Workshop of the WBMT in cooperation with the World Health Organization Hanoi, Vietnam

Dissemination of Information Nov 11, 2011 (15:30)

David Ma Nov 2011

Objectives

To discuss strategies on how best to:

- communicate effectively to the patients/donors, public and policy-makers about the value and the integration of hematopoietic stem cell (HSC) transplantation within a developing healthcare system
- disseminate information effectively to health care professionals for establishing the basic ethical, medical and infrastructure requirements for providing HSC transplantation or optimize existing transplant programs

Dissemination of information: Target groups

- 1. Patients and relatives
- 2. Staff and colleagues
- 3. Health authorities, government and international agencies
- 4. Public including volunteer adult donors and cord blood donors

Aim: inform different target audiences the value and benefit of BMT

Issues involved to achieve the goal

- How to be effective using media available
- Awareness of cultural & religious sensitivities
- Understanding of political and economical environments
- Knowledge of disease prevalence and burden (e.g. Haemoglobinopathy, HIV, Autoimmune Diseases)

No one size fits all: aim is to develop an adaptable framework

Patients and relatives

- What to communicate?
 - Evidence based recommendations

What patient information should be provided? (evidence from cancer studies)

- Meaning of the disease, the extent of disease and suspected risk factors
- Proposed plan to investigation and treatment, including information on expected benefits, the process involved, common side effects, whether the intervention is standard or experimental and who will undertake the intervention
- Likely consequence of choosing a particular treatment, or no treatment
- Time and costs involved

Information for patients should include:

- Effect of cancer and its therapy on physical, interpersonal and sexual relationships
- Typical emotional reactions
- Entitlements to benefits and services, such as subsidies for travel or prostheses; and
- Access to cancer information services

Multi-disciplinary team is essential to be effective

Support needs for individuals and their families (+ donors):

- Education
- Counselling
- Exploring feelings with a member of the treatment team
- Access to a transplant support service and/or support group
- Assistance with practical needs (e.g. childcare transport)

Culturally competence in managing patients

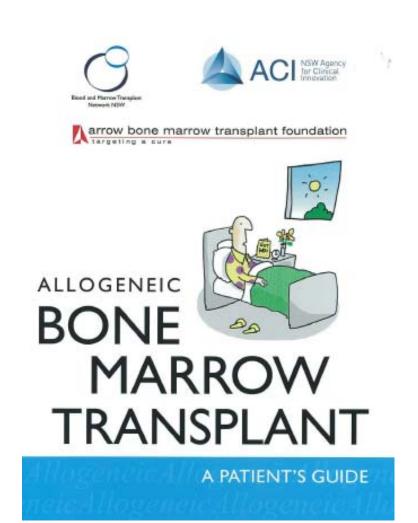
- To provide training to improve their cultural competence (especially foreign workers)
 - Breaking bad news', to whom; whether patient should know, how involved patient would like family members to be, Care beyond medical management: after death; how to express grief and to remember person
- Need to evaluate attitudes of medical, nursing and other staff to care for patients of different cultural backgrounds

Culture competence

- To provide culturally competent communication and counselling, telephone help line; community support
- To assess cultural competence of printed education materials and other media used
- To mobilize religious groups, churches and other cultural specific groups
- To collaborate with other non-transplant related culturally competent health promotion

Not for profit organisations for patients in Australia: examples

Arrow BMT
 Foundation:-funds
 ABMTRR registry,
 research, BMT
 patient information
 book, patient
 supports



Not for profit organisations: examples

- "Cancer Council NSW" Peer supports:
- Telephone helpline



Not for profit organisations: examples

 Cultural based **Patient** support



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Act Spanished State

CanRevive Cancer Foundation was set up in June 2011 to raise funds for CanRevice inc., a voluntary not for profit organisation which since 1995 has provided support for those in the Chinese community touched by cancer.

Cancer is a formicable linear which will affect one person in: three during one's life time. The concer journey is a long and ardusus and its treatment regime here's and forbidding. Even in remission, the threat of recumence costs is life-long shadow over the patient affected.

Confloyive has, over the years, transform the lives of many of its members through support proups and surjous programs. The volunteers, some personally touched by cancer have by their dedication, love and core inspired many clients to renowed hope, optimism and confidence to face every day challenges.

Our funding relies on denations. All donations are fully tox

Please click here for the donative form

CanRevive Inc.

Cancer Support & Resource Centre

Styrings Head Office:

Level 4, 741 George Street. Systems, MSW 2000

Office Hour.

Mon - Fri Sam-4: 30am

Centre Opening Hour Mon - Fri 10am-2/30am

Lunch Hour terry-2 per

Tidephene.

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(02) 9211 4532

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HUNDRING OTHERS

Address

OF, 8 Park Room. Humbyille, MSNV 2220

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Tueschie to Friday 10:30am - 2:30am

Telephone & Fax (00) 9580 7789

Dissemination of information: Target groups

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Dissemination of information to staff & colleagues

• Foster team: empowering staff

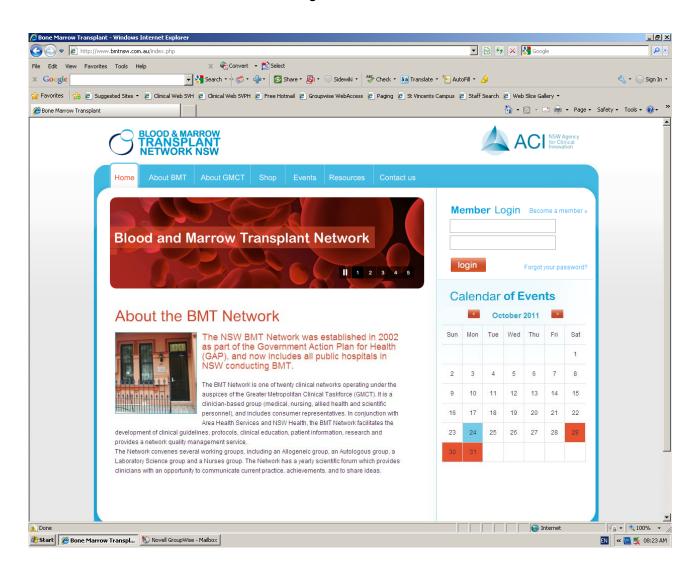
 Improve knowledge and skill base: in-service training, participating scientific meetings, regular reviews

 Evidence of team work and experience of Tx team in patient outcome: centre effect papers

Dissemination of information to staff & colleagues

- Enhance collaboration among colleagues
- Partnership/mentoring between countries with experience with those with little/no experience
- Quality Assurance Programs (internal & external)
 - RCPA CD34 QAP for stem cell quantification
- Registries APBMT & ABMTRR

Examples: BMT network, New South Wales, Australia



Examples: International Network for Cancer Treatment and Research (INCTR)



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- To build capacity for cancer treatment and research in countries with limited resources through long term collaborative projects coupled to training and educational programs.
- To promote international collaboration directed towards cancer control between technologically advanced countries and countries with limited resources.
- accomplished through the development of networks and partnerships with corporate, professional, academic, governmental and non-governmental organizations, bringing together special expertise to bear upon all aspects of cancer research and cancer control.
- To take advantage of unique opportunities for cancer research in developing countries

Examples: Funding supports



Home / Schellersnips



Australia Awards are an Australian Covernment initiative designed to promote knowledge, education links and enduring test between Australia, our neighbours and the global community.

Australia Awards include Development Awards administered by AusAl D and the Endeavour Awards administered by the Department of Education, Employment and Workplace Relations. They provide a range of opportunities for study, research and professional development in Australia.

More information on Australia Awards featurest installed

Development awards have been an important component of the Australian Government's overcoss and program since the 1950s, supporting its aim to help developing countries to reduce poverty and achieve suplainable development.

The overarching goals of Australia's development awards are:

- . In develop capacity and leadership skills as that individuals can operibute to development in their home country.
- to build people to-people inkages at the individual, institutional and country levers.

Development awards provide opportunities for long and short term study and professional development. Long term awards include Australian Development Scholarships (ALA Scholarships (ALA Scholarships) for high asherving applicants and Australian Regional Development Scholarships (ALA Scholarships (ALA Palicy)). The Prime Minister's Papilic Australia Awards and short oppress.

More information, including applicant eligibility criteria can be found at

- Australian Development Scholarships
- Australian Leadership Award Schelerships
- Australian Regional Development Scholanships
- Australian Leadership Awards Fellowships
- Prime Minister's Poolis-Australia Awards

AusAid:fellowship
exchange
programmes
for mid career
health
professionals

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Health authorities, Government policy makers, International Agencies

- Understand cost-benefit
 - assessing disease burden such as Disability
 Adjusted Life Years (DALYs)
 - Demonstrate value of BMT in economic terms
- Appreciate their responsibilities
- How to get them on side : communicate effectively, public supports (advocacy groups)

Health authorities, Government policy makers, International Agencies

 Partnerships between countries with experience with those with little/no experience

Value of data collection and registries (to provide evidence)

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Public including volunteer adult donors and cord blood donors

Donors

- informed consent (family and non-family)
- Education and recruitment
- Appreciation of their contributions and caring for their well-beings (donor risks- e.g. no CVC for volunteer donor in Australia)

Public awareness

- Methods written, visual and audio media; power of new cyberspace social networks & personal touches – non medical language
- Benefits of HSCT life saving

Public including volunteer adult donors and cord blood donors

Advocacy groups

- Counselling, education programme, peer & family supports and fundraising
- Dealing with government and other authorities
- Funding raising and awareness campaigns
- e.g. BMT support organisations, Arrow BMT Foundation (patient information book & ABMTRR), Cancer Voice, consumer/patient representatives in health services (ALLG)
- Use of celebrities e.g. South Korean actresses as donors

Elements of effective communication

- Clarity
- Objectives
- understanding the receiver
 - consistency
 - completeness
 - feedback
 - Timing & time

References

- http://www.arrow.org.au/
- http://www.ausaid.gov.au/
- http://www.canrevive.com/
- http://www.cancercouncil.com.au/editorial.asp?pageid=229
- http://www.canceraustralia.gov.au
- http://www.inctr.org/programs/
- http://sydney.edu.au/medicine/hocmai/about/index.php

Thank you