

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 led 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 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.

<i>TASK</i>	<i>TIMEFRAM</i>	<i>PERSONNEL</i>	<i>RESOURCES</i>	<i>PARTNERS</i>
	<i>E</i>			

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	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
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		Community		
		2x female elderly leaders/Volunteers from the Indigenous Aboriginal Community	Venue for the meeting	The City of Greater Dandenong Council Local catering businesses Bunurong health Services
Form a committee	1 st April 2015 to 30 th April 2015	Registered Nurse and female GP Health Representative from the Cancer Council Victoria Bunurong health Services	Information material Catering Time of the personnel's and participants	Department of Health and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) Cancer Council Victoria Monash Health-Dandenong
Appoint a	Mid April-	Registered	Venue	Monash Health-

				Dandenong
		nurse and		Medical Clinics
project		GP	Time of the	Bunurong
nurse and	within a	Medical	GP, nurse	health services
a Female	one week	Clinics	and	Cancer Council
General	period	Professional	participants.	Victoria
Practitioner (GP)	(2015)	identification of GP and nurse	Registration of the nurse and GP.	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	Venue (Clinic) Time of the GP, nurse and participants catering	Monash Health-Dandenong Local catering businesses Cancer Council-Victoria National
		Train the trainer	Time of the educator/trainer	cervical screening program
			Equipment/materials/technology to	Local Government-

				Victoria
			train and	Bunurong
			educate the	health services
			nurse, GP	Victorian
			and	Aboriginal
			participants	Community
			Funding for	Controlled
			the trainers	Health
				Organisation
Health	Within a 12	Nurse	Funding for	Local
promotion	month	GP	the health	Government-
training	period-	Participants	training,	Victoria
and	from	from the	activity and	Monash Health-
activity –	October	committee	promotions.	Dandenong
and	2015 till	Representat	Equipment/	Cancer Council-
organize a	October	ives from	materials/	Victoria
free	2016.	National	technology	Local food
barbeque		screening	for the	companies for
to		programs	promotion,	barbeque and
encourage		Representat	activities and	food
participati		ive from the	training	preparations
on.		Dandenong	• broach	National
		council	ers	cervical
			• banner	

Local
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 who has a
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 of cervical
 cancer
 Food and
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screening
 program
 Bunurong
 health services
 s
 • posters Victorian
 • Marque 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.

TASK TIMEFRAME PERSONNEL RESOURCES PARTNERS

Present Within a 3 Bunurong Venue for Victorian
the official month health the meeting Aboriginal
project period – service Information Health Service
plan of from community focusing on Cancer Council-
the January nurse the Victoria
indigenou 2015 till Representati indigenous Royal Women’s
s March 2015 ve from culture Hospital
communit Victorian Time of the Aboriginal
y in aboriginal community/ Advisory Unit
Dandenon health nurse and Bunurong
g service representati health services
Representati ves Victorian
ve from Materials/ Aboriginal
Royal technology Community
Women’s and Controlled
Hospital equipment Health
Aboriginal required to Organisation
Advisory Unit present the
Communicati project to
on skills the
indigenous
community
in an
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ng effective

			manner	
		Bunurong		
		health		Victorian
		service	Venue for	Aboriginal
		community	the	Health Service
		nurse	organisation	Cancer Council-
			of the group	Victoria
Form a		Planning and		
advisory		implementati	Detailed	Royal Women’s
women		on	information	Hospital
committe			about the	Aboriginal
e group to	1 st April	Representati	health	Advisory Unit
promote	2015 to 15	ve from	promotion	Local catering
and focus	th April	Royal	targeted on	businesses
on	2015	Women’s	cervical	Bunurong
indigenou		Hospital	cancer	health services
s culture		Aboriginal	Catering	
and		Advisory Unit		
beliefs		Elders from	Time of the	Victorian
		the	participants	Aboriginal
		indigenous	and	Community
		community	organization	Controlled
			s involved	Health
		Communicati		Organisation
		on skills		
Provide	Within a 3	Bunurong	Financial	Local

training month time health resources – Government –
 for the frame – service funding Victoria
 local from May community Materials/ Victorian
 female 2015 till nurse technology Aboriginal
 Aboriginal July 2015 Representati and Health Service
 health ve from equipment Cancer Council-
 workers Royal for training Victoria
 and the Women’s Human Royal Women’s
 communit Hospital resources Hospital
 y nurse to Aboriginal developmen Aboriginal
 distribute Advisory Unit t Advisory Unit
 the Elders from Administrati Bunurong
 program the ve and health services
 indigenous physical Victorian
 community resources- Aboriginal
 Local female professional Community
 Aboriginal training Controlled
 health Specialist Health
 workers advice – Organisation
 Community about City of Greater
 nurse financial Dandenong
 (Culturally enquiries
 acceptable Time of the
 to the female
 indigenous

aboriginal
workers and
community) the
Community
on skills- nurse
team Time of the
learning community
and
participants

Community Within a 6 month time health service community nurse
consultation frame - from August 2015 till January 2016
Bunurong
Representative from Royal Women's Hospital Aboriginal Advisory Unit
Elders from the indigenous
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

community

Local female

Aboriginal

health

workers

Community

nurse

(Culturally

acceptable

to the

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community)

Communicati

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team

learning

Victorian

Aboriginal

Community

Controlled

Health

Organisation

Cultural service delivery to the target group
 January 2016 till January 2017

Bunurong health service community nurse
 Representati

Financial resources - funding
 Human resources

Local government - Victoria
 Victorian Aboriginal

Representati
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developmen
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Health Service
 Cancer Council-

Women’s
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 Advisory Unit
 Elders from
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 Time of the
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 Time of the
 community
 and
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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 Once a Participants Venue to Local

Government-
 where the Victoria
 barbeque
 from the and meeting Monash Health-
 committee will be held Dandenong
 Representati Time of the Cancer Council-
 ve from the indigenous Victoria
 Dandenong community Local food
 council Time for companies for
 a free week for 4 Local preparing barbeque and
 barbeque weeks on indigenous the food
 Sundays. female barbeque preparations
 health and Bunurong
 workers information health services
 Food and al services Victorian
 handling Materials Aboriginal
 certificate (food and Community
 preparations Controlled
) Health
 Organisation

SUSTAINABILITY

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.

To promote 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 (Hetzl, 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 line 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.

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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.