

## Country SA PHN Health Access and Equity Framework Survey Submission

### ***1. Country SA PHN has described in the Framework why addressing health inequity is important to us. Why is addressing health inequity important to you and your community?***

Bridging the significant rural-metro health divide for blood cancers is a key focus area for the Leukaemia Foundation. In the 1970's Brisbane's first clinical haematologist, Dr Trevor Olsen agitated for change and was frustrated with the lack of medical support and facilities. With the help of the Kurilpa and Holland Park Lions clubs, the Lions Leukaemia Foundation was formed in 1975 and set four goals; to provide medical care, patient support, fund research, and to educate patients, their families, and nursing staff. The Leukaemia Foundation today extends its support including transport, accommodation, financial, and emotional support across all blood cancers and communities in Australia. We reach 50% of all newly diagnosed people with blood cancer, whether they are located in metropolitan, regional, or remote areas.

Blood cancers are among the most frequent causes of death from cancer, with the Australian Institute of Health and Welfare estimated approximately 6,148 deaths from blood cancer in 2023.

According to the Leukaemia Foundation's *State of the Nation 2023* report, approximately 59% of people diagnosed with a blood cancer in 2022 will be residing in a metropolitan area and 41% will be residing in a regional or remote area in Australia. As outlined in the framework, just under half of Country SA PHN's population live in outer regional, remote, and very remote areas which exemplifies the need of improving health access and equity to a significant proportion of people living within CSAPHN.

Survival outcomes from cancer registry databases show poorer 1-year and 5-year outcomes for people living in regional and remote areas in comparison to metropolitan-based patients. According to the findings of the State of the Nation 2023 report, if the metro-regional divide were to be removed, approximately 5% of expected mortality to 2035 (more than 7,000 deaths over 2022-2035) could potentially be prevented. The National Strategic Action Plan for Blood Cancers shows people living in regional areas were 17 times more likely to report locational and financial barriers to care compared to people living in metropolitan areas. This illustrates a significant rural-metro divide for people living with blood cancer in Australia and by addressing this inequity, by improving quality of care, access to care, and providing further support to overcome barriers experienced by those living with blood cancers rurally, a number of deaths can be prevented in South Australia.

Tests can be complex and take several weeks to complete, delaying time to treatment. These delays can be increased for rural, regional, and remote patients.

As per a personal anecdote shared by a patient with a member of our service delivery team:

- "A regional South Australian blood cancer patient presented to their GP with symptoms which resulted in the patient undergoing a blood test. As the testing took **several days to process due to the regional location**, the patient's condition worsened and needed to present to the closest hospital before being **transported to the Royal Adelaide Hospital (RAH) for blood cancer treatment**. During the hospital stay at the RAH, the patient was contacted by the GP to make a follow-up appointment to discuss blood test results, not knowing that the **patient's condition had already deteriorated**, and they were now receiving treatment for **leukaemia**."

This delay in testing results, even for simple blood tests, can have a profound impact on survival for people living with blood cancers in regional, rural, and remote areas. The Leukaemia Foundation remains committed to helping bridge the gap in outcomes for patients in rural, regional, and remote SA. We are continuing to explore different ways of doing this and would welcome opportunities to progress these with CSAPHN.

**2. Does the Framework resonate with you? Do you feel the Framework's Guiding Principles, Key Priority Areas, Actions and Governance will provide the right frame of reference to guide Country SA PHN's vision to drive health equity within what we do?**

Yes

No

**3. Please provide any feedback on Guiding Principles, Key Priority Areas, Actions, Governance.**

The Leukaemia Foundation broadly agrees with the Guiding Principles, Key Priority Areas, Actions, and Governance of the Framework with particular focus on:

- Promoting access to quality healthcare
- Fostering collaboration and partnerships
- Addressing systemic barriers
- Engaging with communities
- Use data and evidence to support action.

However, while improving access to quality healthcare and improving health equity is a multi-faceted issue and involves addressing all social determinants of health, more specificity is needed in this framework.

From a blood cancer perspective, people living with blood cancers can experience unique barriers to care in comparison to people living with other cancers, as for example there are currently no ways to screen populations for blood cancers and diagnoses often take longer. Therefore, even within the scope of cancer care, specificity is needed to achieve improvements in outcomes for people living with different cancers. The scope of this framework will need to be outlined clearly to be able to identify the extent of actions needed

such as the identification of priority populations, strategic planning, analysis and design of programs and implementation activities.

***4. In your opinion, how could the Framework be improved to better guide Country SA PHN's vision to drive health equity within what we do.***

The vision currently states equal access to healthcare and opportunities to achieve optimal health outcomes, we believe this should be rephrased to state:

"Country South Australians, regardless of their race, ethnicity, gender, socioeconomic status or geographical location, have **equitable** access to high-quality healthcare and the opportunity to achieve optimal health outcomes."

By striving for health equity among those who reside in CSAPHN, priority populations can be identified as focus areas for implementation actions to improve access and health outcomes.

***5. Please provide any suggestions on how CSAPHN can assist in addressing health inequities/key actions that should be considered.***

- Providing alternative ways to access healthcare i.e., telehealth where possible (subject to the patient's choice).
- Improving health literacy with a focus on prevention and management of chronic conditions. Provide translated information in a culturally appropriate manner to those who are Culturally and Linguistically Diverse and/or identify as Aboriginal and/or Torres Strait Islander.
- Engage with rural and remote communities to better understand both common and unique challenges and barriers faced in accessing quality healthcare and/or improving health outcomes.
- Provide support to existing workforce and opportunity to upskill and provide further education to GPs to recognise signs and symptoms of cancers and chronic conditions.
- Work with disease-specific organisations such as the Leukaemia Foundation to better support patients living outside of metropolitan areas, including through the provision of supportive care services, and initiatives to improve further improve earlier diagnosis.