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Supplementary Submission to House of Representatives Standing Committee on Health

Skin Cancer in Australia: awareness, early diagnosis and management

9 April 2014

This Submission is based on the views of the National Rural Health Alliance but may not reflect the full or particular views of all of its Member Bodies.

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Standing Committee on Health**

**SKIN CANCER IN AUSTRALIA: AWARENESS, EARLY DIAGNOSIS
AND MANAGEMENT**

Introduction

This submission complements earlier input of the National Rural Health Alliance (NRHA) to the House of Representatives Health Standing Committee Inquiry into Skin Cancer in Australia and responds to some additional matters raised at a public hearing of 25 March 2014, at Parliament House, Canberra.

The NRHA also takes this opportunity to highlight the role of Medicare Locals in helping to prevent, diagnose and manage skin cancer in Australia, particularly among the more than 6.7 million people living in rural and remote areas.

Postgraduate training – dermatologists and other health professionals

The NRHA acknowledges the lack of dermatologists (and other specialists) in Australia's rural and remote areas but does not have specific expertise to comment on the types and/or availability of training for medical specialists.

The Alliance strongly supports Continuing Professional Development for all health professionals about skin cancer. One such project of which we are aware is funded by the Commonwealth through the Rural Health Continuing Education Program Stream 2, administered by the NRHA.¹ The project, *A Nurse Led Skin Cancer Screening Program – Contributing to Health Reform*, was based on modules developed by the Lions Cancer Institute (LCI) Western Australia and Lifestream Health Care. Under this program, 11 registered nurses from across Australia have successfully completed studies including developing the capacity to refer suspicious lesions to appropriate medical specialists and providing health education on skin cancer prevention. Conducted by the School of Nursing & Midwifery, Flinders University, South Australia, workshops included study plans and online short course packages for examination by the Board of Studies, using the Flinders Online Virtual delivery. For more information see: <http://www.flinders.edu.au/nursing/professional-development/courses/skin-cancer-screening-assessment-and-identification-of-skin-lesions.cfm>

¹ The Rural Health Continuing Education Grants sub-program Stream Two (RHCE2) is one of a number of Australian Government measures to support health professionals in rural and remote Australia in accessing continuing education and training.

http://www.ruralhealthaustralia.gov.au/internet/rha/publishing.nsf/Content/Training_and_support

RHCE2 provides CPD grants for allied health professionals, nurses, general practitioners and Aboriginal and Torres Strait Islander Health workers in rural areas and is managed by the National Rural Health Alliance.

<http://rhce.ruralhealth.org.au/>

Incentives to attract dermatologists to work in rural and remote areas

Notwithstanding the ideal of attracting more specialists (including dermatologists) to Australia's rural and remote areas, nurses, doctors and allied health professionals are at the heart of primary care in those areas, including providing services to help prevent, diagnose and manage skin cancer. According to Health Workforce Australia (HWA), along with the many health challenges related to Australia's ageing population, the nation faces difficulties due to the ageing of Australia's health workforce², which adds of course to the existing pressures of not being able to attract health practitioners to rural and remote areas. There is a mal-distribution across Australia of medical practitioners, resulting in less accessible services for Australians in rural and remote (and outer metropolitan) regions. As noted in the earlier submission, the NRHA considers that a solution to dealing with skin cancer in rural and remote areas does not necessarily lie with recruiting more dermatologists but efficiencies might be gained by taking advantage of the available experience and skills of local health professionals. The Alliance would draw the Committee's attention to the paper, *Twenty Steps To Equal Health By 2020*. This 20-point plan focuses on ways to help improve health services, and address health workforce shortages in rural and remote areas through a lifetime approach to measures supporting the recruitment, education, training and retention of professionals working in the rural and remote health sector. For details of the plan and other publications relating to the health workforce in rural and remote areas see:

www.ruralhealth.org.au/advocacy/current-focus-areas/health-workforce

Lack of shade in various rural and remote areas

In its earlier submission the Alliance recommended that governments work to ensure that shade provision in public and other spaces (where possible) across Australia takes a high priority for local government planners, especially in low socioeconomic areas where it has been shown that people are more likely to have difficulties in accessing shade and are likely to present with sunburn. The merits of having sensibly-placed shade areas cannot be overstated in the fight against skin cancer.

The NRHA does not have the resources to conduct research on this topic but suggests that the Australian Local Government Association <http://alga.asn.au/> and its State and Territory counterparts would be well placed to remind local authorities about the strong links between good-quality shade and skin cancer prevention. Certainly, entities such as the Australian Institute of Architects <http://architecture.com.au> highlight the importance of shade and healthy infrastructures for recreation, home and commercial spaces.

Socio-economic factors – critical determinants of health

It is well established that economic and social issues have a significant effect on determining a person's health status. Factors in many rural and remote areas such as high rates of unemployment, low average weekly earnings, high costs for food, fuel and transport and lack of public housing and transport options, impact detrimentally on a person's ability to maintain good health. The NRHA has conducted substantial research on such factors, recognising that 'health' is a broad concept which is affected by many such individual characteristics, behaviours and contextual factors that fall within aspects of social, economic

² HWA's Strategic Plan and Work Plan: <http://www.hwa.gov.au/our-work/hwa-strategic-plan-and-work-plan>

and environmental domains—often referred to as ‘the social determinants of health’. For more views from the Alliance about the many variables affecting people’s health, see:

<http://ruralhealth.org.au/advocacy/current-focus-areas/social-determinants-health>

Packaging and disseminating messages to suit rural and remote areas

The Committee noted the concerns related to getting health messages through to particular audiences, especially across rural and remote areas, and the influences that might be affecting people’s decisions to act or not act on vital health messages. The NRHA has highlighted some barriers that are often encountered in efforts to ensure that critical information reaches its target audience. Men in Australia’s rural areas seem to be vulnerable when it comes to skin cancers, often associated with their reluctance to attend their doctors for initial consultation or follow-ups. The NRHA recognises the potential effectiveness of grassroots public education campaigns in alerting particular groups about skin cancer issues. At the Public Hearing, Marion Dewar, representing the Country Women’s Association of Australia, reminded the Committee about women’s roles in country areas of ensuring that ‘the men in their lives’ regularly consult with health professionals. A Committee member also highlighted the merits of ex-service personnel tapping into their local networks for transport to medical appointments (including for skin cancer treatment). In country areas, information sharing on a face-to-face basis through groups such as the CWAA, Men’s Sheds, clubs and other community groups can be effective.

The NRHA takes this opportunity to reinforce the importance of consulting closely with Aboriginal and Torres Strait Islander people on measures to prevent, diagnose and manage skin cancer. Similarly, the needs of people from non-English-speaking backgrounds must be considered.

Studies on coastal areas for melanoma incidence.

The Committee inquired about the incidence of melanoma in Australia’s coastal regions. The NRHA acknowledges that various Cancer Institutes in Australia have identified ‘melanoma red-zones’ across Australia. For example, the Cancer Institute NSW cites areas along the NSW coast that have been found to have high rates of melanoma, including towns in the Tweed region such as Ballina, as well as Kempsey, Port Stephens, Lake Macquarie, the Shoalhaven region and Bega Valley. Various inland areas feature in the Institute’s figures. This information is a reminder of areas where information about skin cancer should be disseminated. For the NRHA, it serves as a reminder of possible future research and work to assist people in Australia’s rural and remote areas.

For information on NSW Cancer Institute ‘melanoma red-zones’, see:

www.cancerinstitute.org.au/news/i/nsw-melanoma-red-zones

Transport to hospital and clinicians’ offices for medical attention

The NRHA regularly receives requests for advice and information about accommodation and travel assistance from rural and remote people who need to travel from their homes to other cities or centres for health care. Patient Assisted Travel Schemes (PATs) help defray the costs involved with accessing specialised health services that are not available locally. All Australian states and territories operate PATs. These schemes provide a subsidy to assist

with travel, escort and accommodation expenses incurred when rural and remote Australians travel over 100 kilometres to access specialised health care not available within a specified distance from their place of residence. Relevant contacts are provided at http://www.ruralhealthaustralia.gov.au/internet/rha/publishing.nsf/Content/Patient_Assisted_Travel_Schemes.

However, confusion about many aspects of the schemes, including in relation to cost variations across jurisdictions; kilometre allowances; Australian Taxation Office deductions on certain travel; and accommodation reimbursements for patients and carers, often deter patients from travelling away from home for treatment. Importantly too, people with entitlements to the schemes are often not aware of their existence. Various reviews of the schemes have been conducted.

The NRHA is currently updating its PATS Fact Sheet to ensure that accurate information is available to health consumers and professionals and this will be published shortly at <http://www.ruralhealth.org.au/factsheets>

Occupations and work – remote and metropolitan area comparisons

Analyses of skin cancer rates for people in particular occupations and locations would have obvious uses to policymakers and service providers. Of interest would be comparisons of metropolitan-rural differences related to particular workers such as building, transport or road gang personnel, permitting greater understanding of the effects of one's place of work (urban, rural, remote). The NRHA would be keen to be involved in support of such research.

Medicare Locals: role in diagnosis, prevention and management of skin cancer

Established as independent companies with governance, management and staff structures to suit particular local communities, the 61 Medicare Locals across Australia have more than 3,000 frontline health workers involved with various health services, including immunisation, mental health support and eHealth.

Medicare Locals are well-placed to provide skin care checks and education about prevention, including in Australia's rural and remote areas. Some Medicare Locals such as Victoria's Gippsland regional office conduct expert teaching workshops for General Practitioners and GP registrars on managing skin cancers in general practice, including on the use of dermoscopy, biopsy techniques and excisions. Medicare Locals have an important role to play in coordinating local and regional services across a wide range of rural and remote areas, including skin cancer.

Conclusion

The NRHA trusts that, in formulating its recommendations, the Committee takes account of the many factors that must be considered in order to assist people in rural and remote areas deal with skin cancer. Of particular importance are training and support for health professionals already in such areas and continued efforts to address health professional

shortages. Also useful would be comparative studies of workers in rural and metropolitan areas and practical measures such as ensuring the provision of shade.

Finally, the Alliance believes that further information is urgently needed on ways to ensure that health messages about skin cancer are directed to where they are most needed, including to families in rural and remote areas.