

National Lung Cancer Screening Enquiry  
Cancer Australia  
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To whom it may concern

The National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA), the peak body for Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners, welcomes the opportunity to contribute to the consultation regarding the introduction of a National Lung Cancer Screening Program. - For Aboriginal and Torres Strait Islander peoples in particular a targeted national screening program has the potential to increase early diagnosis and improve survival rates.

Currently the participation rate of Aboriginal and Torres Strait Islander people in other national screening programs is generally lower than the rest of the population. Their participation in the National Bowel Cancer Screening Program, for example, is estimated at 23.5% compared to the rest of the population, which is 40%<sup>1</sup>. The consultation process, therefore, provides an important opportunity to ensure Aboriginal and Torres Strait Islander perspectives are considered from the outset.

The ongoing involvement of the Aboriginal and Torres Strait Islander workforce and community controlled health sector in the design and subsequent roll out of a national lung cancer screen program will be key to maximising the outcomes of this target group.

### **Major consideration – Role of Aboriginal and Torres Strait Islander Health Worker and Practitioners**

NATSIHWA considers that Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners could play a critical role in the delivery of a national screening program. Research continues to demonstrate that cultural safety and strong relationships between primary health care services and Aboriginal and Torres Strait Islander peoples are critical to improving health and well-being outcomes.<sup>2,3</sup>

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<sup>1</sup> Australian Institute of Health and Welfare 2017. National Bowel Cancer Screening Program: monitoring report 2017. Cancer series no.104. Cat. no. CAN 103. Canberra: AIHW

<sup>2</sup> Freeman, T. et al. (2014). Cultural respect strategies in Australian Aboriginal primary health care services: beyond education and training of practitioners. *Australian and New Zealand Journal of Public Health*, 38(4): 355-360.

<sup>3</sup> Davy, C. et al. (2016). Facilitating engagement through strong relationships between primary healthcare and Aboriginal and Torres Strait Islander peoples. *Australian and New Zealand Journal of Public Health*, 40(6): 535-541

In this respect our Health Care Workers and Health Practitioners are a valuable resource equipped with comprehensive primary health care training and clinical skills along with local community and cultural knowledge. A growing body of evidence is starting to connect the Aboriginal and Torres Strait Islander Health Worker and Practitioner workforce to improved health outcomes in diabetes care, mental health care, maternal and infant care and palliative care.<sup>4</sup>

In designing a national lung cancer screening program the provision of a role for this workforce should be explored. Aboriginal and Torres Strait Islander Health Care Workers and Practitioners are well placed to support community engagement, promotion, recruitment, screening itself and ongoing patient care including follow up.

### **Practical Challenges and Opportunities**

Data indicates that a high proportion of those Aboriginal and/or Torres Strait Islander peoples diagnosed with lung cancer live in remote areas<sup>5</sup>. A rollout of a lung cancer screening program that reaches these locations may pose a number of practical challenges. For example consideration may need to be given to:

- the availability of low-dose CT scanning equipment in remote and regional centres
- workforce training for those directly involved in screening
- the accessibility, availability and affordability of specialists, treatment and travel for those testing positive and needing ongoing care of people (noting that a screening program may lead to increased diagnosis)
- the design and roll out of a targeted promotional campaign and
- the need for and availability of interpreter
- the role of elders in driving and leading community led approaches

More broadly links, alignments and lessons from other initiatives should also be explored. For example are there opportunities to:

- integrate messages about the importance of lung cancer screening within components of the Tackling Indigenous Smoking Initiative
- ensure screening is triggered for those most at risk through the annual 715 health check
- implement a point of care screening model such as those being used to address diabetes and sexually transmissible infections – this would support an ‘opportunistic’ approach to screening for those identified most of risk but would be reliant on the widespread availability of equipment and technology.

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<sup>4</sup> Health Workforce Australia, (2011). *Growing our future: final report of the Aboriginal and Torres Strait Health Worker Project*, Health Workforce Australia. Adelaide: XII. Retrieved June 13, 2019, from <https://www.voced.edu.au/content/ngv%3A52970>

<sup>5</sup> Australian Institute of Health and Welfare 2018. *Cancer in Aboriginal and Torres Strait Islander people of Australia*. Cancer series no Cat.no. CAN 109. Canberra: AIHW

### **Engagement and Recruitment**

As outlined above Aboriginal and Torres Strait Islander Health Care Workers and Practitioners are well placed to support engagement and the recruitment of people onto a lung cancer screening program at the local level. They have strong connections and networks to the communities they serve; are skilled at breaking down barriers, reducing stigma, tailoring messages to people at the local level and can assist in the identification of those at risk and highlighting the benefits of early intervention.

Consideration should also be given to the development of locally led promotional campaigns. In this respect national messaging should serve as a framework for adaption at the local level.

### **Other suggestions**

NATSIHWA supports the development and rollout of a national lung cancer screening program and is positioned to harness and mobilise the Aboriginal and Torres Strait Islander health worker and practitioner workforce where required. We have a national membership base and well established networks with regulating bodies and registered training providers.

Going forward, consideration should be given to engaging with the National Health Leadership Forum (NHLF) on the co-design and rollout of a national screening program to Aboriginal and Torres Strait Islander people. The NHLF, established in 2011, is the national representative body for Aboriginal and Torres Strait Islander peak health organisations (of which NATSIHWA is a part) tasked with considering and consulting on the health policies effecting Australia's First Peoples.

The success of a National Lung Cancer Screening Program will be dependent on the combined efforts of all stakeholders, governments, non-government organisations and communities. NATSIHWA looks forward to partnering with others to tackle the impacts of lung cancer for the benefit of all Australians. Thank you once again for the opportunity to contribute.

Yours sincerely

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