

# [Cervical cancer: an action plan](https://assignbuster.com/cervical-cancer-an-action-plan/)

## INTRODUCTION

Cervical Cancer also recognized by ‘ cancer of the cervix’ occurs from the tissue of the cervix. The cervix is a component of the female reproductive system, which also encompasses the uterus, ovaries, fallopian tubes, vagina and vulva (Australian Government-Cancer Australia, 2014). The cervix is the lower part of the uterus that connects to the vagina. It is sometimes called the neck of the uterus. Cervical Cancer affects the cells of the lower part of the uterus that joins the inner end of the vagina also known as the uterine cervix (Cancer Council Victoria, 2014). In Victoria 179 women were diagnosed in 2010 with cervical cancer (Department of Health 2014). This is considered to be the twelfth most common cancer in Australia (Australian Institute of Health and Welfare Canberra, 2013) and has a much greater impact on indigenous women than non-indigenous complements. An indication of evidence shows that 59% of the women population died from this disease. According to Victoria Health, 85% of women developed cervical cancer and either never had conducted a Pap smear test or failed to follow the recommended two yearly screening programs therefore leaded to a lack of participation in cervical screening which is one of the main risk factors for cervical cancer and is common against Indigenous women. Due to the inadequate time frame and the availability of health services such as the Bunurong Health service, Dandenong and District Aborigines Co-operative Limited to contribute in the project, the Indigenous population in the City of Greater Dandenong is the focus of this assignment. The objective of this is to reduce the occurrence of cervical cancer rates among Indigenous women in the City of Greater Dandenong over a three year plan. The strategies conversed in the project involvement plan by engaging the broader participation of indigenous people and their culture imparting a holistic approach to addressing this specific issue. Intensifying cultural awareness and cultural safety is also a significant component. This realization plan will focus mainly on two detailed strategies: to familiarize and educate Aboriginal and Torres Strait Islander women in the City of Greater Dandenong by 50% informing about the new and easy technology use for cervical screening to reduce the pain and discomfort by 2015-2017. Another significant strategy is to ensure that the needs of Aboriginal and Torres Strait Islander women diagnosed with cervical cancer are met physically, culturally, spiritually and medically within the timeframe of three years 2015-2017. This curriculum will provide two-yearly Pap tests to women aged 18-69 for the early detection of cervical cancer. This implementation plan will initially present an action plan and next it will discuss about methods that have been used to encourage sustainability. Then methods of communication, which will be developed to connect stakeholders involved in the assignment, will be conversed along with the supply of resources.

## ACTION PLAN

STRATEGY 1: To fami liarize and educate Aboriginal and Torres Strait Islander women in the City of Greater Dandenong by 50% informing about the new and easy technology use for cervical screening to reduce the pain and discomfort by 2015-2017.

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| TASK | TIMEFRAME | PERSONNEL | RESOURCES | PARTNERS |
| Establish a project team. | January 2015  till April 2015 | City of Greater Dandenong Council  Bunurong health Services  Indigenous Community Registered Nurse and female GP  Health representative from the Cancer Council Victoria  2x female elderly leaders/Volunteers from the Indigenous Aboriginal Community | Information  Venue for the meeting  Time of the Team member’s, Volunteers  Time of the Nurse  Time of the GP | The City of Greater Dandenong Council  Bunurong health Services  Department of Health and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO)  Cancer Council Victoria  Monash Health-Dandenong  Medicare Services |
| Form a committee | 1 st April 2015 to 30 th April 2015 | 2x female elderly leaders/Volunteers from the Indigenous Aboriginal Community  Registered Nurse and female GP  Health  Representative from the Cancer Council Victoria  Bunurong health Services | Venue for the meeting  Information material  Catering  Time of the personnel’s and participants | The City of Greater Dandenong Council  Local catering businesses  Bunurong health Services  Department of Health and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO)  Cancer Council Victoria  Monash Health-Dandenong |
| Appoint a project nurse and a Female General Practitioner (GP) | Mid April- within a one week period (2015) | Registered nurse and GP  Medical Clinics  Professional identification of GP and nurse | Venue  Time of the GP, nurse and participants.  Registration of the nurse and GP. | Monash Health-Dandenong  Medical Clinics  Bunurong health services  Cancer Council Victoria  Royal Women’s Hospital Aboriginal Advisory Unit |
| Conduct a training needs analysis for clinical skills. | Within a 6 months period – from May 2015 till September 2015 | Professional Educator  Nurse  GP  Participants from the committee  Train the trainer | Venue (Clinic)  Time of the GP, nurse and participants  catering  Time of the educator/trainer  Equipment/materials/technology to train and educate the nurse, GP and participants  Funding for the trainers | Monash Health-Dandenong  Local catering businesses  Cancer Council- Victoria  National cervical screening program  Local Government- Victoria  Bunurong health services  Victorian Aboriginal Community Controlled Health Organisation |
| Health promotion training and activity – and organize a free barbeque to encourage participation. | Within a 12 month period- from October 2015 till October 2016. | Nurse  GP  Participants from the committee  Representatives from National screening programs  Representative from the Dandenong council  Local indigenous female health workers and indigenous elders  Indigenous health speakers who has a past experience of cervical cancer  Food and handling certificate | Funding for the health training, activity and promotions.  Equipment/materials/technology for the promotion, activities and training   * broachers * banners * posters * Marque | Local Government- Victoria  Monash Health-Dandenong  Cancer Council- Victoria  Local food companies for barbeque and food preparations  National cervical screening program  Bunurong health services  Victorian Aboriginal Community Controlled Health Organisation |

STRATEGY 2: To ensure that the needs of Aboriginal and Torres Strait Islander women diagnosed with cervical cancer are met physically, culturally, spiritually and medically within the timeframe of three years 2015-2017.

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| TASK | TIMEFRAME | PERSONNEL | RESOURCES | PARTNERS |
| Present the official project plan of the indigenous community in Dandenong | Within a 3 month period – from January 2015 till March 2015 | Bunurong health service community nurse  Representative from Victorian aboriginal health service  Representative from Royal Women’s Hospital Aboriginal Advisory Unit  Communication skills | Venue for the meeting  Information focusing on the indigenous culture  Time of the community/nurse and representatives  Materials/technology and equipment required to present the project to the indigenous community in an understanding effective manner | Victorian Aboriginal Health Service  Cancer Council- Victoria  Royal Women’s Hospital Aboriginal Advisory Unit  Bunurong health services  Victorian Aboriginal Community Controlled Health Organisation |
| Form a advisory women committee group to promote and focus on indigenous culture and beliefs | 1 st April 2015 to 15 th April 2015 | Bunurong health service community nurse  Planning and implementation  Representative from Royal Women’s Hospital Aboriginal Advisory Unit  Elders from the indigenous community  Communication skills | Venue for the organisation of the group  Detailed information about the health promotion targeted on cervical cancer  Catering  Time of the participants and organizations involved | Victorian Aboriginal Health Service  Cancer Council- Victoria  Royal Women’s Hospital Aboriginal Advisory Unit  Local catering businesses  Bunurong health services  Victorian Aboriginal Community Controlled Health Organisation |
| Provide training for the local female Aboriginal health workers and the community nurse to distribute the program | Within a 3 month time frame – from May 2015 till July 2015 | Bunurong health service community nurse  Representative from Royal Women’s Hospital Aboriginal Advisory Unit  Elders from the indigenous community  Local female Aboriginal health workers  Community nurse (Culturally acceptable to the indigenous community)  Communication skills- team learning | Financial resources – funding  Materials/technology and equipment for training  Human resources development  Administrative and physical resources- professional training  Specialist advice – about financial enquiries  Time of the female aboriginal workers and the community nurse  Time of the community and participants | Local Government – Victoria  Victorian Aboriginal Health Service  Cancer Council- Victoria  Royal Women’s Hospital Aboriginal Advisory Unit  Bunurong health services  Victorian Aboriginal Community Controlled Health Organisation  City of Greater Dandenong |
| Community consultation | Within a 6 month time frame – from August 2015 till January 2016 | Bunurong health service community nurse  Representative from Royal Women’s Hospital Aboriginal Advisory Unit  Elders from the indigenous community  Local female Aboriginal health workers  Community nurse (Culturally acceptable to the indigenous community)  Communication skills- team learning | Time of the focused group and committee participants  Time of the local aboriginal community  Transportation – reaching the indigenous community | Victorian Aboriginal Health Service  Cancer Council- Victoria  City of Greater Dandenong  Royal Women’s Hospital Aboriginal Advisory Unit  Bunurong health services  Victorian Aboriginal Community Controlled Health Organisation |
| Cultural service delivery to the target group | January 2016 till January 2017 | Bunurong health service community nurse  Representative from Royal Women’s Hospital Aboriginal Advisory Unit  Elders from the indigenous community  Local female Aboriginal health workers  Community nurse (Culturally acceptable to the indigenous community)  Communication skills- team learning | Financial resources – funding  Human resources development  Administrative and physical resources- professional training  Materials/technology and equipment  Time of the female aboriginal workers and the community nurse  Time of the community and participants | Local government – Victoria  Victorian Aboriginal Health Service  Cancer Council- Victoria  Local businesses to help support with materials and technology  City of Greater Dandenong  Royal Women’s Hospital Aboriginal Advisory Unit  Bunurong health services  Victorian Aboriginal Community Controlled Health Organisation |
| Organize a free barbeque | Once a week for 4 weeks on Sundays. | Participants from the committee  Representative from the Dandenong council  Local indigenous female health workers  Food and handling certificate | Venue to where the barbeque and meeting will be held  Time of the indigenous community  Time for preparing the barbeque and informational services  Materials (food and preparations) | Local Government- Victoria  Monash Health-Dandenong  Cancer Council- Victoria  Local food companies for barbeque and food preparations  Bunurong health services  Victorian Aboriginal Community Controlled Health Organisation |

SUSTAINABLITY

Attention to the sustainability in a community based cervical cancer; controlled program over a 3 year period must have extensive experience in planning implementing and evaluating a program which engage the indigenous aboriginal women, to educate women in City of Greater Dandenong. To sustain the program of prevention of cervical cancer, various steps must be put in place to maintain that the sustainability in the implementation scheme (Shediac-Rizkallah & Bone, 1998, p. 87-108). For instance, an entire program may be continued under its original or an alternative organizational structure, parts of the program be institutionalized as individual components, or there may be a transfer of the whole or parts to the community ownership (Shediac-Rizkallah & Bone, 1998, p. 87-108). In 2013 an study conducted by the Australian Institute of Health and Welfare identified the main changed that would be needed to occur and which stakeholders would be likely to be impacted. Projects with training (professional and paraprofessional components are more likely to be sustained than those without: those trained can continue to provide benefits, train others and form a constituency in support of the program.

As strategy 1 states that it is aimed to familiarize and educate Aboriginal and Torres Strait Islander women in the City of Greater Dandenong by 50% informing about the new and easy technology use for cervical screening to reduce the pain and discomfort. Therefore; by having general community and professional monthly and or yearly meetings and follow ups will help the project be sustained for a longer period of time and this will be evident with the use of data towards the participation of Pap screening tests for the population of Indigenous women. The results of this data in future within the 3 year time frame will help to detect whether more education and support implants are needed to be put in place culturally, physically and mentally or whether the results show an increase towards the population of Pap screening tests for cervical cancer in Indigenous women specifically.

Topromote ongoing skills, development in health promotion and training/education, by allocating half a day to train the leadership skills and furthermore; being qualified to maintain their relationship with the Indigenous women for better health. It is important to train the trainers to help health services and programs to be sustained, patient-centered care, self-management support and behaviour change within their organisations therefore will be structured to be continued for the management and progress (Practice change requires staff skills development and systems implementation planning, 2013). For that reason, where the team will identify a reliable person who will be appropriate for the subject of leadership in future and have a greater understanding of the vision and management skills about health project towards the Aboriginal culture. Managing the culturally supportive environment for the Indigenous women will encourage the team to promote and achieve the sustainability and health promotion goals.

## COMMUNICATION

To build a therapeutic relationship among indigenous women is quintessential; Health workers must gain trust and build rapport and considering their cultural background. There are various stakeholders one needs to consider while promoting health. For instance; while developing and delivering Aboriginal specific cervical screening health promotion training to health professionals, health promotion workers, aboriginal health workers and others who are working within the project. However; to establish organizational supports, such as local advisory committees, and in order for the project to develop effective relationships, within the Indigenous women committee (Gruen et al., 2008, p, 1579-89).

One of the key strategies to achieve in this project is to train local clinicians to provide education and awareness about Pap screenings and cervical cancer to Aboriginal women in a form of considering their cultural background. Public is the first and prime stakeholders as the implementation of health promotion plan deals within the public domain (Hetzel, Glover, & Gruszin. 2012).

Apart from public, local councils and local councilors, Australian Health department and party workers were in the middle stakeholders (Gruen et al., 2008, p, 1579-89). Medical expert’s dealing in the treatment and research institute where diseases are the first lane resources, therefore; is vital to be included in any plan in prevention for cervical cancer (Anne F. Rositch, Michelle I. Silver, Patti E. Gravitt, 2014).

## CONCLUSION

In conclusion, cultural barriers prevent Aboriginal women from seeking for their sexual and reproductive health and creative strategies are needed to encourage Aboriginal women to attend for Pap screens. For example: Information needs to be presented to the community in a format and language that is understandable to the target population.

Services need to be provided in a safe and confidential environment and services need to be available on a “ walk up basis” to avoid the need for appointments which can lead to a fear of loss of privacy and confidentiality. Due to cultural impediments, past research has proven that the establishment of women’s advisory committee was/is a strong scheme as a strategy to facilitate the promotion of the project within the community by engaging respect within the community and the women who are involved in the project so they could promote to the targeted group.

In order to continue the momentum started by the project, community awareness of the need for cervical screening, needs to be maintained and raised contained by the Aboriginal women. This will require ongoing consultation with the community and ongoing health promotion activity which has been mentioned above. Ongoing involvement and collaboration with other community stakeholders such as Bunurong Health Services, Local Government – Victoria, Victorian Aboriginal Health Service, Cancer Council- Victoria, Royal Women’s Hospital Aboriginal Advisory Unit, Victorian Aboriginal Community Controlled Health Organisation and City of Greater Dandenong are also seen as dominant too long term success in increasing awareness and promotion of cervical screening in the City of Greater Dandenong among Aboriginal and Indigenous women.