

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Submission on Māori Affairs Committee Inquiry into health inequities for Māori

To: Committee Secretariat
Māori Affairs Committee
Parliament Buildings
Wellington

Submitter: Canterbury District Health Board

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Proposal: Public submissions are being called for the Inquiry into health inequities for Māori. The inquiry will focus on cancer care and explore barriers that Māori experience relating to prevention, screening, diagnosis, treatment, cures, and palliative care. The Māori Affairs Committee opened this inquiry in March 2019. This was after receiving letters from Māori users of the health system expressing concern and identifying shortcomings for Māori seeking cancer care.

SUBMISSION ON THE INQUIRY INTO HEALTH INEQUITIES FOR MĀORI

Details of submitter

1. Canterbury District Health Board (CDHB).
2. The submitter is responsible for promoting the reduction of adverse effects on the health of individuals and communities, and to improve, promote and protect their health pursuant to the New Zealand Public Health and Disability Act 2000 and the Health Act 1956. These statutory obligations are the responsibility of the Ministry of Health and, in the Canterbury District, are carried out under contract by Community and Public Health under Crown funding agreements on behalf of the Canterbury District Health Board.
3. Further, the submitter is responsible under the NZ Health and Disability Act 2000, clause 22(1):

(e) to reduce health disparities by improving health outcomes for Māori and other population groups;

(f) to reduce, with a view to eliminating, health outcome disparities between various population groups within New Zealand by developing and implementing, in consultation with the groups concerned, services and programmes designed to raise their health outcomes to those of other New Zealanders;

(g) to exhibit a sense of social responsibility by having regard to the interests of the people to whom it provides, or for whom it arranges the provision of, services.

Details of submission

4. We welcome the opportunity to comment on the Inquiry into health inequities for Māori (the Inquiry). In New Zealand, Māori are 20 percent more likely to get cancer and nearly twice as likely to die from cancer compared to non-Māori.¹ This is one example of the substantial inequity in health outcomes experienced by Māori throughout New Zealand. The Canterbury District Health Board recognises that health service-related inequity—including differential access and quality of health

¹ New Zealand Cancer Action Plan
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services—contributes to these disparities and must be addressed in order to eliminate health inequities for Māori.

5. This submission provides feedback and examples relating to the points outlined in the Terms of Reference for the Inquiry, with reference to Waitaha/Canterbury, the South Island and all of New Zealand.

General Comments

6. The approximate Māori population in Waitaha is 53,300.²
7. The most common cancers in Waitaha for Māori women are breast and lung. The cancer that results in the most deaths among Māori women is lung cancer. Among Māori men in Waitaha, prostate, lung, colorectal and liver cancers are the most common. Lung and colorectal cancer result in the most deaths among Māori men in Waitaha, which is similar to the rest of Aotearoa.³

Specific Comments

8. In the South Island, Māori experience differences in routes to cancer diagnosis and survival outcomes compared to non-Māori. The Southern Cancer Network's Routes to Diagnosis (RTD) project was a Ministry of Health funded, South Island-wide initiative to gain an understanding of the pathways to cancer diagnosis in 2015 and 2016.⁴ The results showed that Māori were less likely to be alive one year after being diagnosed with cancer compared to non-Māori. Twenty percent of Māori and Pacific Peoples first accessed cancer services via the Emergency Department, compared to 16% of cancer patients of other ethnicities. Patients who first accessed cancer services via ED were more likely to die within one year of cancer diagnosis, compared to those diagnosed following screening/surveillance and Private Routes to Diagnosis, which led to the best one-year survival outcomes.
9. Māori are less likely to access screening than non-Māori. Around 68 percent of Māori women in Waitaha receive regular cervical smears, compared to 73 percent

² Statistics NZ Population Projections

³ CDHB Māori Health Profile 2015, available from: <https://www.otago.ac.nz/wellington/otago152541.pdf>

⁴ Jewell, Ursula, (2016) *Routes to Diagnosis End of Project Report*; SCN/Southern DHB

of non-Māori women. Similarly, around 68 percent of Māori women have regular breast cancer screening, compared to around 76 percent of non-Māori women.⁵

10. A further example of health service inequity relating to screening in New Zealand relates to bowel cancer.⁶ At least half of Māori bowel cancer (60% female and 50% male) is diagnosed before 60 years of age, compared to 30% of non-Māori bowel cancer. Despite this, the screening age for the National Bowel Screening Programme was changed from 50-74 years (the age range used during the 2012-2017 Waitamata DHB pilot study) to 60-74 years when the national screening programme was launched in December 2017.⁷ This means that most bowel cancer in Māori will not be diagnosed by the screening programme. The likely result is that non-Māori cancer mortality will continue to decrease, without a similar benefit for Māori, exacerbating health inequities.

11. The examples above illustrate the crucial importance of improving access to and quality of diagnostic and treatment services for Maori and ensuring all cancer services are responsive to the specific circumstances and needs of Māori communities.

Conclusion

12. The CDHB does not wish to be heard in support of this submission.

13. Thank you for the opportunity to submit on the Inquiry into Health Inequities for Māori.

Person making the submission



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Date: 20/09/2019

⁵ National Screening Unit

⁶ Te Ohu Rata o Aotearoa. *The National Bowel Screening Programme is exacerbating Maori Health inequities* (A Te ORA Equity Series position statement).

⁷ Bowel Screening Pilot, available from: <https://www.health.govt.nz/our-work/preventative-health-wellness/screening/bowel-screening-pilot>

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