Sustaining nursing leadership to address cancer disparities
The potential for oncology nursing in LMICs

• Cancer Education:
  – educate CHWs about cancer to raise awareness and appropriately refer a patient for further evaluation
  – increase adherence to screening guidelines
  – act as patient navigators to link the patient to local health systems and decrease delay in care

• Prevention:
  – implement preventive interventions at both the individual and the community level given their accessibility to and active role in the community
  – identify risk factors, and communicate and teach individuals, families, and communities to change behaviors to reduce risk factors
  • (e.g. smoking cessation; uptake of vaccinations)

The potential for oncology nursing in LMICs

• Screening and early detection:
  – perform the broad range of interventions that contribute to screening, early detection, and even treatment of precancerous lesions

• Treatment:
  – clinically assess and educate patients about radiotherapy by addressing patient fears and providing information about potential adverse effects
  – identify adverse effects early and so that steps can be taken to avoid complications, avoid treatment delays
  – conduct a comprehensive assessment of the health and supportive care needs of patients with cancer
  – educate and provide psychosocial and spiritual support by sharing and apply knowledge of cancer and treatment modalities and adverse effects.

The potential for oncology nursing in LMICs

• Palliative Care:
  – assess, identify, and manage not only pain but also the physical, psychosocial, spiritual, and cultural needs of patients and their families at the end of life

• Survivorship:
  – psychosocial support and healthy lifestyle promotion to improve quality of life and behavioral outcomes for patient

• Research:
  – develop new knowledge
  – collaborate with epidemiologists, public health and clinical researchers

Challenges for nurses in LMICs

• Low pay, poor working conditions, poor career structures, a lack of opportunities for professional development, conflicts with other professionals, and a feeling of inadequacy or stigma related to their work

• Continuous nurse migration to HICs to find better pay and work conditions, exacerbating already dire local human resource shortages

Background

• The goals of reducing cancer incidence, improving survival, and providing better palliative care cannot happen without the efforts of these nurses.

• We believe that initiatives to develop a cancer control workforce in LMICs must not only include nursing, but must begin with nursing.

• Well-prepared oncology nurses have demonstrated a wide-ranging impact across the spectrum of cancer care in high-income countries (HIC). To benefit from this expertise, LMICs will need workforce capacity building efforts to educate nurses in cancer care initiatives.

Session Aims

• Understand the importance of an educated nursing workforce to improved health care system and patient outcomes
• Discuss strategies to engage nurse leaders in building a non-traditional workforce in cancer care whilst considering the various workforce planning tools
• Identify educational tools that can assist nurses to addressing disparities in cancer outcomes
• Outline models for building nursing’s capacity in cancer care through national and international nursing organisations
• Discuss nurses’ role in policy leadership at the national, regional and international level
International Society of Nurses in Cancer Care

**Vision:** Nurses worldwide are vital and central leaders in cancer care and control.

**Mission:** To lead the global nursing community to reduce the burden of cancer.

**Core values:** Excellence, Equity and Integrity

**Strategic Directions:**
- Develop and engage nurse leaders
- Influence global health policy
- Advance and apply knowledge
- Transform member relations
Capacity Building

• Eastern European Nurses’ Center of Excellence for Tobacco Control (BMS Foundation)
• Building Capacity for Portugese Nurses in Tobacco Control Champions (Pfizer Independent Grants for Learning and Change)
• Cervical and Breast Cancer Screening in Latin America (American Cancer Society)
• Sustaining Nursing Leadership to Address Cancer Care Disparities (BMS Foundation)

Partnership Projects:
• Japanese Nurses Helping Smokers Quit (Pfizer Independent Grants for Learning and Change)
• Improving the care of cancer patients via an Immuno-oncology hub (ICO, Barcelona, Pfizer)
Policy and Position Statements

• New Position Statements (in final stages):
  – Nurses and Systemic Anti Cancer Therapies
  – Nurses and Radiation Therapy
• Dissemination Strategies
Knowledge Development and Dissemination

- Support for capacity building projects
- Sosido
- Cancer Nursing : The Official Journal of the ISNCC
- ICCN
Engaging Members: Our Role

• Provide international leadership for cancer nurses and nurses involved in cancer care

• Development of National Cancer Nursing Societies
  – Gambia
  – Emirates
Nurses as leaders in building non-traditional workforce contributions

Catherine Johnson
Project lead, ISNCC Collaborative program on Breast health and Cervical Cancer Prevention and Screening Train the Trainer Program
Project Team

Project Team (L to R): Maria del Rosario Caballero Tinoco, Luz Esperanza Ayala de Calvo, Stella Bialous Myrna McLaughlin de Anderson, Marise Dutra Souto, Catherine Johnson, Lisseth de Campos (UICC representative), Esther Green (past project Coordinator)

not pictured: Victoria Brunelli from Buenos Aires, Argentina
Background: Nurses and Leadership

“As the single largest group of health professionals, with a presence in all settings, nurses can make an enormous impact on the resilience of health systems,”

“By promoting the nursing voice, we can help guide improvements in the quality of health service delivery and inform health systems strengthening.”

ICN Past President, Dr Judith Shamian.
Background: Nurses and Leadership

• Nursing and nurses are well positioned to lead a shift in thinking, practice and policy to facilitate a broader understanding of health locally, nationally and internationally. (International Council of Nurses, Nursing Leadership in Primary Health Care for the achievement of Sustainable Development Goals and Human Resources for Health Global Strategies policy Brief)

• Nurses are uniquely positioned to successfully implement prevention interventions to address these risk factors –both at the individual and community level–given their accessibility to and active role in the communities (White paper: Strengthening the Oncology Nursing Workforce in Low- and Middle-Income Countries to Address the Growing Cancer Burden, ISNCC)
Background

• An increasing majority of cancers occur in low and middle income countries (LMIC’s)\(^1\)
• Nurses provide most of the cancer care in LMIC’s\(^1\)
• Educational opportunities are limited for Nurses in LMIC’s\(^2\)
• Due to generally lower levels of oncology-specific education for nurses in LMICs, the availability of continuing education offers an even more important opportunity for professional development\(^2\)
• Health workforce shortages, workforce distribution and skill mix imbalances are significant health workforce challenges in LMIC’s\(^3\)

2. Galassi and challinor strengthening the oncology nursing workforce in low and middle income countries: A call to action doi.org/10.1016/s1470-2045(15)00144-8
Nurses and Community Health Workers

**Nurses**

- Mexico 1.2 per 1000*
- Colombia 1.1 per 1000*
- Brazil 1.5 per 1000*
- OECD average 9 per 1000*

*2015 (or nearest year)

**Community Health Workers (CHW’s)**

- Often the first line of contact with health system in LMIC’s
- Trained in general preventative and primary care functions
- More frequently used in rural and remote regions

Background

• Latin America has one of the highest rates of incidence and mortality from cervical cancer.

• Vaccination prophylactic against Human Papilloma Virus (HPV) is approved for use in most Latin American countries however few have implemented national immunization programs.
Target country profiles

• Brazil, Colombia and Mexico are all classified by the World Bank as Upper Middle Income economies.

• They represent diverse cultural and geographic countries with differences in the structure of their health care systems and population size however one of the similarities across these countries is they each have great disparity between the very affluent and very poor across the population.

• POPULATION:
  • Brazil: 207.8 million
  • Colombia: 48.23 million
  • Mexico: 127.0 million

(World Bank.org, accessed 5 July 2018)
‘Train the Trainer’ Program

• The curriculum content has been developed into a one and two day ‘Train the Trainer’ Program.

• Iterative process to develop a bespoke program to meet the specific needs of each country based on the desk review and focus group/survey.

• The goal of the ‘Train the Trainer’ Program is to build capacity in cervical cancer screening amongst nurses, midwives and health care workers across Latin America.
‘Train the Trainer’ Program

8 ‘Train the Trainer’ Programs

- ISNCC\ ACS funded program
  - Bogota, Colombia 37 (one day)
  - Bucaramanga, Colombia 54 (one day)
  - Teresina, Brazil 64 (two day)
  - Acapulco, México 25 (two day)
  - México City, México 50 (two day)

- ISNCC\ UICC funded program
  - Panama City, panama 98 (two day)
  - Lima, Perú 23 (one day)
  - San Salvador, El Salvador 45 (one day)
  - Bogotá, Colombia 32 (one day)

- 15 Small grant funded train-the trainer programs

- 428 participants in funded ToT programs facilitated by the project team.

- Over 1000 nurses and midwives have completed the train the trainer program.
Six Month Follow Up Survey

Have you shared the knowledge gained in the workshop with other groups?

- Matrons / midwives
- Community health workers
- Women
- Men
- Teenagers
- School teachers / colleges / schools
- Doctors
- Nurses Association
- Faculties or schools of nursing
- Oncology nursing program
- Vaccination programs
Comments from delegates

- I will promote greater communication with the communities to which I am going to provide care on prevention.
- The way you communicate with the patient, now I understand the importance of not stigmatizing the patient at the moment you provide information.
- Congratulate the rapporteurs since I'm very empowered on the subject. My respect for you since I feel motivated therefore strengthen the technical capacity of nurses with this presentation.
- Maybe carrying out working groups where we make proposals for campaigns or methods to improve our coverage. So we share ideas from other participants.
- Incorporate it in plan of continuing education with the "Nursing" health workers.
- I liked it, innovative. Training of this magnitude was needed. Good national and international leaders.
Conclusion

• The curriculum and workshops provided for an unmet need in Latin America by providing education tailored to the needs of Nurses' and Midwives'.

• Positive integration of the program into the nurses and midwives practice over the medium term (6 months)

• Nurses and Midwives provided leadership in their healthcare community through the replication of the program in their local communities especially with other community health workers, women, nurses, and other health care professionals.
Conclusion

• Nurses and Midwives provided leadership in their healthcare community through the replication of the program in their local communities especially with other community health workers, women, nurses, and other health care professionals

• Opportunities to advocate for policy changes and improvements in data/monitoring in the region to improve women's health remain.

• Focus on how to improve participation in policies and national vaccination programs.
References


- International Council of Nurses, Nursing Leadership in Primary Health Care for the achievement of Sustainable Development Goals and Human Resources for Health Global Strategies policy Brief.


- White paper: Strengthening the Oncology Nursing Workforce in Low- and Middle-Income Countries to Address the Growing Cancer Burden, ISNCC

Sustaining nursing leadership to address cancer disparities

The Centre of Excellence in Tobacco Control Project

Iveta Nohavova

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On behalf of Stella A. Bialous, Eva Kralikova, Linda Sarna, Marjorie Wells & country partners

Disclosure of interest: None declared
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University of California, Los Angeles, School of Nursing, USA

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Tobacco facts in short

Tobacco kills up to half of its users

Tobacco kills more than 7 million people each year

Around 80% of the world’s 1.1 billion smokers live in low- and middle-income countries

Source: WHO
Central and Eastern Europe tobacco smoking prevalence

Higher prevalence of tobacco smoking in CEE countries
40% in men and 27% in women
than in neighboring WE countries
34% in men and 29% in women
and other WE countries
28% in men and 22% in women
or Nordic countries
24% in men and 21% in women

= major cause for higher incidence of lung cancer and other smoking-related cancers; consequently higher overall cancer mortality

Tobacco users need help to quit

Studies show that few people understand specific health risks of tobacco use

Eg: 2009 survey in China revealed that only 38% of smokers knew that smoking causes coronary heart disease and only 27% knew that it causes stroke

Among smokers who are aware of the dangers of tobacco, most want to quit

Yet, national comprehensive cessation services are available in only 26 countries (= representing 33% of the world's population)

Source: WHO
There is over 19.3 million nurses in the world → they have the power to make a substantial difference in helping with the tobacco epidemic

Nursing is trusted profession → nurses must use this trust to advocate for patients, community and for public health on national level
WHO MPOWER

One in 10 deaths around the world is caused by tobacco, but we can change that through MPOWER tobacco control measures, which have proven highly effective.

The 6 MPOWER measures are:

Monitor tobacco use and prevention policies
Protect people from tobacco use
Offer help to quit tobacco use
Warn about the dangers of tobacco
Enforce bans on tobacco advertising, promotion and sponsorship
Raise taxes on tobacco

Source: WHO
Centre of Excellence (CoE) in Tobacco Control

CoE was established in the Czech Republic by ISNCC in 2010
Poland (2012-2014)
Hungary (since 2014)
Slovenia (since 2014)
Romania (since 2014)
Slovakia (since 2015)
Republic of Moldova (since 2017)

+ Austria
EE-COE II: Goals

1. Raise more nurse champions through two levels of train-the-trainer workshops who will provide a short training to others on implementing brief cessation interventions.

2. Increase nurses’ knowledge and leadership capacity in tobacco dependence treatment and thereby contribute to cancer prevention efforts.

3. Build advocacy skills in nurse champions with focus on advocacy training to address policy issues with various stakeholders.

4. Create opportunities to influence nursing education and practice standards through advocacy in Central and Eastern Europe.
EE-COE II: Activities overview

- In-person workshop level I
  Short seminars
  Mini-grants

- In-person workshop level II (*new): building skills in “leadership through advocacy”

- Online e-learning education

- Public events

- Retrospective chart review

- Quarterly newsletter
EE-COE II: Reached thus far

- In-person workshop level I = 582
  Short seminars = 493
  Mini-grants = (23)
- In-person workshop level II = 9
- Online e-learning education = 304
- Public events = 6810

**Trained Nurses Thus Far**

\[= 1416\]

**Patients/General Public Educated Thus Far**

\[= 6810\]
Nurses as leaders in tobacco control

Nurses ARE leaders on many health-related issues every day!

Nurses ARE advocates for their patients every day and may not even realize this 😊

Nurses CAN become leaders on tobacco control too!
Barriers to nurses involvement in tobacco control

- Traditionally not part of nursing practice
- Limited knowledge and skills
- Lack of professional leadership
- Limited nursing research
- Myths (fear of causing patients more stress)
- Smoking status of nurses themselves

Source: Internet
Barrier: Nurses own tobacco use

Prevalence of smoking among nurses varies across region / countries (est. from 5% in Moldova to 40% in Czech Republic)

Smoking impacts nurses’ health equally

Nurses receive little support for their own quitting

Nurses-smokers are less likely to offer short intervention, or even raise tobacco use subject with their patients
Opportunities for nurse’s involvement in tobacco control

There are numerous opportunities!!!

✓ Advocate for bans on smoking in workplaces and public spaces
✓ Improve the quality of tobacco cessation treatment through adoption of clinical practice guidelines for tobacco use cessation
✓ Take smoking status to be a vital sign on all patient records
✓ Help implement curriculum changes in nursing schools to enhance capacity knowledge
✓ Join with other NGOs to promote tobacco control advocacy and policy
Opportunities for nursing organisations in tobacco control leadership

Nursing organisations and other NGOs can be leading on tobacco control efforts, such as:

✓ To integrate tobacco interventions into current practice (primary and in patient care)
✓ To conduct further research on tobacco use prevalence, cessation needs of nurses or on the effectiveness of nurse interventions in different settings
✓ To lead advocacy efforts on national and international levels
There are 19,3 million of nurses and nurse midwives in the world (6,6 M in Europe alone)

If every nurse would help one patient to quit smoking per year, this would result in 19,3 million less smokers in the world every year!

THANK YOU!

Iveta Nohavova
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Sustaining Nursing Leadership to Address Cancer Disparities

Building Capacity Through National Nursing Organizations

Andrew Dimech

International Society of Nurses in Cancer Care (ISNCC) & Divisional Nurse Director / Lead Cancer Nurse - The Royal Marsden
Objectives

- Background
- National Nursing Society’s
- Importance of Cancer Nursing Society's
Background

• Country or region based membership network

• Represent the collective interests of members

• Generally not-for-profit
National Nursing Society’s

British Association of Critical Care Nurses

Canadian Association of Critical Care Nurses

Hong Kong Cardiac Nursing Association

Critical Care Nurses Association of the Philippines

American Nephrology Nurses’ Association

Irish Nurses Cardiovascular Association

International Society of Nurses in Cancer Care
Established National Cancer Nursing Society's
Importance of National Cancer Nursing Society's
Leadership & National Voice

- Capacity to develop nurse leaders
- Local, regional and national leadership
- Develop local professional and multi-professional collaborative relationships
- Cancer nursing voice nationally
Networking

• Shared experience

• Collaboration with other national / international organizations
Guidelines & Training

- Set national clinical guidelines
- Develop training programs
- Dissemination of guidelines and training programs
Education

- Curriculum & academic standards development
- Standardization
- Initiate research agenda leading to enhanced & evidenced based care
National Policy

• Advocacy

• Professional advice for policy development

• Enable issues from local forums to inform national policy / practice

• Promote nurses contribution to national cancer control
International Society of Nurses in Cancer Care
Guidance Document

How to Establish a National Cancer Nursing Organization

Why is a National Society Needed?

Cancer Nurses need to have their own national organisation to speak for them and raise cancer nursing related issues at the national level. The national organization would represent cancer nurses within a country to inform practice, develop networks and share experiences. Countries with limited resources may face particular challenges when attempting to establish a national organization. Resources can be limited and there may be poorly developed technical infrastructure. The imperative to establish national cancer nursing societies in countries with limited resources is gathering pace as the incidence of cancer rises. These societies will be pivotal in the efforts to prevent, control and treat cancer.

Functions and Benefits of a National Organization

The functions and benefits of a national organization may include:

- Provide leadership and a national voice for Cancer nurses
- Development and dissemination of standards, training and education
- Support each other and share experiences through opportunities for networking
- Initiate research that will lead to the enhancement of care for people with cancer
- Enable concerns from local forums to feed into national policy and practice.
- Collaborate with other societies involved in the care of the person with cancer
- Promote nurses contributions to national cancer control activities (preventing new cancers, improving survival, alleviating human suffering)

How does ISNCC Support development of new National Oncology Nursing Organizations

The ISNCC will provide guidance and support to individual members of ISNCC who wish to develop a national oncology nursing organization in the following ways:

- Guidance from the Member Development Committee and other committees such as the philanthropic and corporate support committee.
- Link developing societies with similar societies

The Steps Forward

There are several guiding steps that may be utilized to develop your national oncology nursing organization. A summarized diagram of these steps is included in Appendix 1.
Appendix 1: Establishing a National Cancer Nursing Organization

ISNCC Individual Members without National Oncology Specific Nursing Association

ISNCC Individual Members would like to set up a National Oncology Nursing Association

Identify interested or potential members within own country

Nominate or Name a Society Board

Society Board

Set out Terms of Reference (TOR) / Membership for

Society Board approve TOR / Membership

A board is elected

New National Cancer Nursing Society is developed

Example TOR provided

Review of TOR / membership if required by Member Development Committee

The organization begins its work
Leadership

- Identify
- Inspire
- Establish
- Develop
- Support
In Development Ghana
Thank you

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