on the individual and their knowledge of Aboriginal and Torres Strait Islander culture. Cultural awareness is generally accepted as a necessary first step and a foundation for further development, but not sufficient for sustained behaviour change.</td>
</tr>
<tr>
<td>Cultural competency</td>
<td>A set of behaviours, attitudes and policies that enable a system, service or individual to deliver quality care to clients with diverse values, beliefs and behaviours, including tailoring delivery to meet patients’ social, cultural and linguistic needs. It requires institutionalising of cultural knowledge and adapting service delivery to reflect understanding of the diversity between and within cultures.</td>
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<td>TERM</td>
<td>DEFINITION</td>
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<tr>
<td>Cultural respect</td>
<td>The recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander people.</td>
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<tr>
<td>Cultural safety</td>
<td>Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.</td>
</tr>
<tr>
<td></td>
<td>Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.</td>
</tr>
<tr>
<td>Health service</td>
<td>A broad term used in this resource to encompass all services providing health care across the cancer care continuum.</td>
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<tr>
<td></td>
<td>This includes general practice, community-based health services, Aboriginal and Community Controlled Health Services (ACCHS), diagnostic services, specialist cancer centres and hospitals.</td>
</tr>
<tr>
<td>Primary care provider</td>
<td>A term used in this resource to describe healthcare delivered through the general practice sector, Aboriginal Community-Controlled Health Services, Aboriginal Medical Services, community health services and state or territory primary healthcare services.</td>
</tr>
</tbody>
</table>
References


References


References


References


References

\(^{a}\) National Aboriginal and Torres Strait Islander Health Worker Association. Who we are and what we do. Accessed online 12 September 2019; https://www.natsihwa.org.au/sites/default/files/who_we_are_and_what_we_do.pdf


\(^{d}\) Cross T et al. 1989. Towards a culturally competent system of care: a monograph on effective service for minority children who are severely emotionally disturbed, Georgetown University Child Development Center, CASSP Technical Assistance Center, Washington, DC.