

TATAU POUNAMU

Ki Te Tai o Poutini



MANAWHENUA ADVISORY GROUP

Friday 8 June 2018

@ 10.00am Board Room, Corporate Services

Agenda and Meeting Papers

**ALL INFORMATION CONTAINED IN THESE
COMMITTEE PAPERS IS SUBJECT TO CHANGE**

TATAU POUNAMU ADVISORY GROUP MEETING
Board Room, Corporate Services West Coast DHB
10.00 – 12.00pm – Friday 8 June 2018

KARAKIA

ADMINISTRATION

Apologies

1. Interest Register

Update Interest Register and Declaration of Interest on items to be covered during the meeting.

2. Confirmation of the Minutes of the Previous Meeting

March 2018

3. Carried Forward/Action List Items

4. Discussion/Presentation Items

- | | |
|--|---------|
| ▪ Whanau Ora Statement Poutini Waioara – Helen Leahy Presentation Discussion | 11.00am |
|--|---------|

REPORTS

- | | |
|------------------------------------|-------------------------------|
| 5. Chairs Update – Verbal Report | Susan Wallace, Chair |
| 6. GM Maori Health Update – Report | Gary Coghlan, General Manager |

INFORMATION ITEMS

- Kia Ora Hauora Service Specifications
- Tatau Pounamu 2018 Meeting Dates
- Mana Whenua & Te Runanga O Ngai Tahu
- Jason Gurney Presentation

ESTIMATED FINISH TIME 12.00pm

TATAU POUNAMU ADVISORY GROUP MEMBERS INTEREST REGISTER

Member	Disclosure of Interest
Susan Wallace - Chair Te Runanga o Makaawhio	<ul style="list-style-type: none"> • Tumuaiki, Te Runanga o Makaawhio • Member, Te Runanga o Makaawhio • Member, Te Runanga o Ngati Wae Wae • Director, Kati Mahaki ki Makaawhio Ltd • Director, Kōhatu Makaawhio Ltd • Co-Chair, Poutini Waiora Board ▪ Area Representative-Te Waipounamu Maori Womens' Welfare League ▪ Representative, Te Runanga O Ngai Tahu (Makaawhio) TRONT ▪ Member of Westland High School Board of Trustees ▪ Trustee, Te Pihopatanga O Aotearoa Trust
Francois Tumahai Te Runanga O Ngati Waewae	<ul style="list-style-type: none"> ▪ Chair, Te Runanga o Ngati Waewae ▪ Director/Manager Poutini Environmental ▪ Director, Arahura Holdings Limited ▪ Project Manager, Arahura Marae ▪ Project Manager, Ngati Waewae Commercial Area Development ▪ Member, Westport North School Advisory Group ▪ Member, Hokitika Primary School Advisory Group ▪ Member, Buller District Council 2050 Planning Advisory Group ▪ Member, Greymouth Community Link Advisory Group ▪ Member, West Coast Regional Council Resource Management Committee ▪ Co-Chair Poutini Waiora Board ▪ Member, Grey District Council Creative NZ Allocation Committee ▪ Member, Buller District Council Creative NZ Allocation Committee ▪ Trustee, Westland Wilderness ▪ Trustee, Westland Petrel ▪ Advisor, Te Waipounamu Maori Cultural Heritage Centre ▪ Trustee, West Coast Primary Health Organisation Board ▪ Wife is Lisa Tumahai, Chair ▪ Board Member of West Coast District Health Board
Gina Duncan Kawatiri	<ul style="list-style-type: none"> ▪ Maori Community Representative – Incident Reporting Group, Buller Hospital ▪ Buller Maori Representative on the Buller Integrated Family Healthcare Workstream ▪ Buller High school Iwi Representative, Board of Trustee ▪ Contract Advisor for Te Putahitanga o Te Waipounamu

Member	Disclosure of Interest
Ned Tauwhare	<ul style="list-style-type: none"> ▪ West Coast community Response Forum (MSD) Ngai Tahu Rep ▪ Te Rununga o Ngati Waewae Member ▪ Te Rununga o Ngati Waewae Advisor – Kawatiri Role ▪ Te Rununga o Ngati Waewae Advisor – Te Ha o Kawatiri ▪ Te Rununga o Ngati Waewae Advisor – Buller Inter Agency ▪ Te Rununga o Ngati Waewae Advisor – Reefton Partership Forum ▪ West Coast District Health Board Consumer Council – Maori Representative ▪ Te Whare Akoanga Committee (Grey High School)

MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING



MINUTES OF THE TATAU POUNAMU MANAWHENUA ADVISORY MEETING Poutini Waiora Meeting Room, Friday 9 March 2018 10.00 – 12.00pm

PRESENT:

Francois Tumahai, Te Rūnanga O Ngāti Waewae
Susan Wallace, Te Runanga o Makaawhio (Chair)
Ned Tauwhare, Te Rūnanga O Ngāti Waewae
Gina-Lee Duncan, Maori Community Kawatiri
Chris Archinvole, Mawhera Community Representative

IN ATTENDANCE:

Gary Coghlan, General Manager Maori Health (arrived 10.27am)

APOLOGIES:

Kylie Parkin, Programme Manager, Maori Health
Philip Wheble, Acting Manager Grey/Westland
Freedom Preston, Community Public Health
Cheryl Brunton, Medical Director Community Public Health

MINUTE TAKER: Megan Tahapeehi, Maori Health

WELCOME / KARAKIA

Susan Wallace

AGENDA / APOLOGIES

1. DISCLOSURES OF INTEREST

- Updates or amendments please provide these to Megan in writing.

2. MINUTES OF THE LAST MEETING

Moved: Ned Tauwhare

Second: Francois Tumahai

Carried

3. Carried forward/Action List Items

Workforce Development Plans

Carried over.

ACTION: Kylie Parkin to provide a paper for the April meeting.

Whanau Ora

Work has been continuing in this area. Gina-Lee Robertson has been working alongside Te Putahitanga. The overarching statement that is finalised through Tatau Pounamu is expected to be presented at a board meeting in June with a key focus on partnerships.

ACTION:

- Megan to confirm a time for presentation to the Board.
- Gina to arrange for the presentation to Tatau Pounamu prior to the board presentation.

DNA Update (Do not Attend)

The Chair requested for a written update at the next meeting. Previous meetings advised of new systems in place to address some of the issues. Interested to know if these have been working and if not what are they doing to continue to address.

ACTION: Julie Lucas to provide a written update for the April meeting.

Improved Access to Hokitika Services

- The relationship with Poutini Waioara seems to be working well.
- Brief discussion around iwi collaboration as an example of building a more accessible service.
- Carried over

Rangatahi

- An educators breakfast is confirmed for April. Liaison with school principals and career advisors has been positive to date.
- Discussions continued around internships and scholarships. The Chair has requested for a report on the number of Maori who have come through the hospital system under this opportunity.

ACTION:

- Provide a report update from Mokowhiti Consulting (Kia ora Hauora).
- Provide a report update from Learning and Development with regards to the West Coast DHB internships & scholarships.

Hospital Rebuild Update

- Carvers are well underway with their work for the new hospital Francois has been working closely with the design team and carvers and Gary .
- Hospital Whaakaro – Contact Paul Madgewick for English version.
- Website Logo/Design – Francois to provide contact to Megan.

ACTION: Megan to make contact with Paul Madgewick to obtain an English version to then be translated into Maori in preparation for the new hospital.

Annual Plans

- The Ministry has not provided any further updates since the last hui in April.
- The chair requested for a report update at the next meeting in May.

ACTION: Chair requested a report update at the next meeting in April.

A G E N D A

Tatau Pounamu Board Updates

It was agreed that Tatau Pounamu needs to consistently provide the board updates outlining areas of concerns and successes. The Chair wanted to utilise this opportunity and ensure it has a regular focus for Tatau Pounamu.

It was suggested that the finalisation of the “Whanau Ora” statement would be a great opportunity to have a meeting with the board . Gina-Lee Robertson suggested that this presentation be lead by Te Putahitanga alongside Tatau Pounamu members.

ACTION: Megan to get a date for the presentation . Gina to arrange for a session for Tatau Pounamu prior to the Board meeting date in June.

The dates for 2018 were confirmed and agreed. Times are from 10.00 – 12.00pm as follows:

Thursday 25 January	Board & Committee Workshop Day
Friday 9 March	Board Room, Corporate Services - WCDHB
Friday 27 April	Board Room, Corporate Services - WCDHB
Friday 8 June	Board Room, Corporate Services - WCDHB
Friday 20 July	Board Room, Corporate Services - WCDHB
Friday 7 September	Buller Health Training Room, Buller - WCDHB
Friday 19 October	Board Room, Corporate Services - WCDHB
Wednesday 12 December	Poutini Waiora Meeting Room, Hokitika

Mental Health

Continue to engage and ensure that Cameron Lacey, Medical Director Mental Health and Simon Evans, Manager Mental Health and see when they are available to meet with Tatau Pounamu. .

There is significant work occurring as a result of the mental health review updates will continue to be provided to Tatau Pounamu around this. The HEAT tool is to be utilised within this process.

ACTION: General Manager Maori Health to continue to engage and update Tatau Pounamu.

GM Report

Taken as read.

Alliance/Workstream Update

Taken as read.

Community Public Health Update

Taken as read.

MATTERS ARISING JUNE MEETING 2018

Item No	Meeting Date	Action Item	Action Responsibility	Reporting Status
1.	December 2017	Workforce Development Plans Development of a Maori Workforce Development Plan.	Kylie Parkin	June Meeting
2.	December 2017	Whanau Ora The purpose of these discussions is to have an outline of the use of language and what direction we should be using this in. Poutini Waiora have finalised a draft which will be distributed to all Tatau Pounamu members for comment. Ongoing	Chair	June Meeting
3.	December 2017	DNA Update Ongoing work and discussions continue in this area,	General Manager, Maori	June Meeting
4.	December 2017	Improved Access to Hokitika Health Services Ongoing.	Chair	June Meeting
5.	December 2017	Rangatahi Service Specifications have been provided to get a sense of the coverage delivered for Te Tai Poutini. All members to read and provide input and feedback..	General Manager, Maori	June Meeting
6.	December 2017	Hospital Rebuild Positive engagement and korero continues to occur.. Local iwi continue to stay engaged with the facilities team as work progresses in these areas.	Francois Tumahai/Susan Wallace/Lisa Tumahai	June Meeting

DISCUSSION ITEMS

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **8 June 2018**

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

The verbal and in person updates from the following:

2. RECOMMENDATION

That Tatau Pounamu Advisory Group notes the following updates:

TO: **Members**
 Tatau Pounamu Advisory Group

SOURCE: **Chair**

DATE: **8 June 2018**

Report Status – For: Decision ☐ Noting ☒ Information ☐

1. ORIGIN OF THE REPORT

Note and discuss the attached correspondence.

2. RECOMMENDATION

That the Tatau Pounamu Advisory Group notes and approves the reports/discussion items as per below.

TO: Chair and Members – Tatau Pounamu Manawhenua Advisory Group

SOURCE: General Manager, Maori Health

DATE: 8 June 2018

Report Status – For:	Decision <input type="checkbox"/>	Noting <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
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1. ORIGIN OF THE REPORT

This report is provided to Tatau Pounamu Manawhenua Advisory Group as a regular update

2. RECOMMENDATION

That the Tatau Pounamu Manawhenua Advisory Group notes this report;
 i note the General Manager Maori Health Update.

Hauora Maori Appointments

There have been appointments made to two Maori positions within the last quarter. On Wednesday the 7th February Marianne Klaricich started in the role of Maori Needs Assessor with the Complex Clinical Care Network. Marianne is Nga Puhi and comes from the Hokianga bringing with her 36 years of nursing experience in Maori and Aboriginal health.

Elizabeth Lilley has accepted the role of Pukenga Tiaki for the Buller region. Elizabeth is of Ngai Tahu, Te Ati Awa and Ngati Mutunga descent and has over 30 year's Social Work experience.

Takarangi Cultural Competency – West Coast

The 2nd cohort of students will be welcomed on to Arahura Marae on Thursday the 1st March. We have a good representation of people from across the DHB and Community Public Health. On this occasion no one from the PHO. The strategy for the implementation of the Takarangi framework is to build critical mass and to embed the framework across the sector.

Since the hui completion on the 1 March the Maori Health Team have introduced Takarangi Workshops to enable participants the opportunity to greater assist the completion of their portfolios. Facilitators Moe Milne and Wayne Blissett will be on the Coast in October to mark assessments.

Maori Health Workforce

A programme of work is being progressed that is focussed on growing and supporting our local Maori health workforce. The need for this was determined at a meeting in February, where local executive and clinical leads and key representatives from People & Capability agreed that a unified commitment and strategy is required to support and progress this important Kaupapa. Imperatives include directives from the Ministry of Health/Health Workforce New Zealand and professional groups at the national level.

From this meeting, the following priority areas were determined for the working team to progress:

- Apply the Heat Equity Assessment Tool(HEAT) to local recruitment/People & Capability processes, including recruitment content and policy
- Improve local workforce data
 - Collection of ethnicity data

- Diversity of applicants
- Set measureable targets that identify how many individual allied, clerical, medical, nursing, etc. staff members are required for Maori to represent 14% of our overall health workforce by the year 2028
- Develop initiatives focussed on recruitment of local Tamariki/Rangatahi to health careers in collaboration with Mokowhiti/Kia ora Hauora

Hauora Maori Training Fund 2018 – Health Workforce New Zealand

The West Coast DHB contract for Hauora Maori funding has been approved by the Ministry for the 2018 training year. We have already had 4 successful applicants to the fund with another applicant applying to study in the 2nd semester. Two applicants will be undertaking the Diploma in Hauora Maori, one will be beginning a Bachelor in Social Work and another is exploring papers in health promotion.

Kia ora Hauora Rangatahi Placement

The West Coast DHB will once again support our local Rangatahi in October this year who have expressed an interest in the health sector. The variety of expertise they will be exposed to provides a great opportunity for these Maori students to gauge where in the health sector they will want to develop a career.

We hosted a get together with the Kia ora hauora team a breakfast on 3 April that is aimed at having all schools educators promoting placements and highlighting the importance of this locally run programme.

The 2018 placement is scheduled to take place at the beginning of August.

Te Ara Mate Pukupuku Ki Te Waipounamu – Improving the Cancer Pathway for Maori –

The key deliverables of this piece of work are to:

1. Enhance the Cultural Competency of the health sector workforce
2. Improve relationships and communication throughout the pathway
3. Improve the current referral system
4. A focus is made on accurate ethnicity data collection within WCDHB and on ensuring datasets are complete so they can then be utilised for effective analysis
5. Develop the cancer health literacy of whanau and support service in the WCDHB

Dr Melissa Cragg will be on the West Coast in April to provide a further update on this piece of work at education sessions planned at the DHB.

TATAU POUNAMU MANAWHENUA ADVISORY GROUP 2018 MEETING SCHEDULE

DATE	TIME	VENUE
Friday 9 March 2018	10.00 – 12.00pm	Board Room, Corporate Services
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Friday 8 June 2018	10.00 – 12.00pm	Board Room, Corporate Services
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Friday 19 October 2018	10.00 – 12.00pm	Board Room, Corporate Services
Wednesday 12 December 2018	10.00 – 12.00pm	Poutini Waiora Meeting Room, Hokitika

**MEETING DATES & TIMES
ARE SUBJECT TO CHANGE**

Current evidence regarding cancer inequities for Māori

Jason Gurney

Topics To Cover Today:

- Who are we?
- What is equity?
- Inequities in cancer outcomes:
 - Who gets cancer?
 - Who dies from cancer?
- Why are there differences in survival?
 - Patient-level factors (e.g. comorbidity)
 - System-level factors (e.g. service access)



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CANCER AND CHRONIC CONDITIONS RESEARCH GROUP



The science we practice is epidemiology.



Epidemiology:

People's stories with the tears wiped away...



Topics To Cover Today:

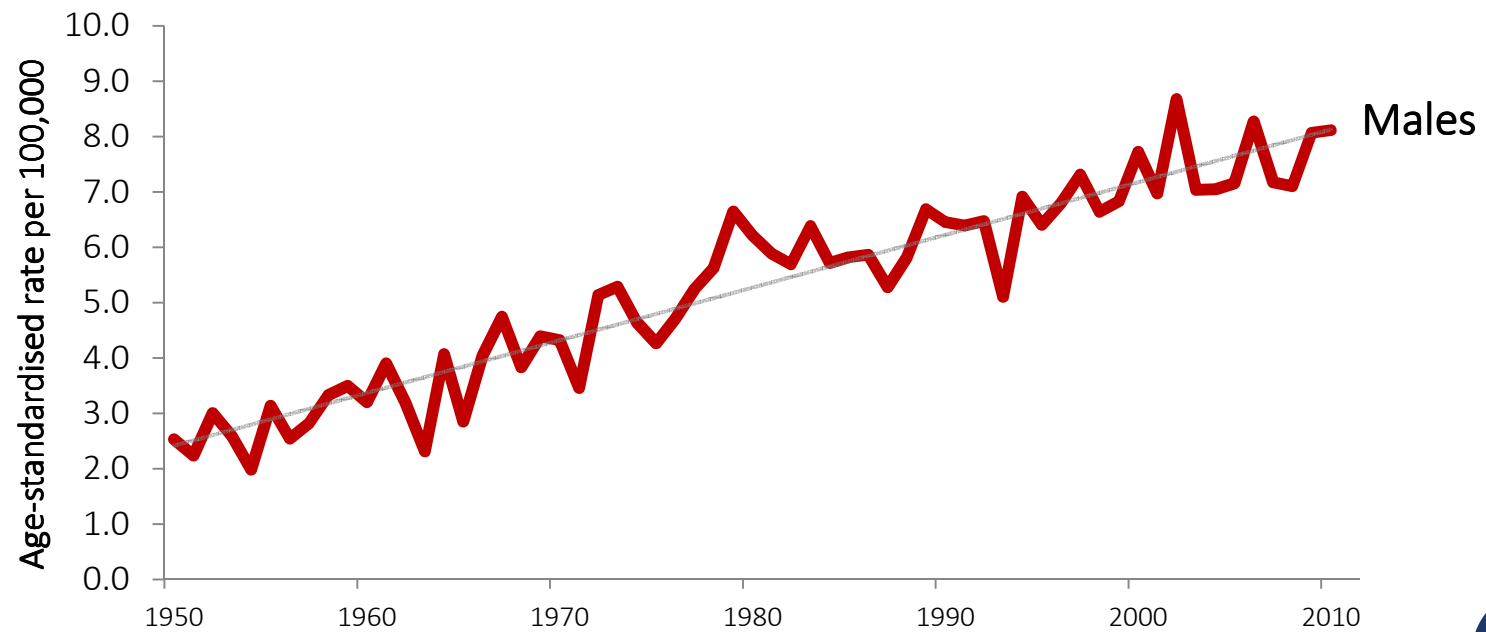
- Who are we?
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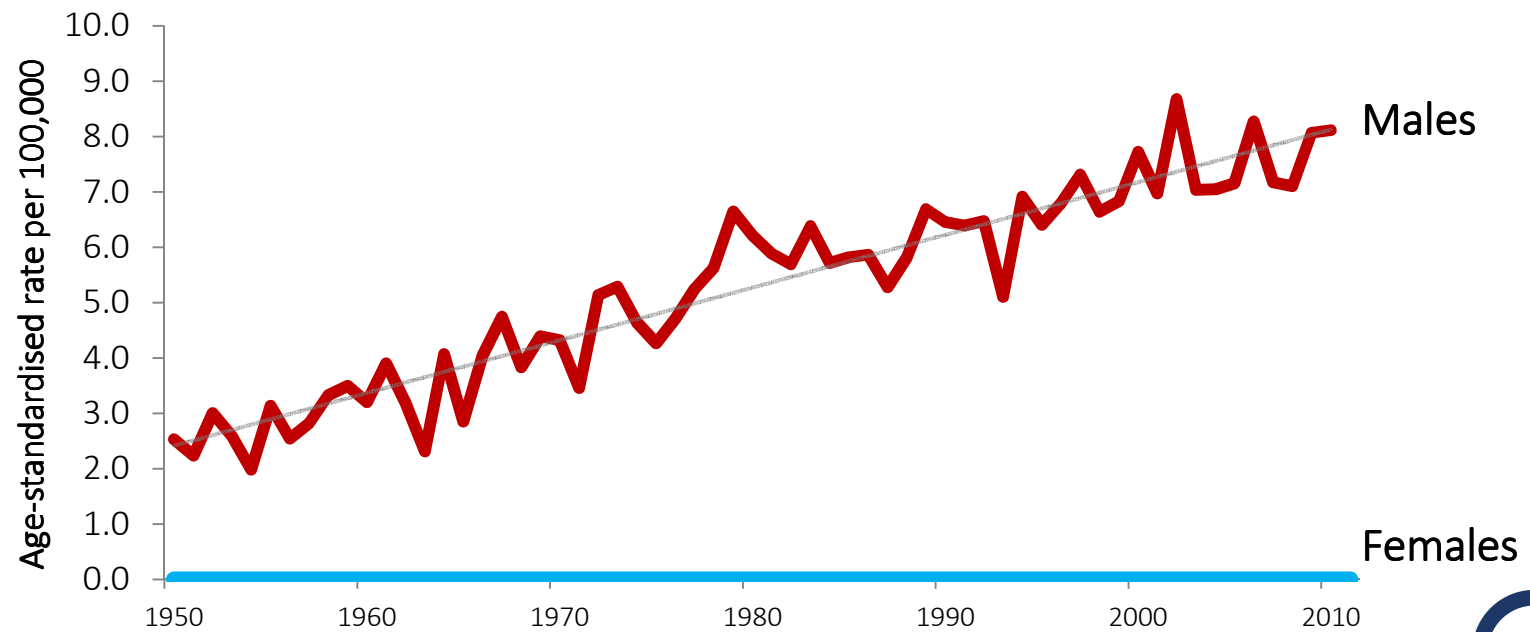
Let's start with a few words on equity.



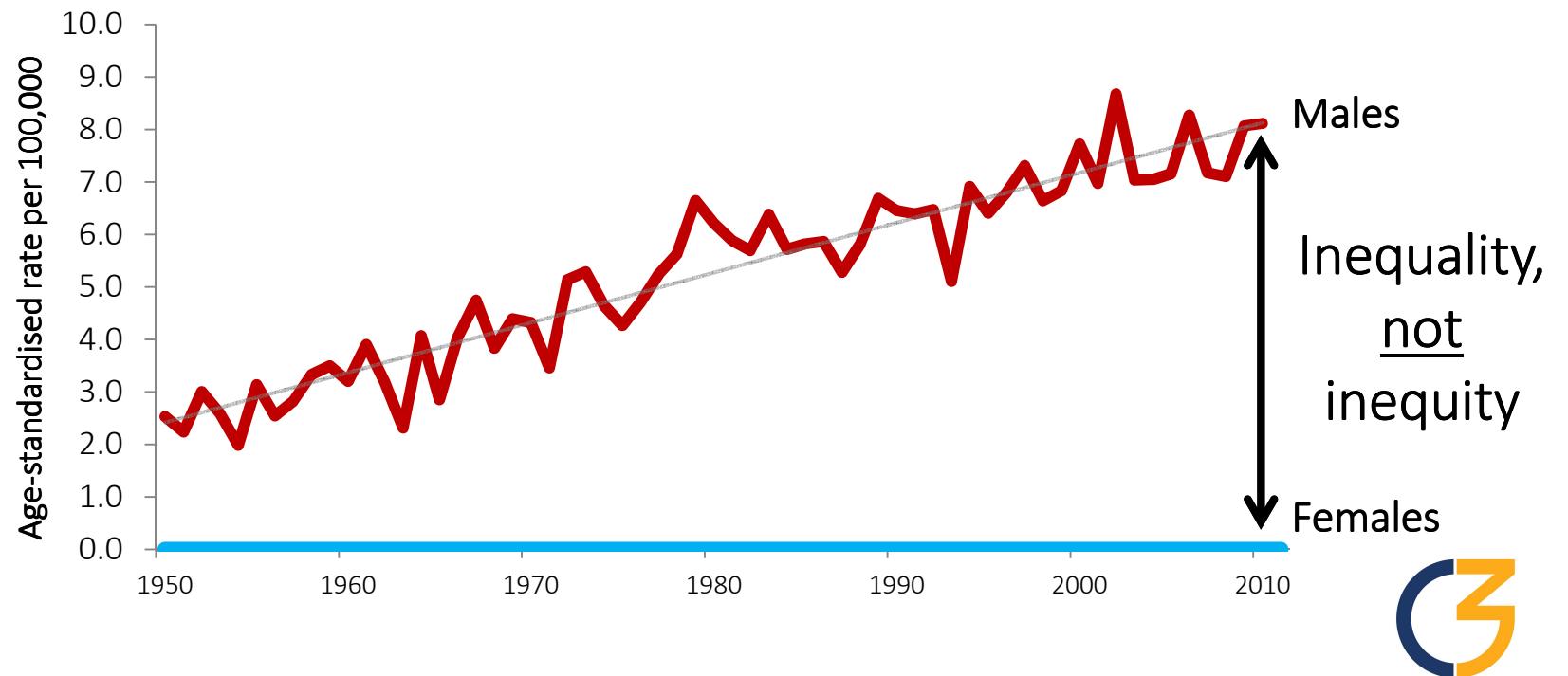
Testicular cancer incidence in NZ, 1950-2010



Testicular cancer incidence in NZ, 1950-2010



Testicular cancer incidence in NZ, 1950-2010



Inequality just means things are unequal
between groups.

But like testicular cancer rates between sexes,
this difference might be inevitable.



The word inequity refers to fairness.

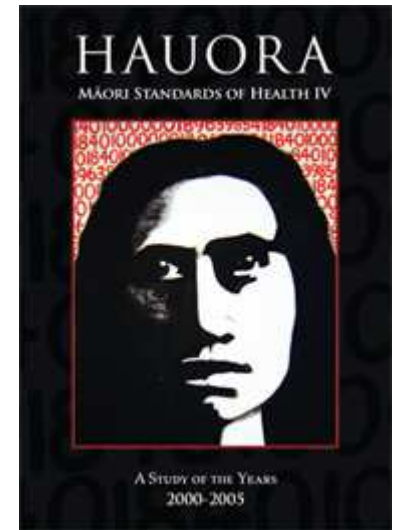
It's fair that men suffer greater rates of testicular cancer than women:

But it is not fair that Māori men are more than twice as likely to die of testicular cancer than non-Māori men (which we are).



Source: Gurney, Sarfati, Stanley (2015). Cancer Causes Control, 26(4), p561-569.

“Equity, like fairness, is an ethical concept...it does not necessarily mean that resources are equally shared; rather, it acknowledges that sometimes different resourcing is needed in order that different groups enjoy equitable health outcomes.”



Source: Reid, P. and Robson, B. (2007). In: Hauora IV: Māori Standards of Health.

Today, we're going to talk about differences in cancer outcomes between Māori and non-Māori that are unfair – or in other words, inequitable.



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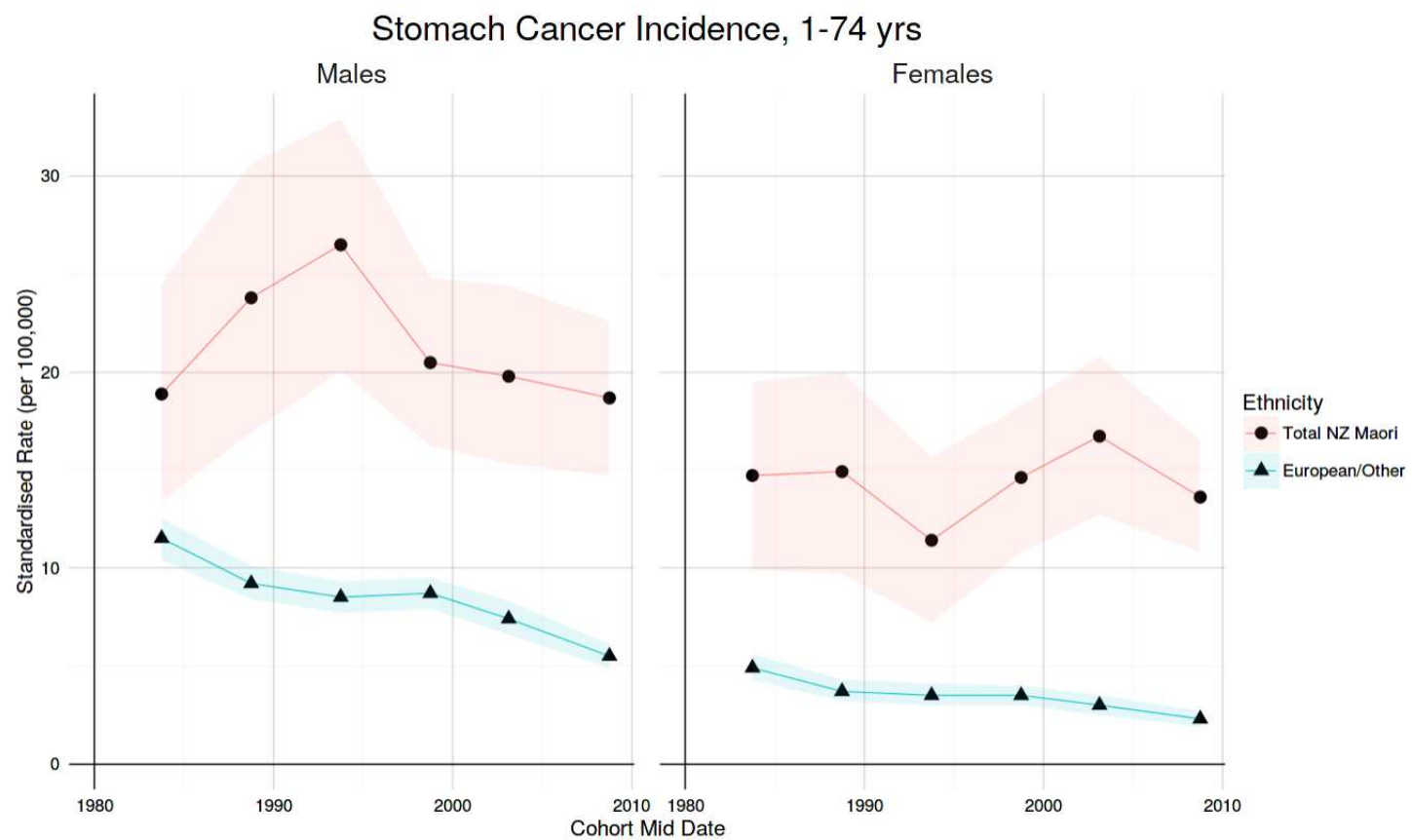
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Stomach cancer



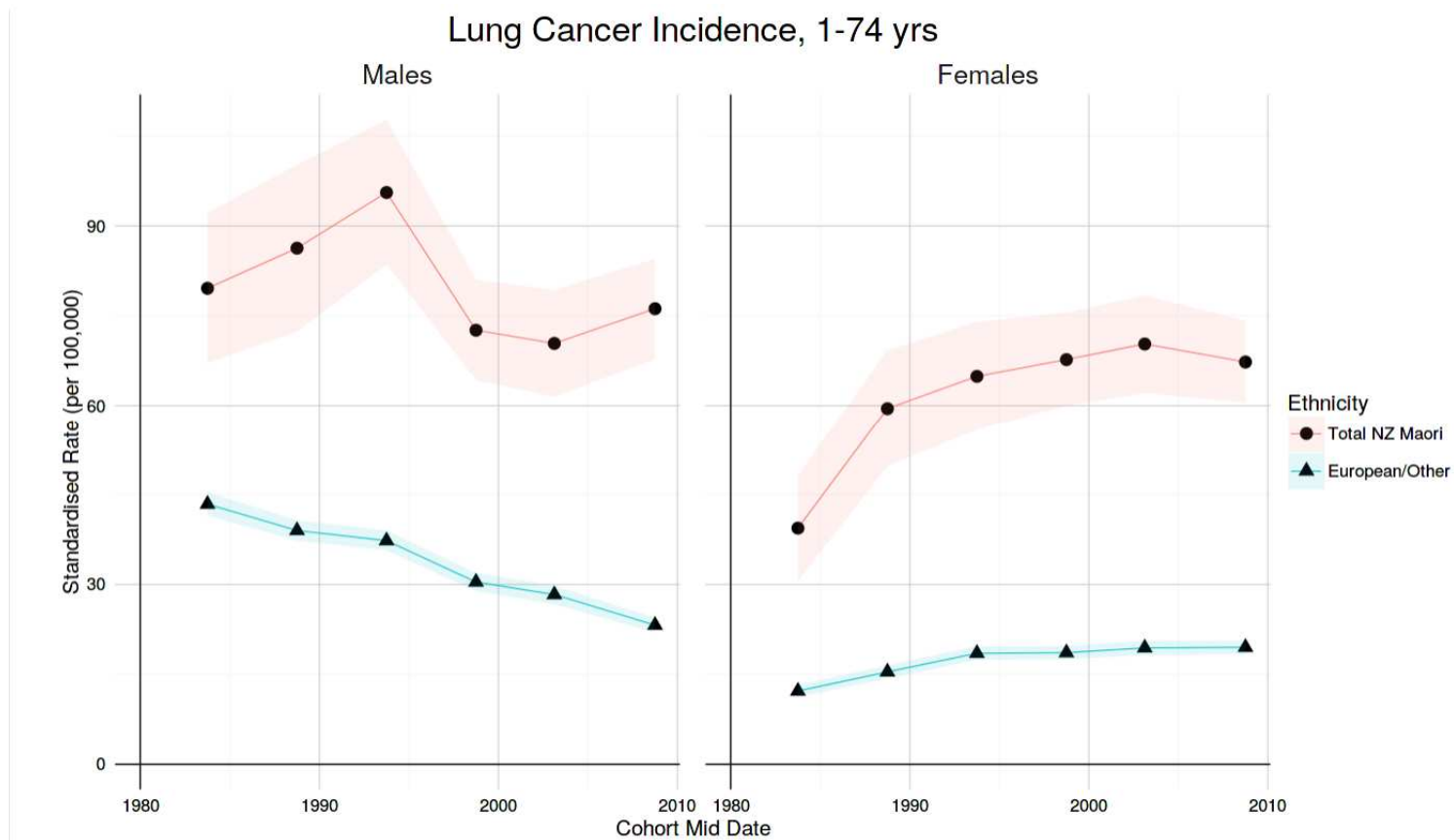


Source: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.



Lung cancer



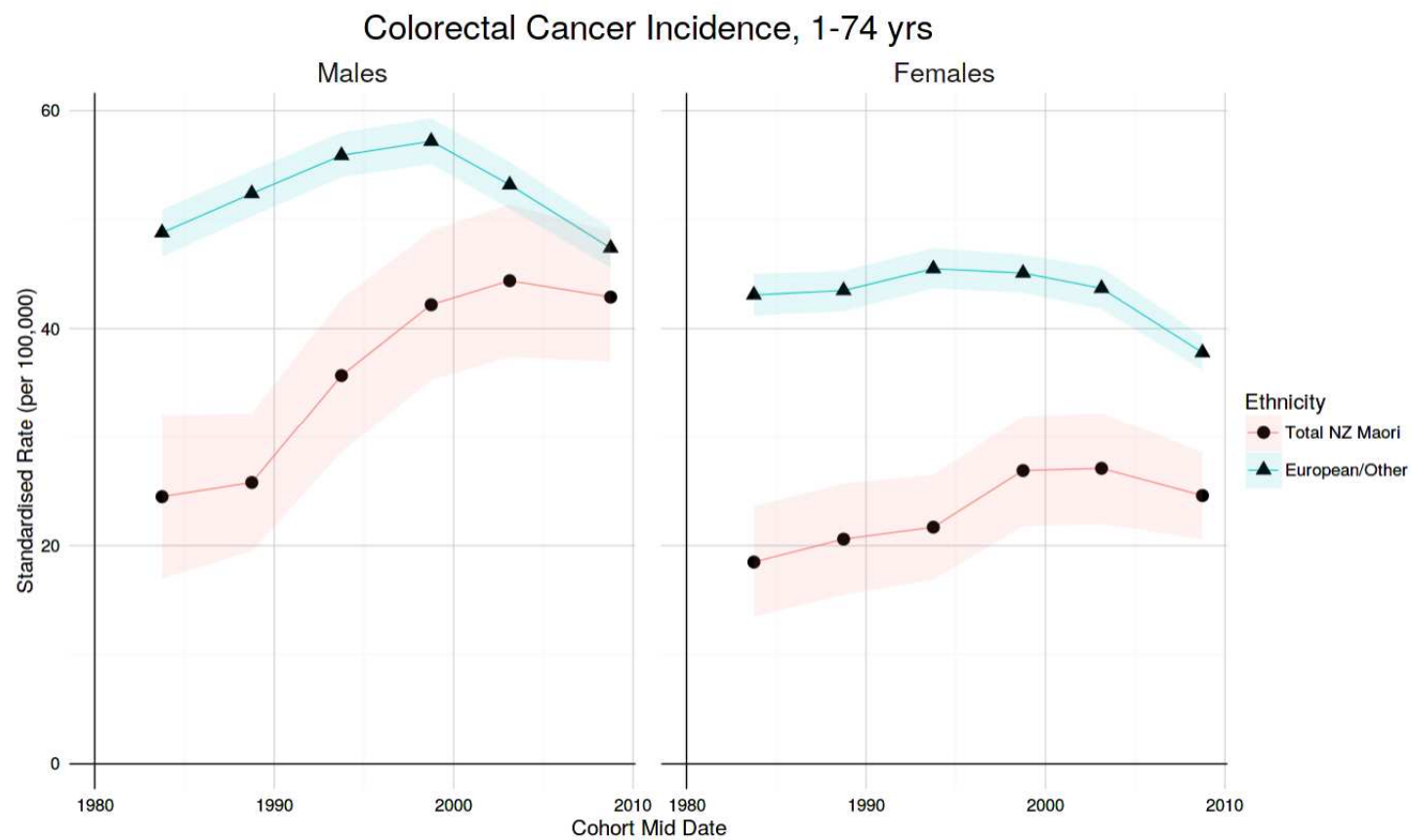


Source: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.



Colorectal cancer



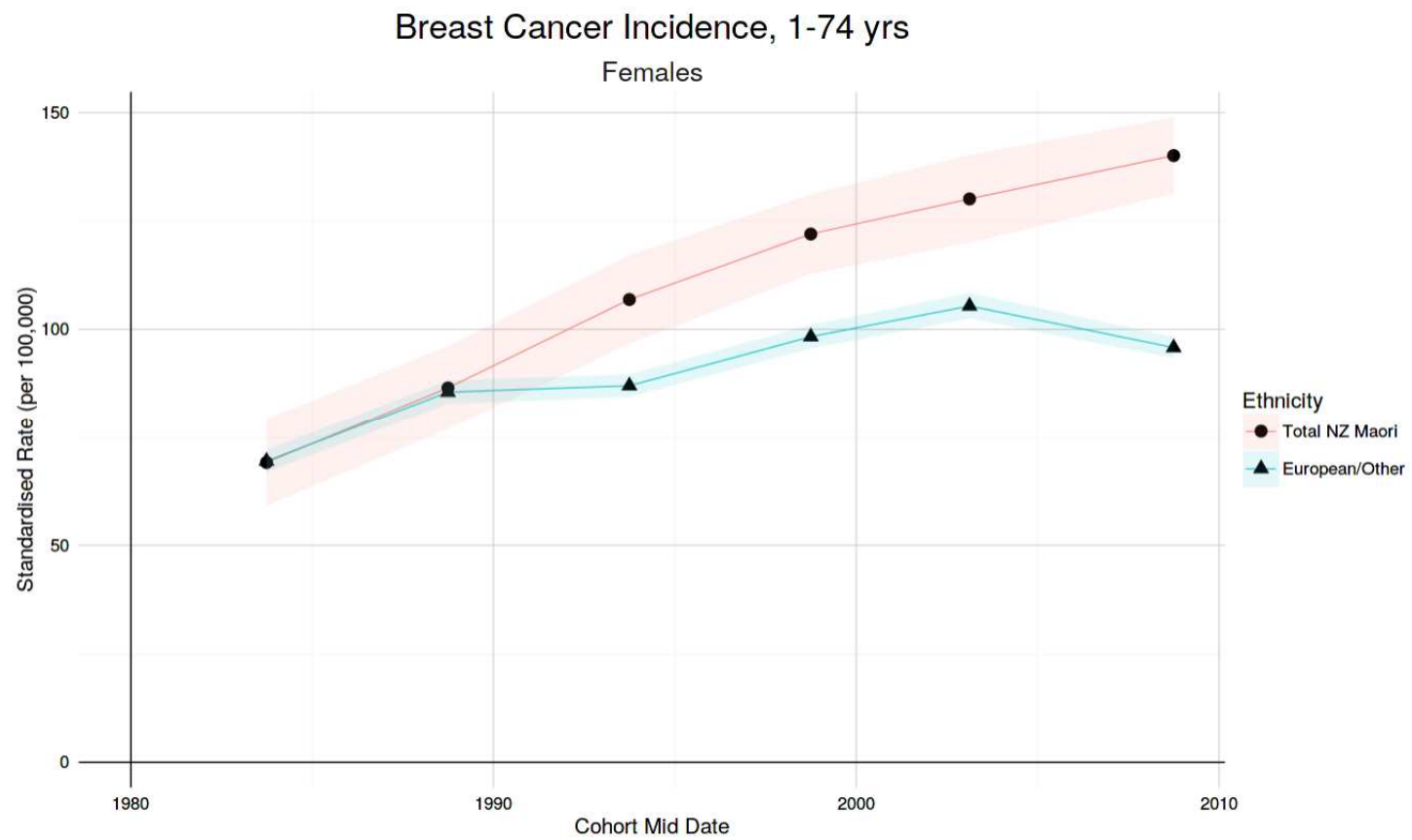


Source: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.



Breast cancer



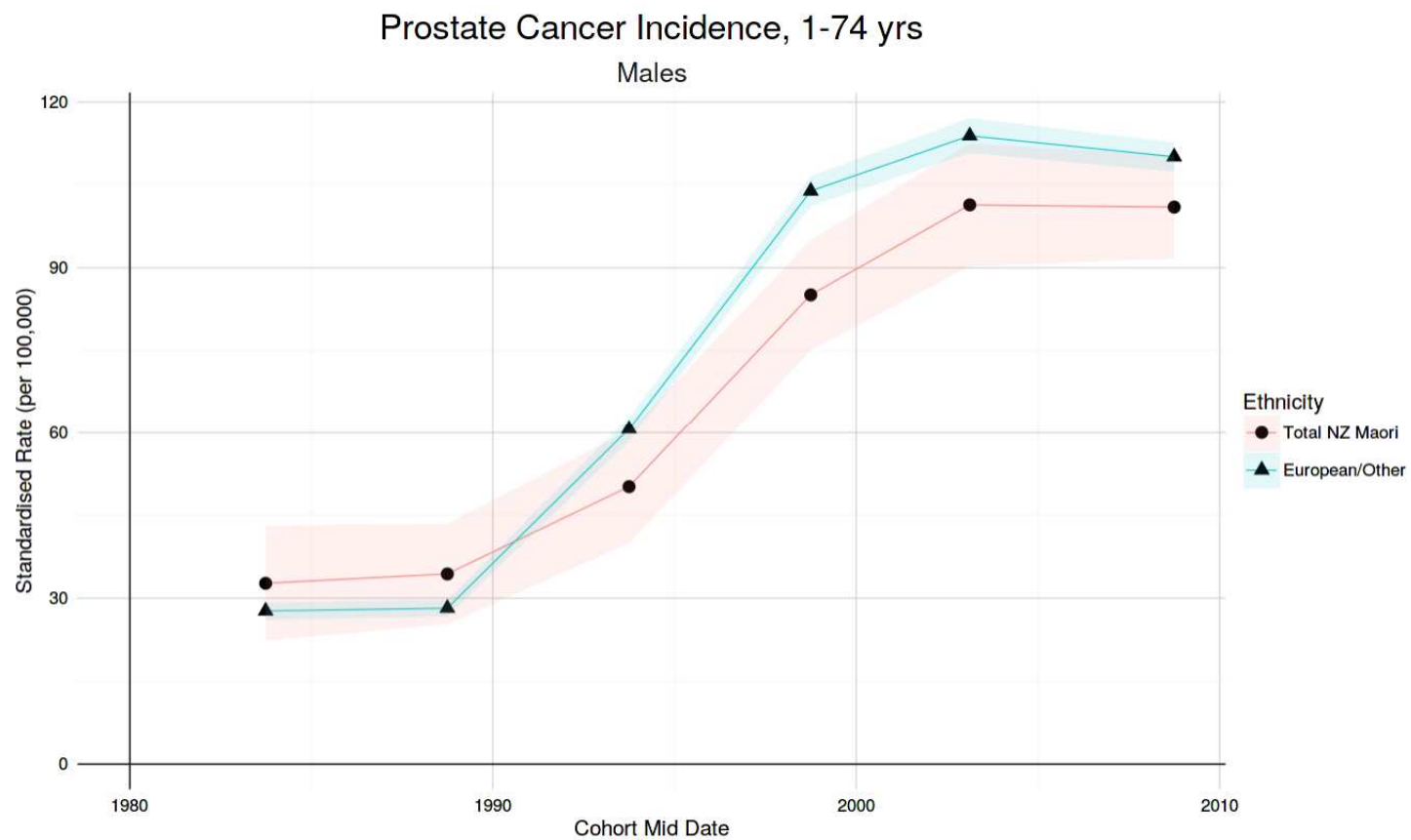


Source: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.



Prostate cancer



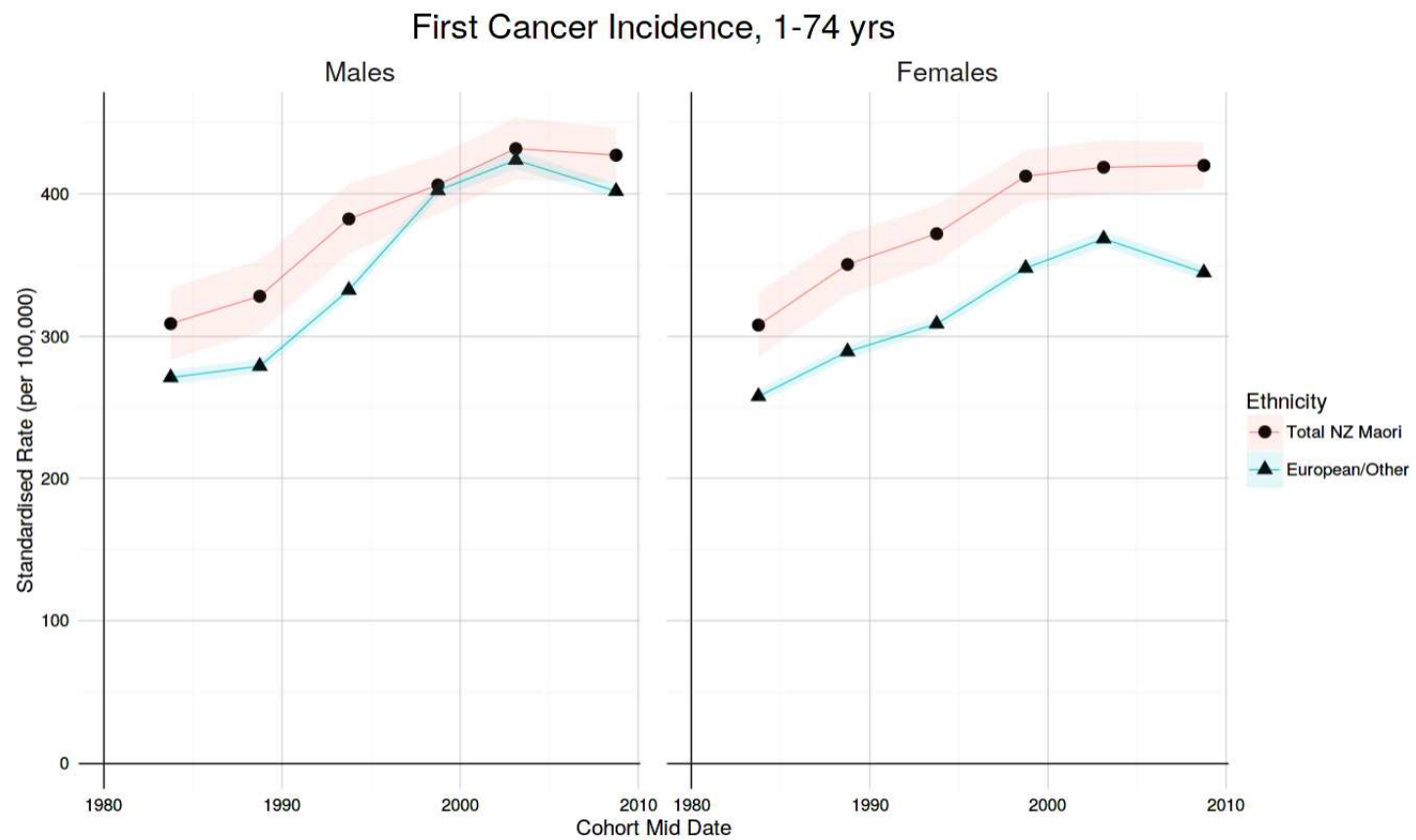


Source: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.



All cancers





Source: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.



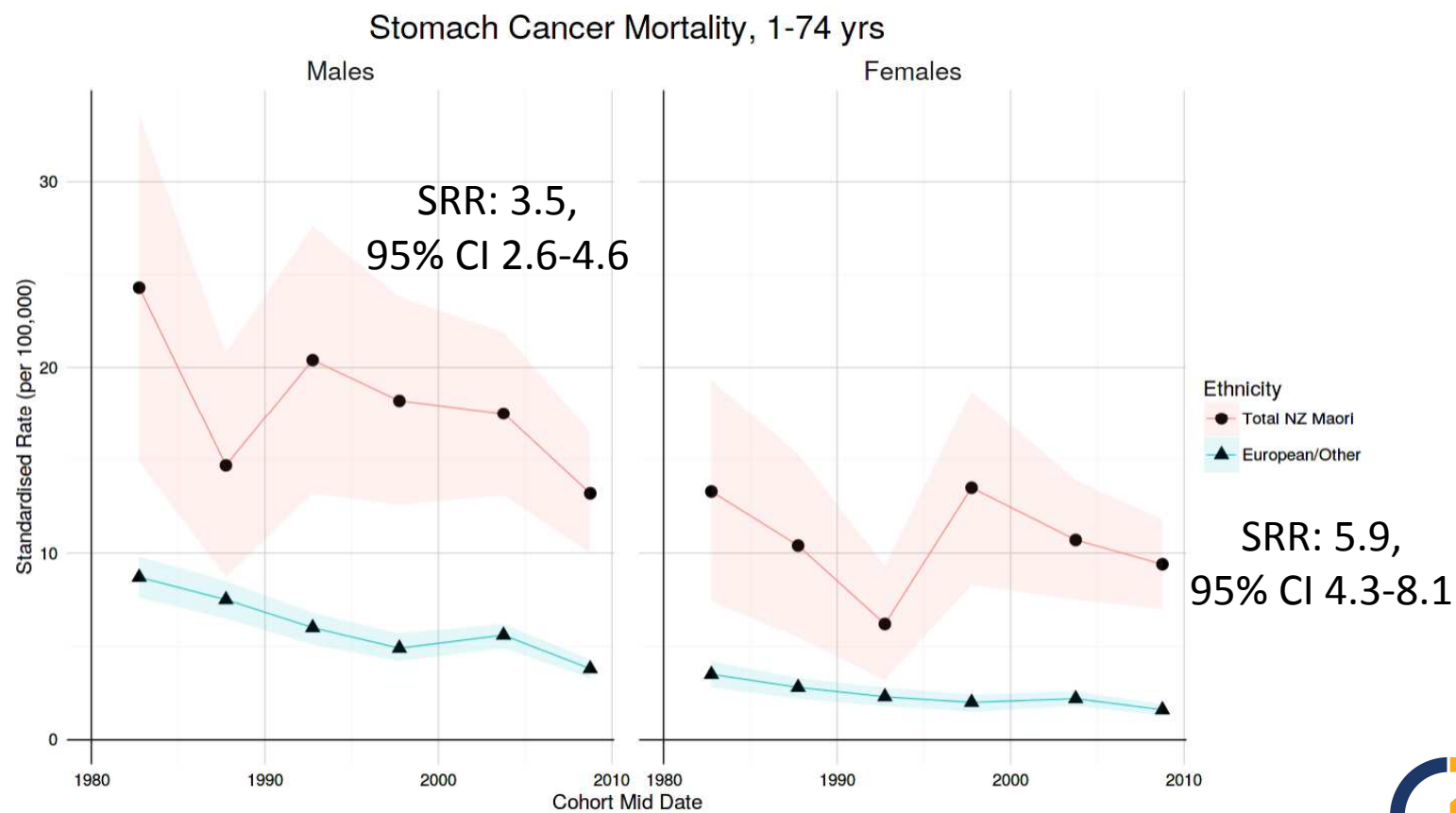
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Stomach cancer



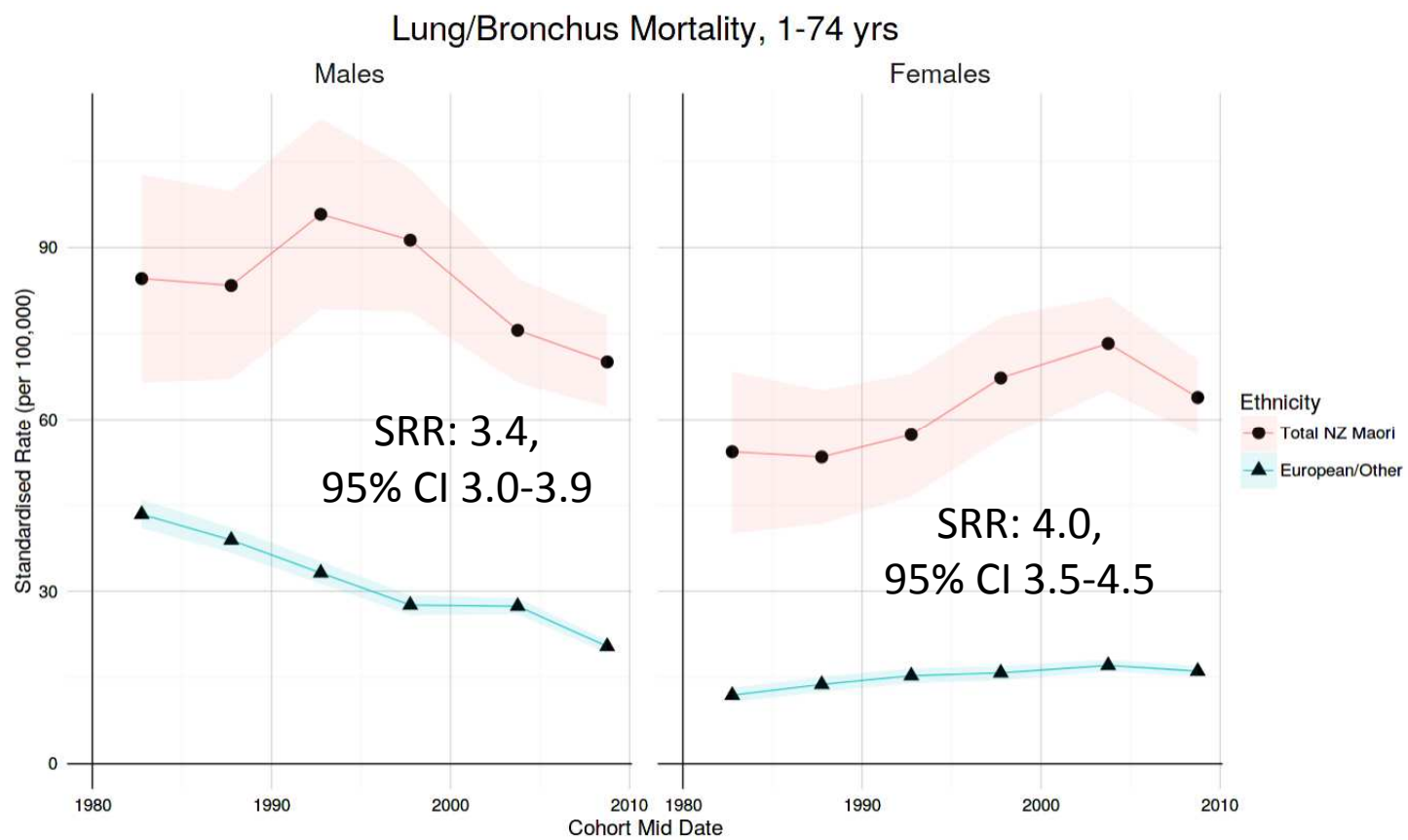


Source: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.



Lung cancer



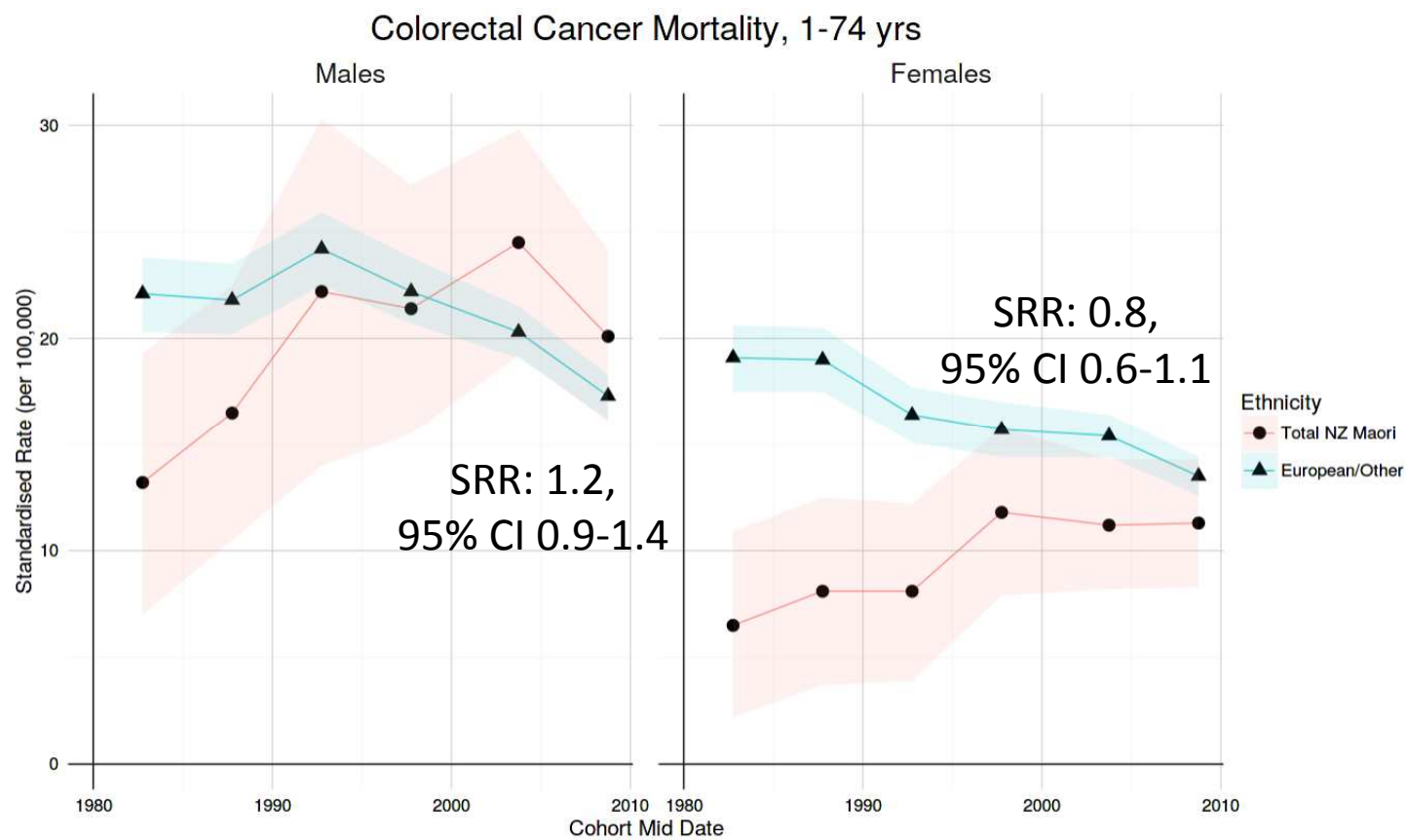


Source: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.



Colorectal cancer



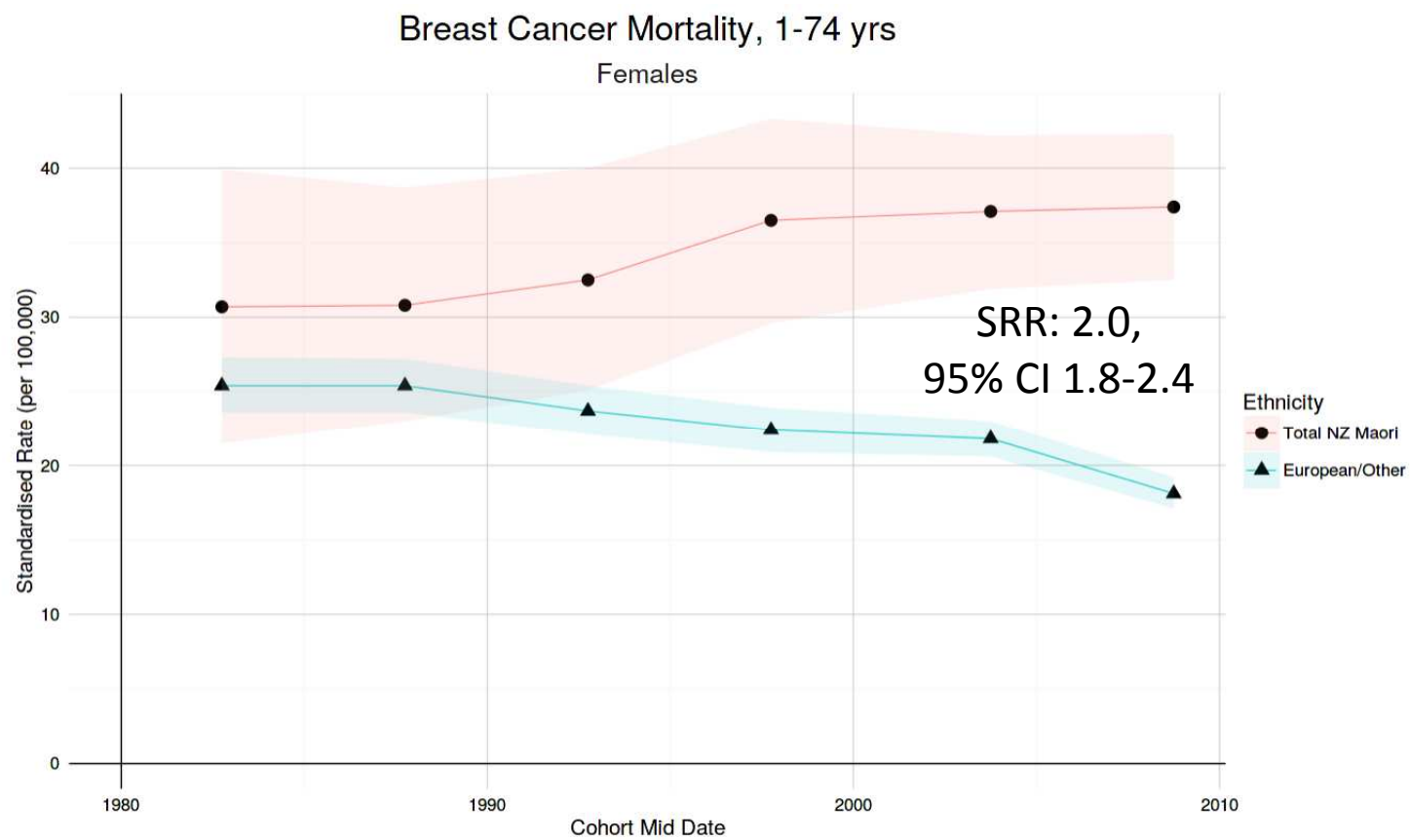


Source: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.



Breast cancer



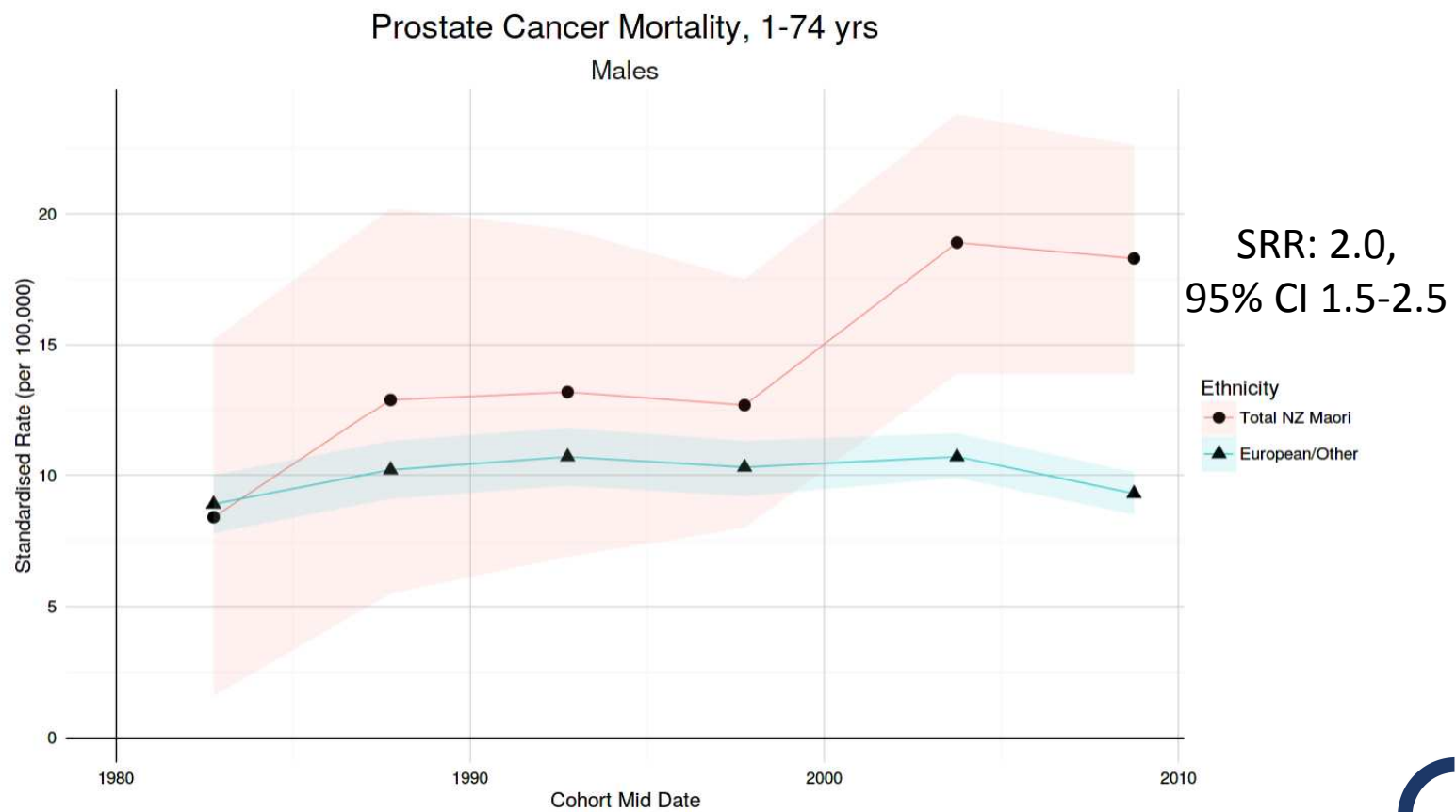


Source: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.



Prostate cancer



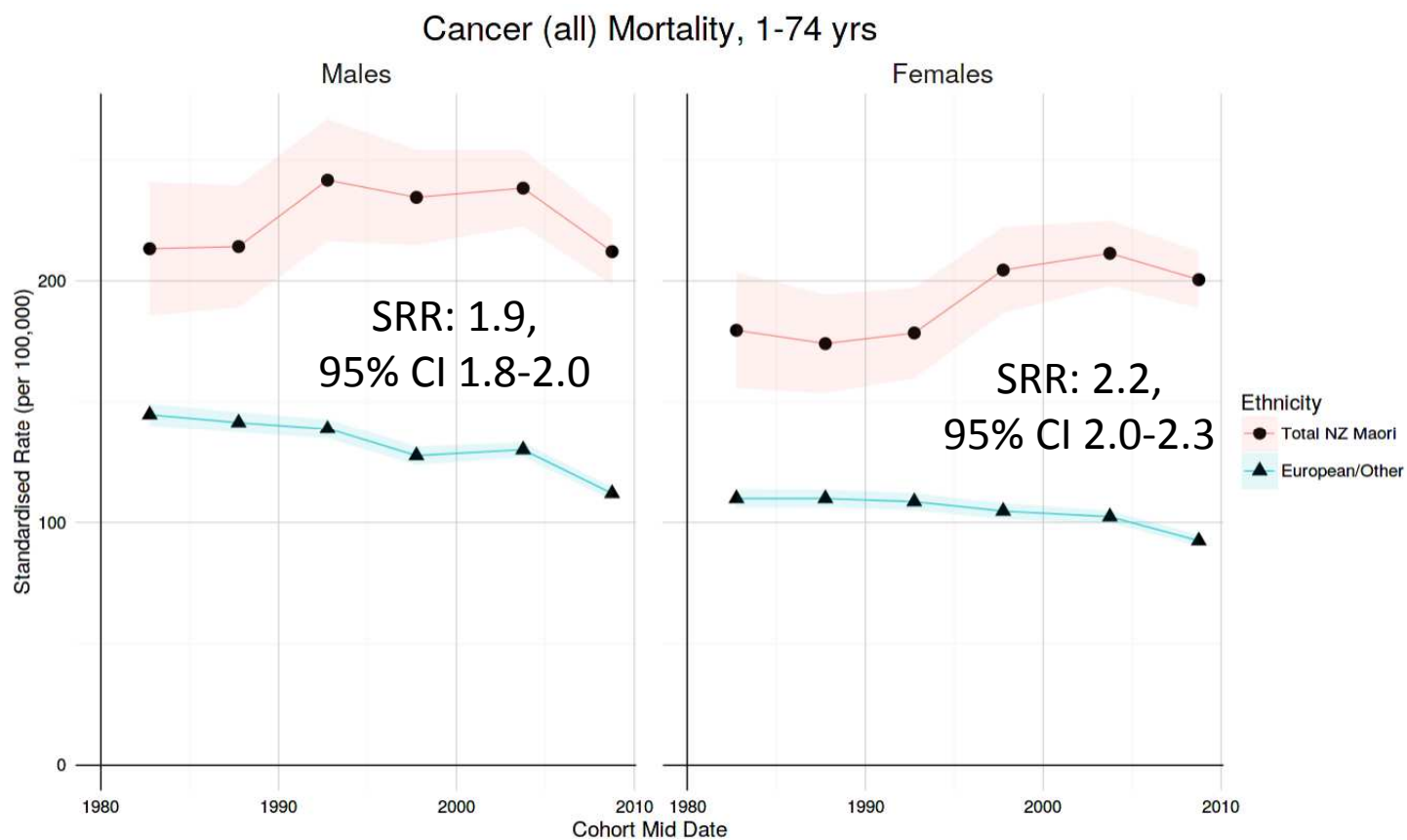


Source: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.



All cancers

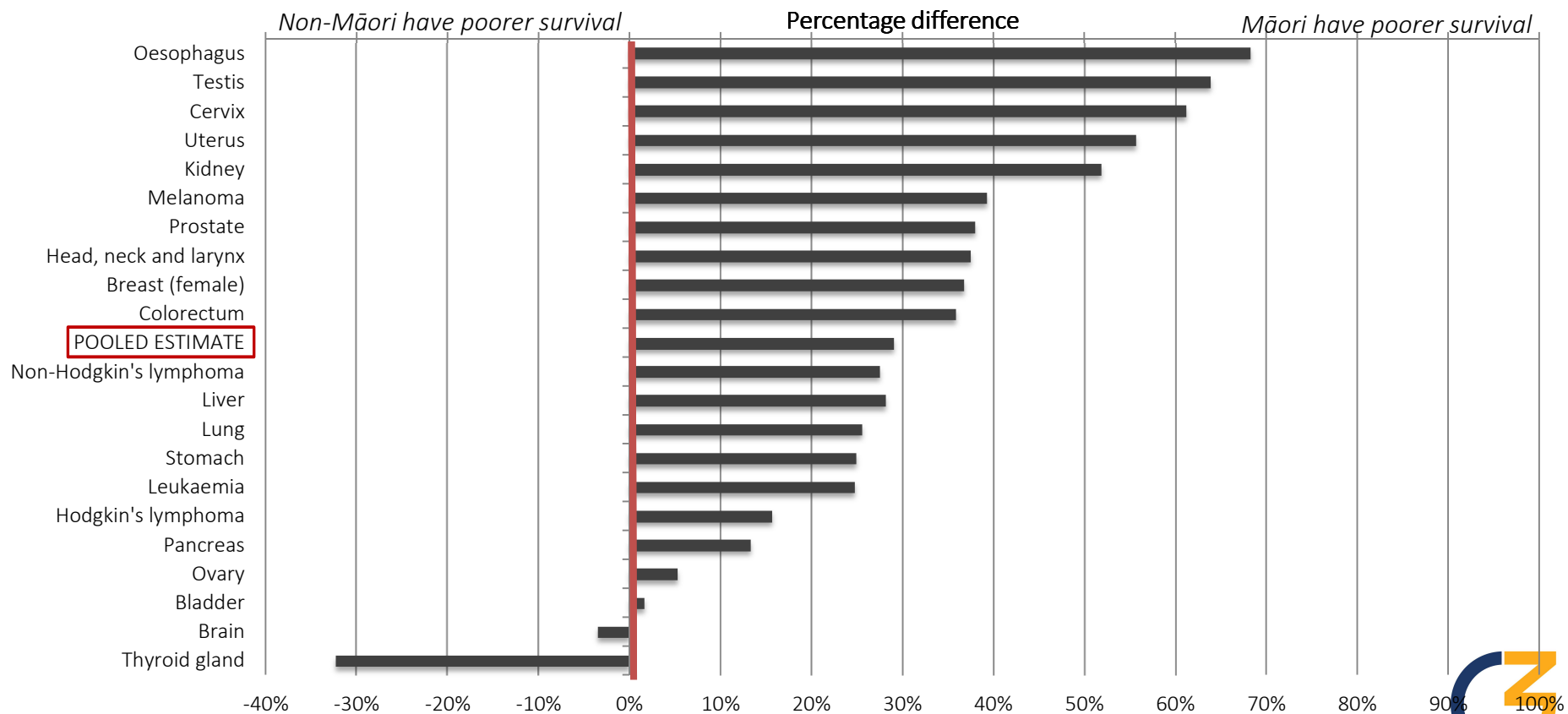




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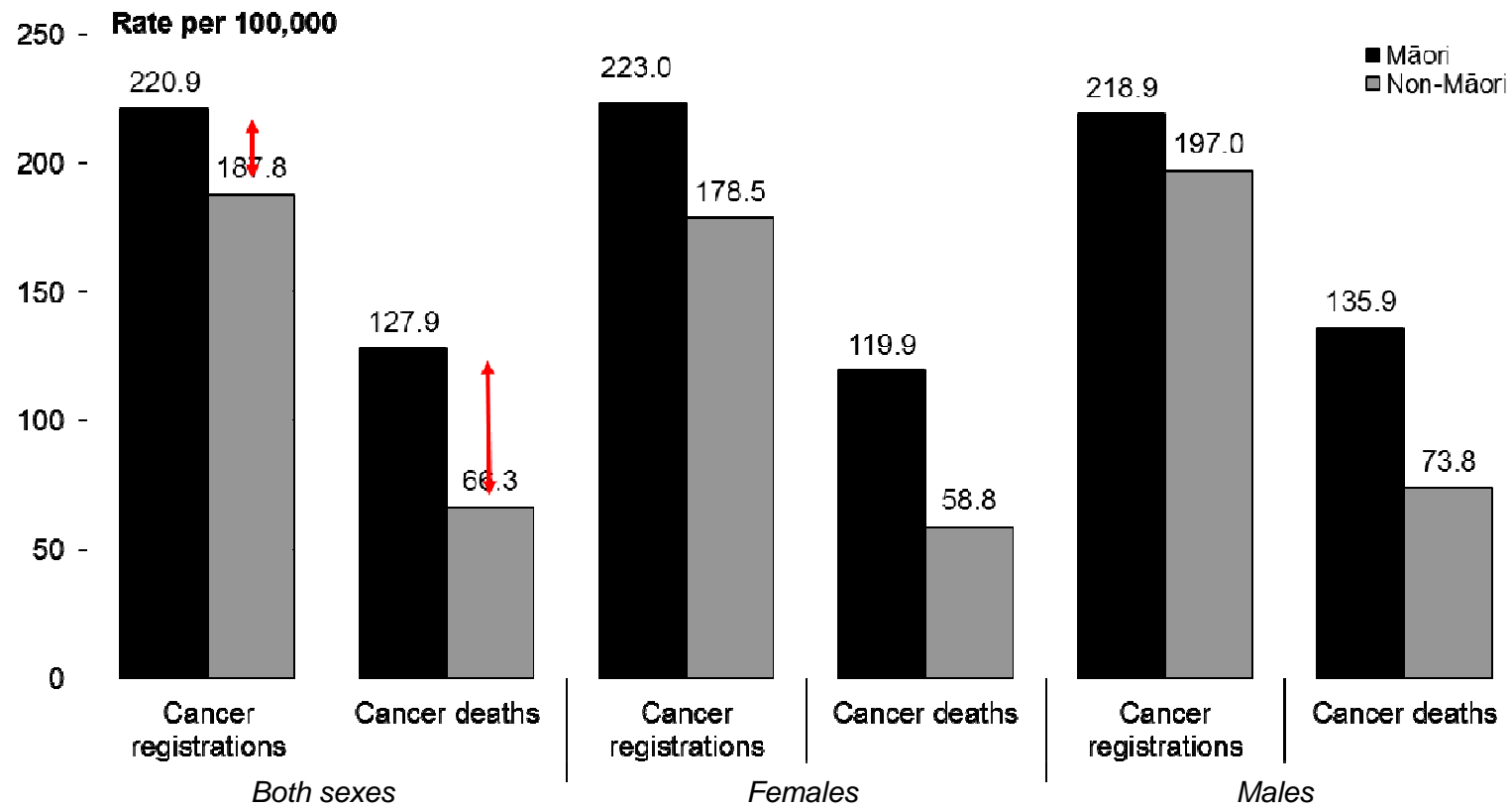


Percentage difference in cancer mortality between Māori and non-Māori, 1991-2004



Source: Soeberg, Blakely, Sarfati et al. 2012. *Ethnic and socioeconomic trends in cancer survival, New Zealand, 1991-2004*

All Combined Cancers, Incidence and Mortality Rates, 1996-2001



Source: Robson, Purdie, Cormack (2010). Unequal Impact II.



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We could talk for the rest of the day about the possible reasons for these inequities.



I'm only going to cover some of the more
commonly-discussed reasons...
...because the evidence might surprise you.



Topics To Cover Today:

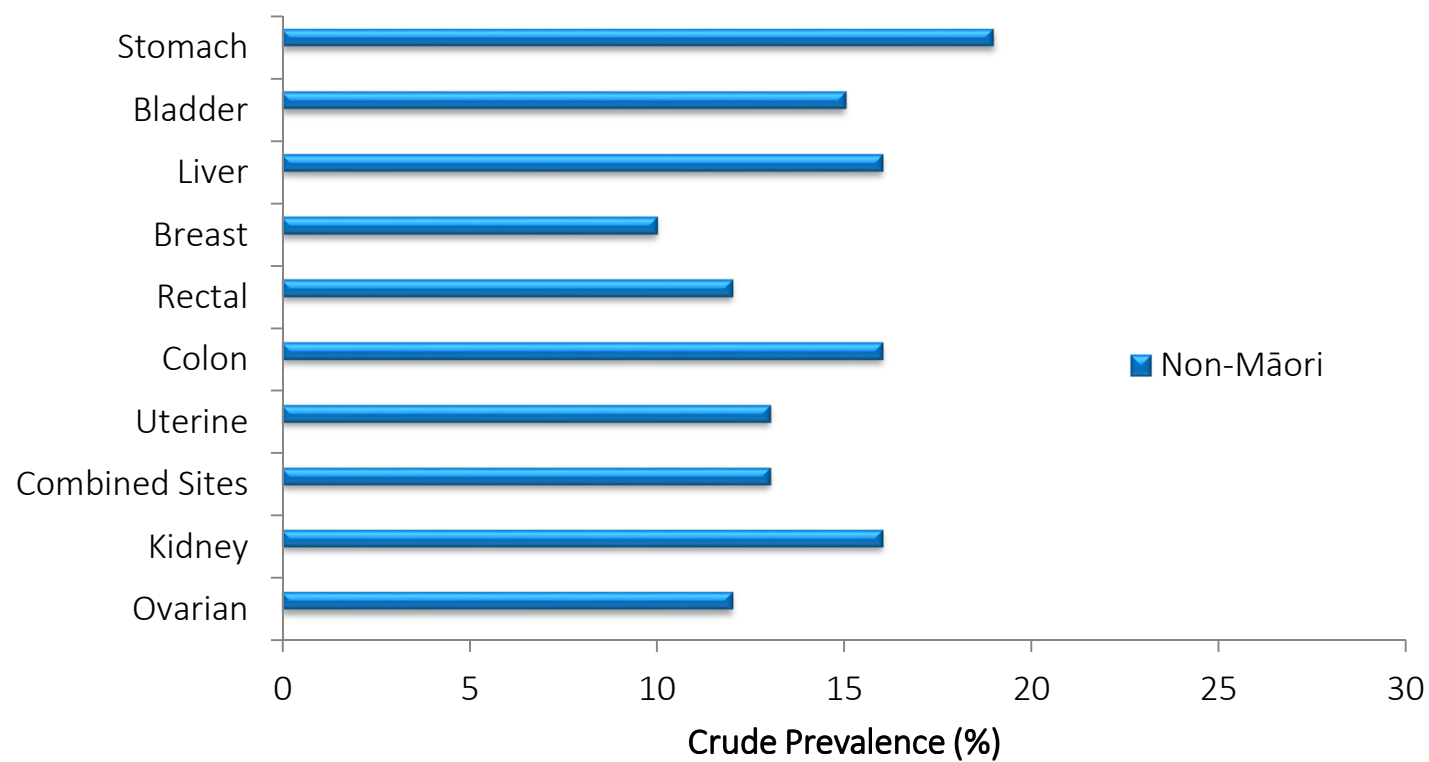
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What about comorbidity?



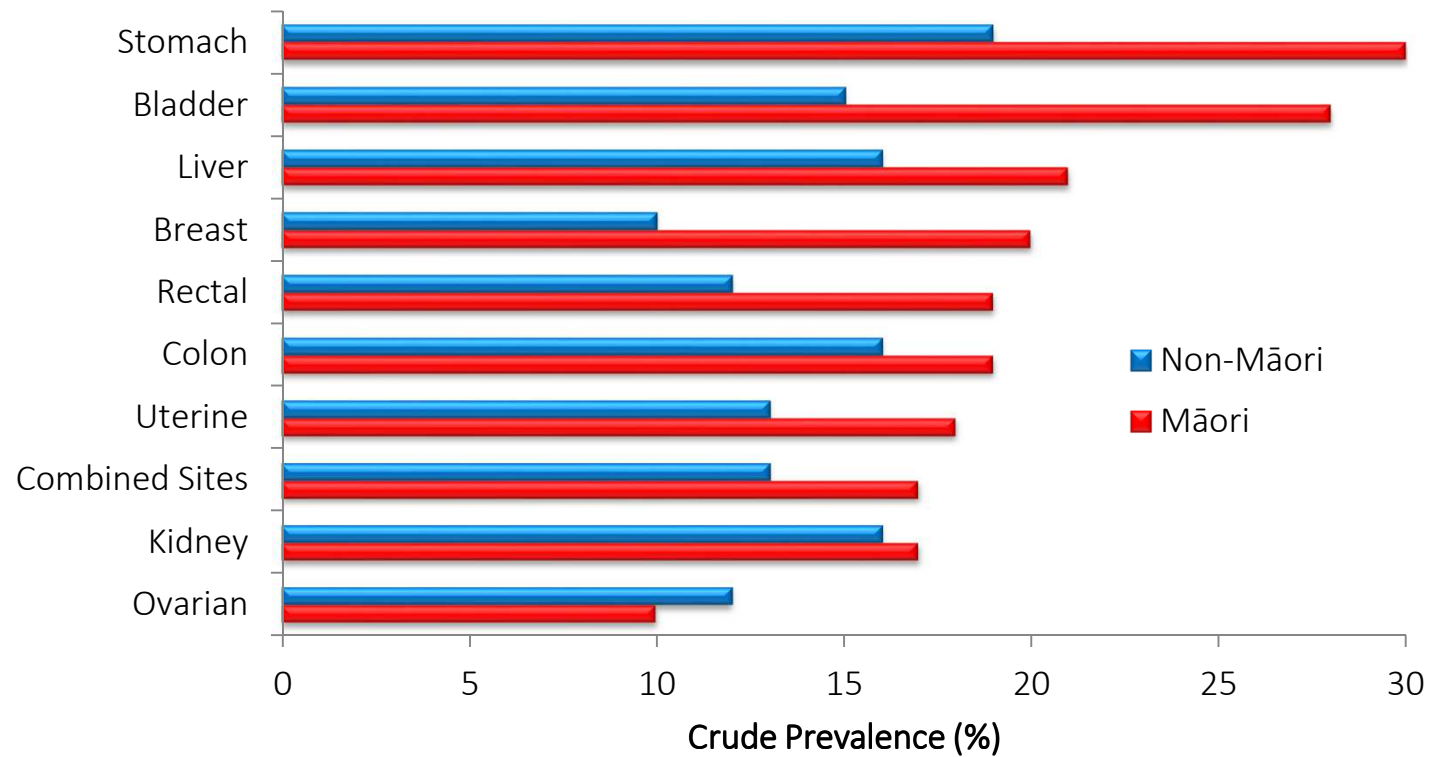
Hypertension (Primary)



Source: Sarfati, Gurney, et al. (2014). C3 (Quantitative) study.



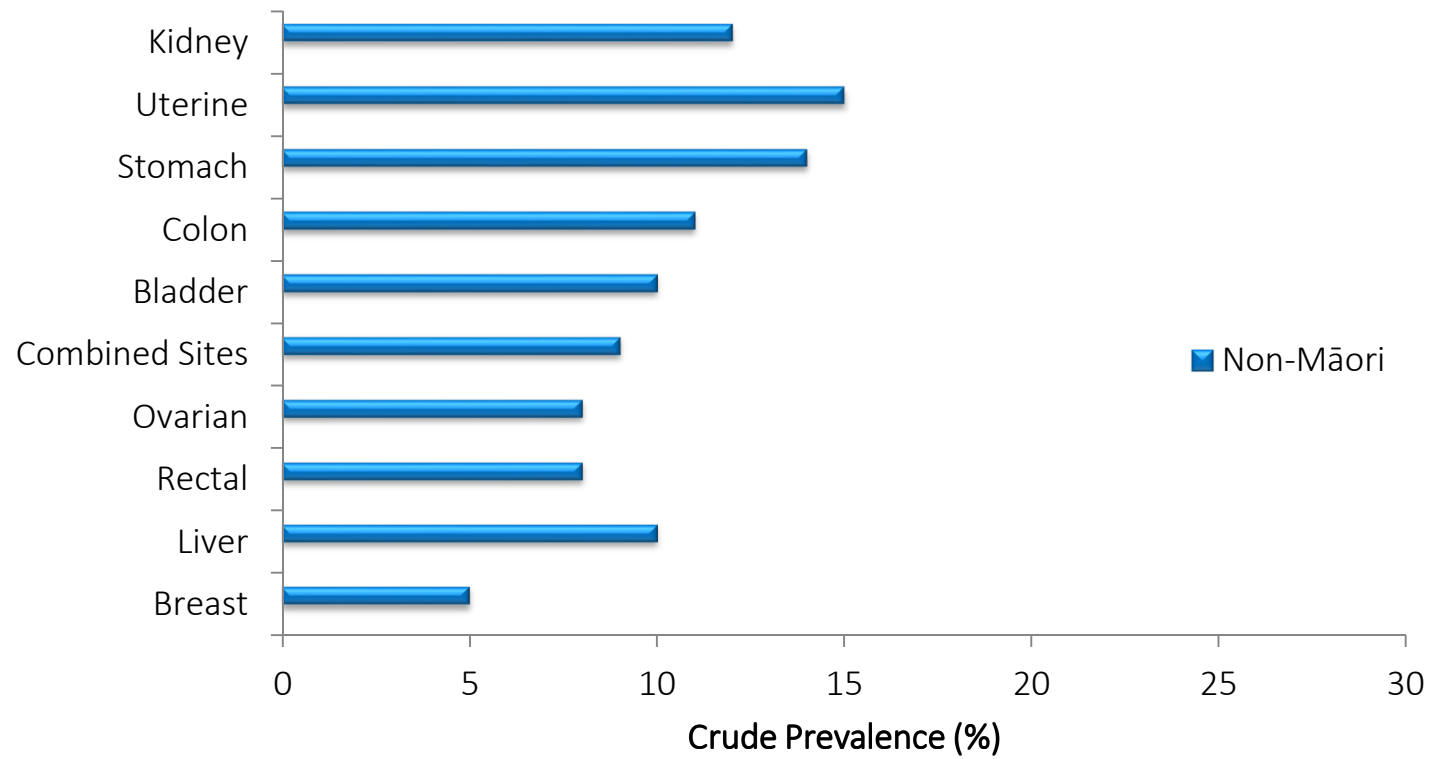
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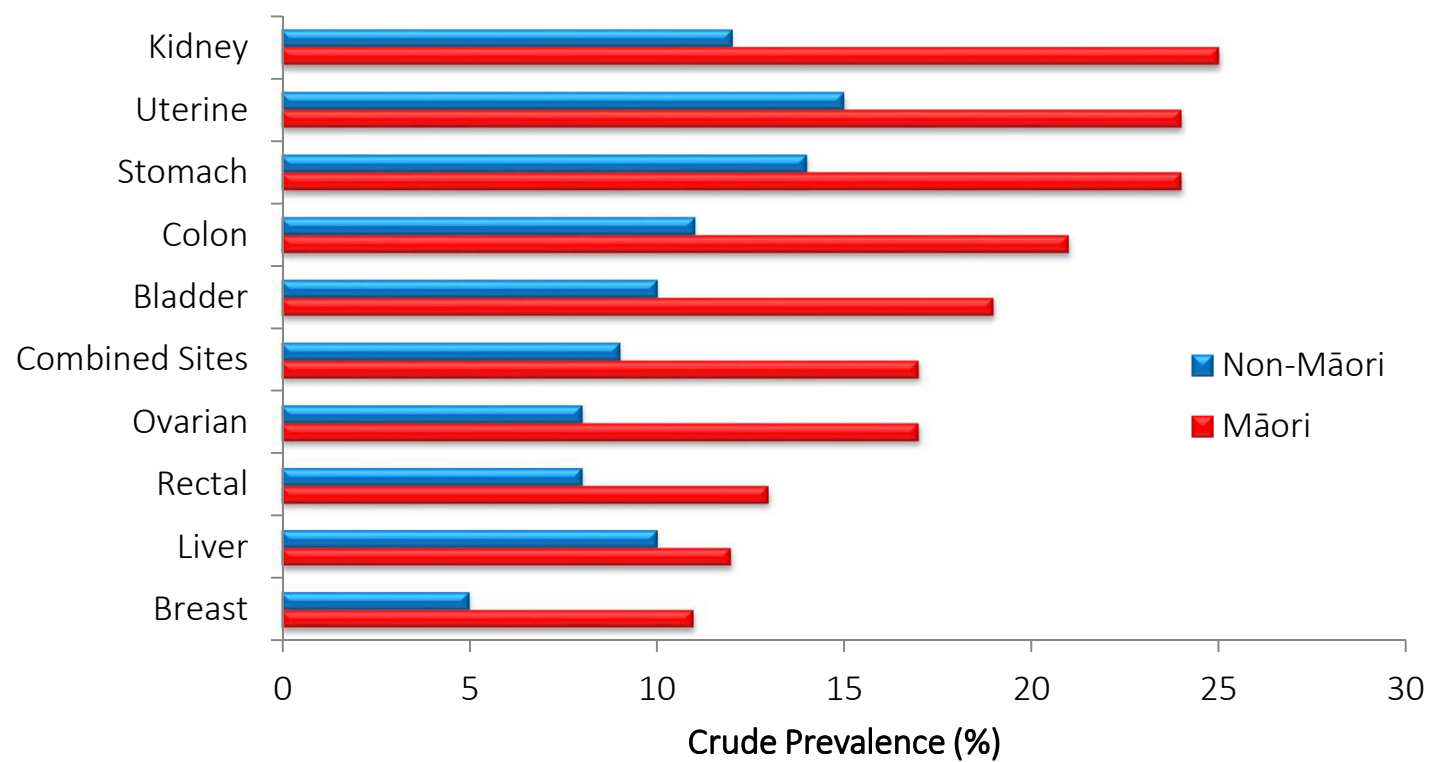
Diabetes (Any)



Source: Sarfati, Gurney, et al. (2014). C3 (Quantitative) study.



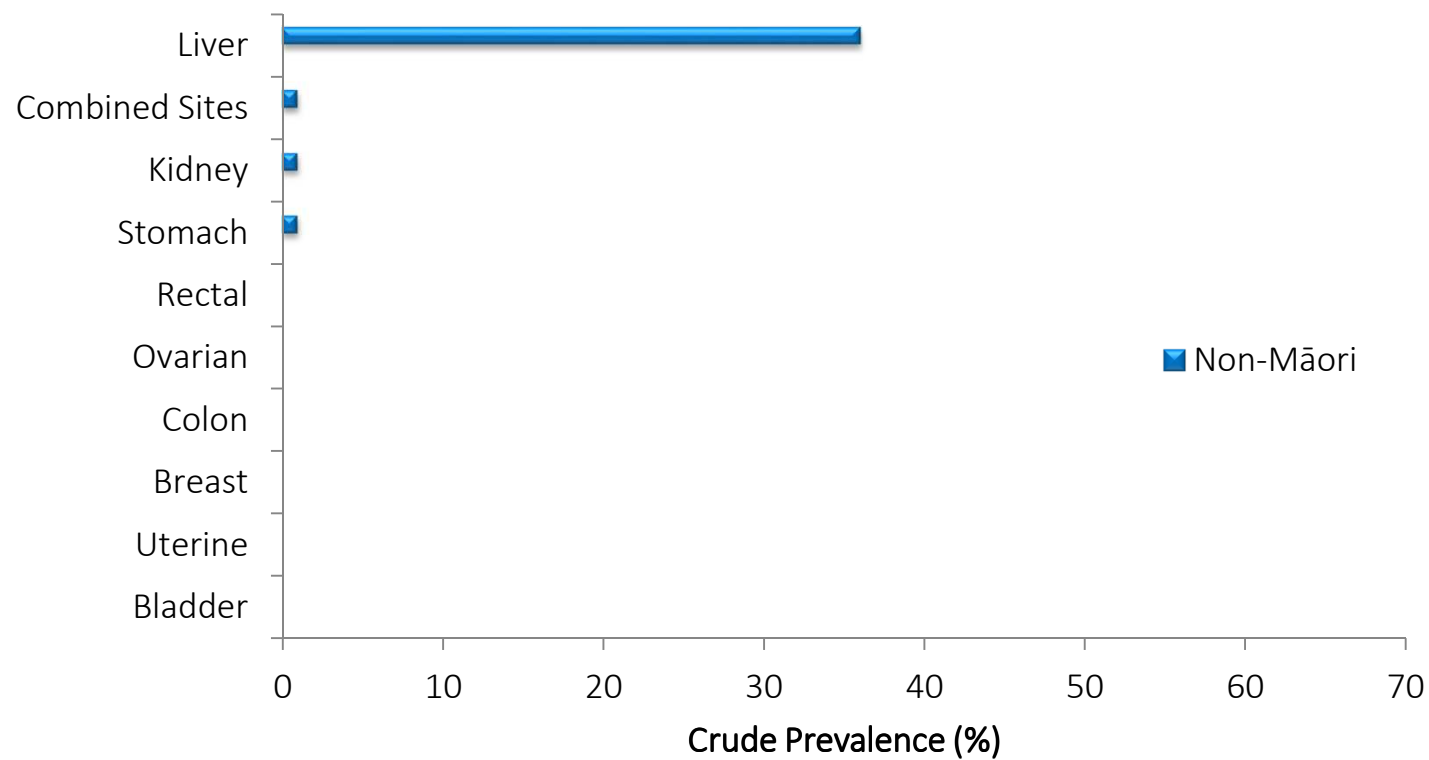
Diabetes (Any)



Source: Sarfati, Gurney, et al. (2014). C3 (Quantitative) study.



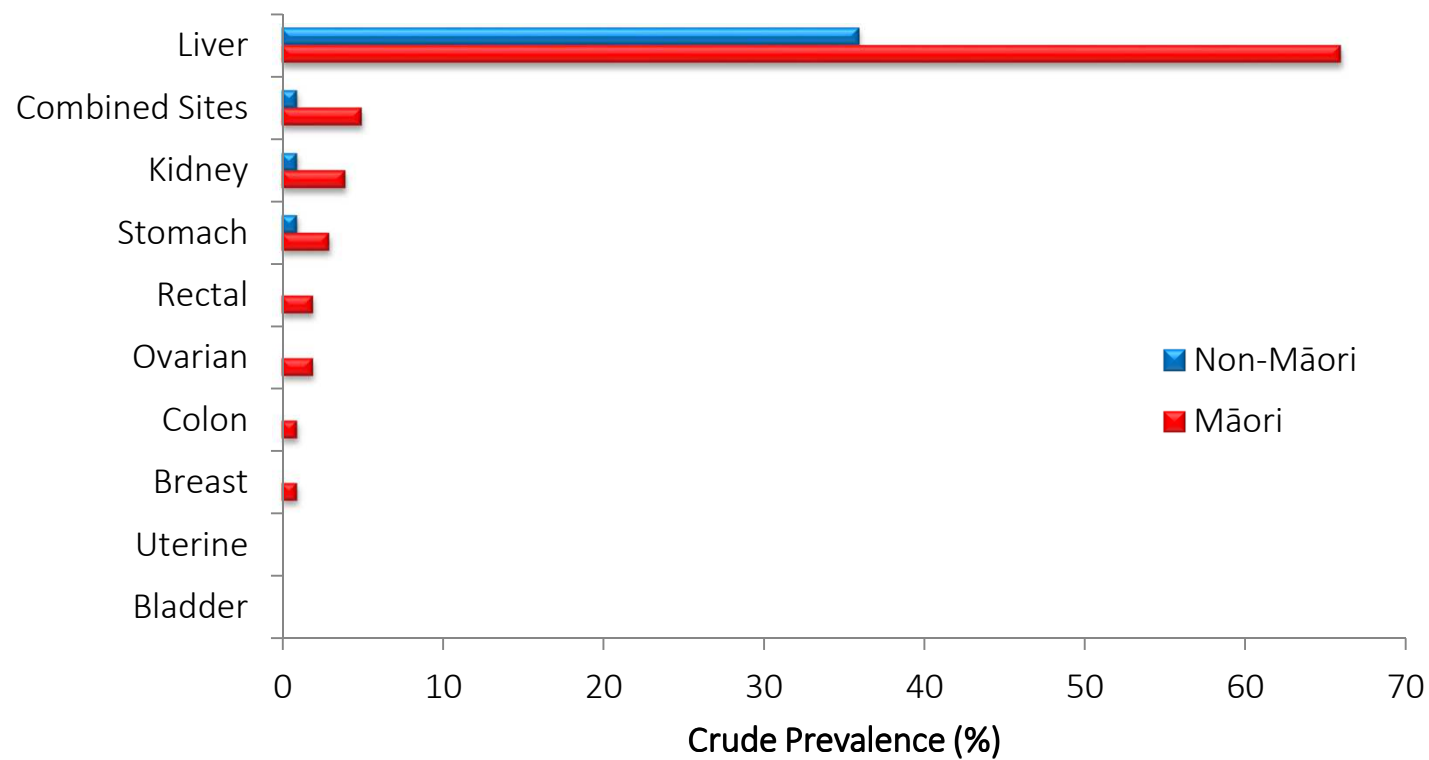
Hepatitis (Chronic Viral)



Source: Sarfati, Gurney, et al. (2014). C3 (Quantitative) study.



Hepatitis (Chronic Viral)



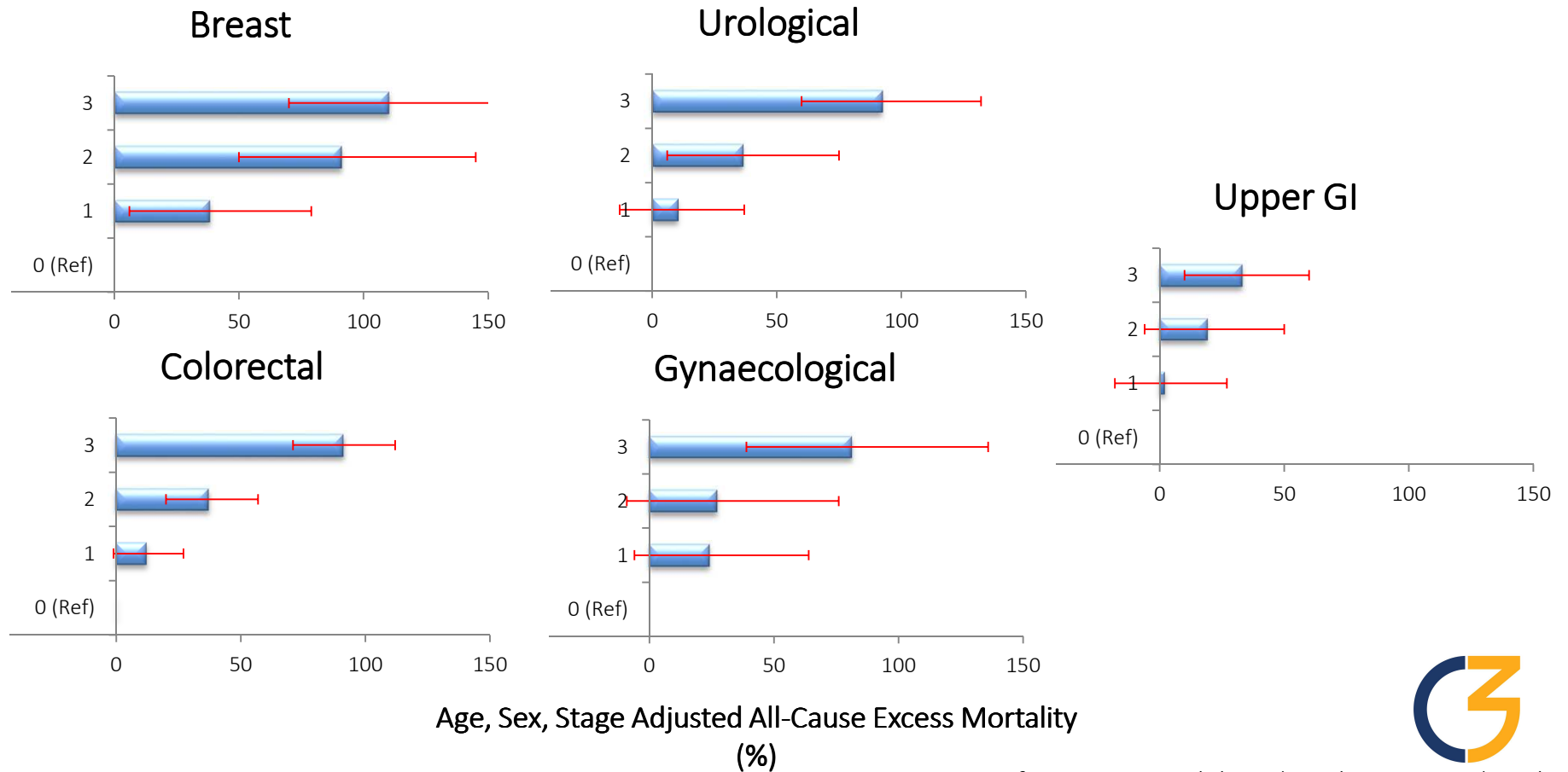
Source: Sarfati, Gurney, et al. (2014). C3 (Quantitative) study.



A high comorbidity burden increases the likelihood of mortality.



Cancer Patient Mortality with Increasing Comorbidity



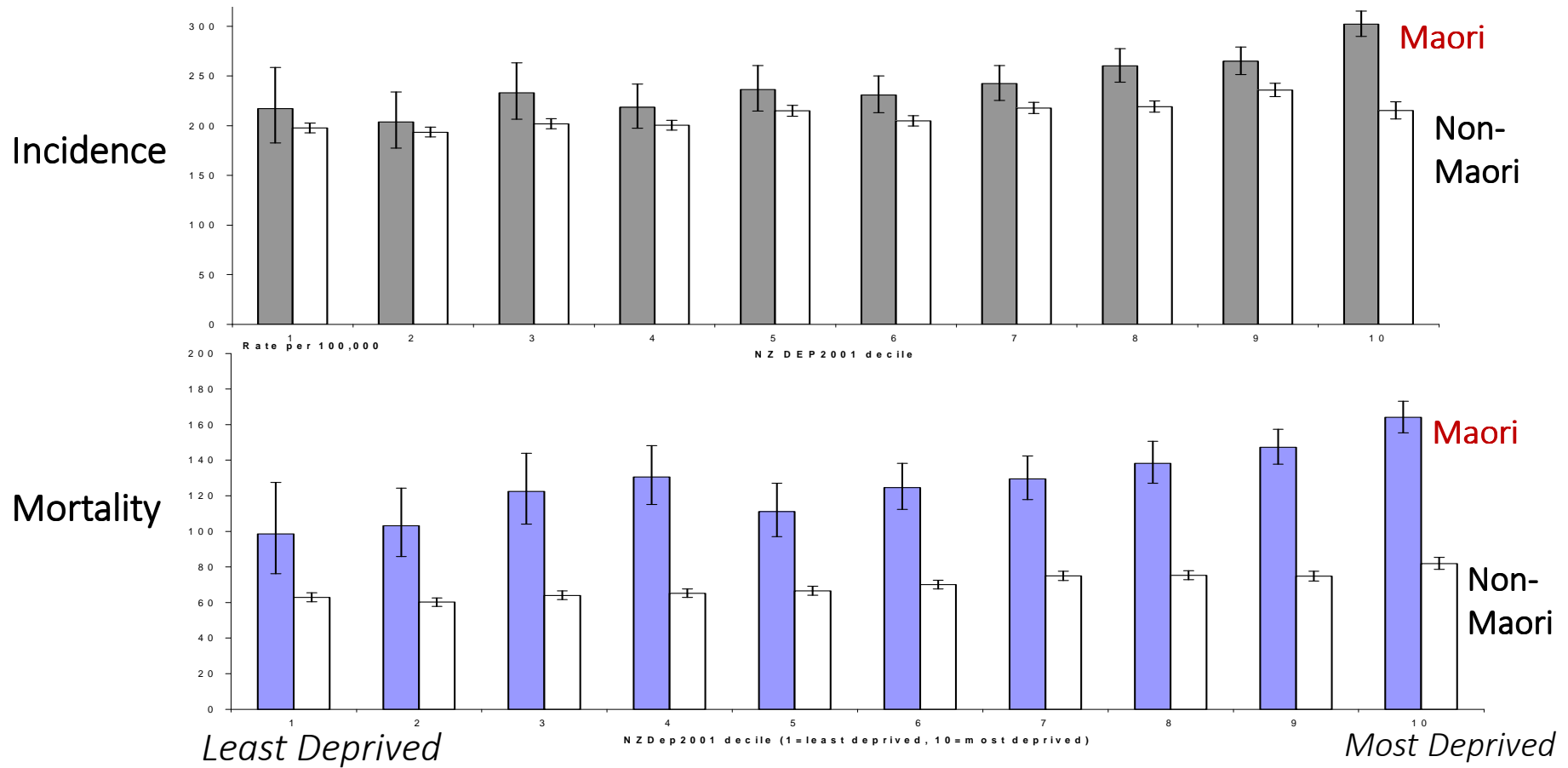
Source: Sarfati, Gurney, et al. (2014). C3 (Quantitative) study.



What about deprivation?



All Cancers, Age Standardised Rate Per 100,000

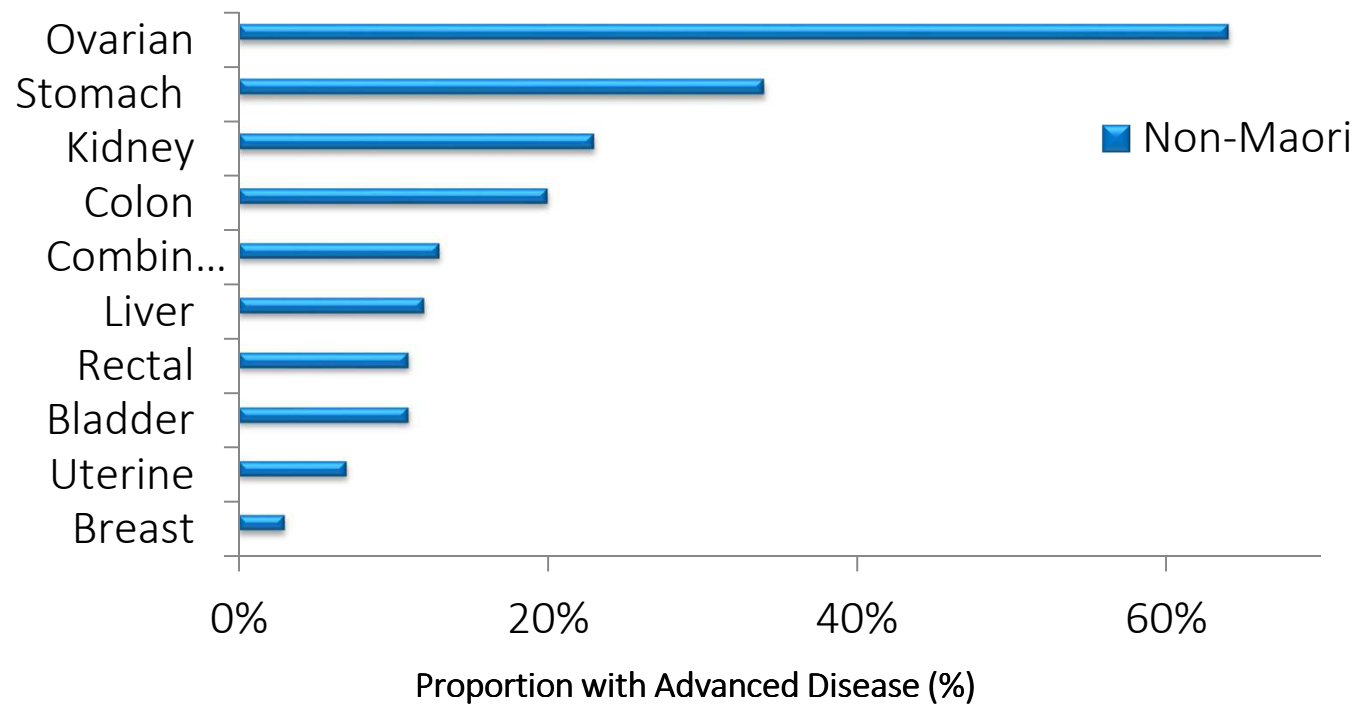


Source: Robson, Purdie, Cormack (2010). Unequal Impact II.

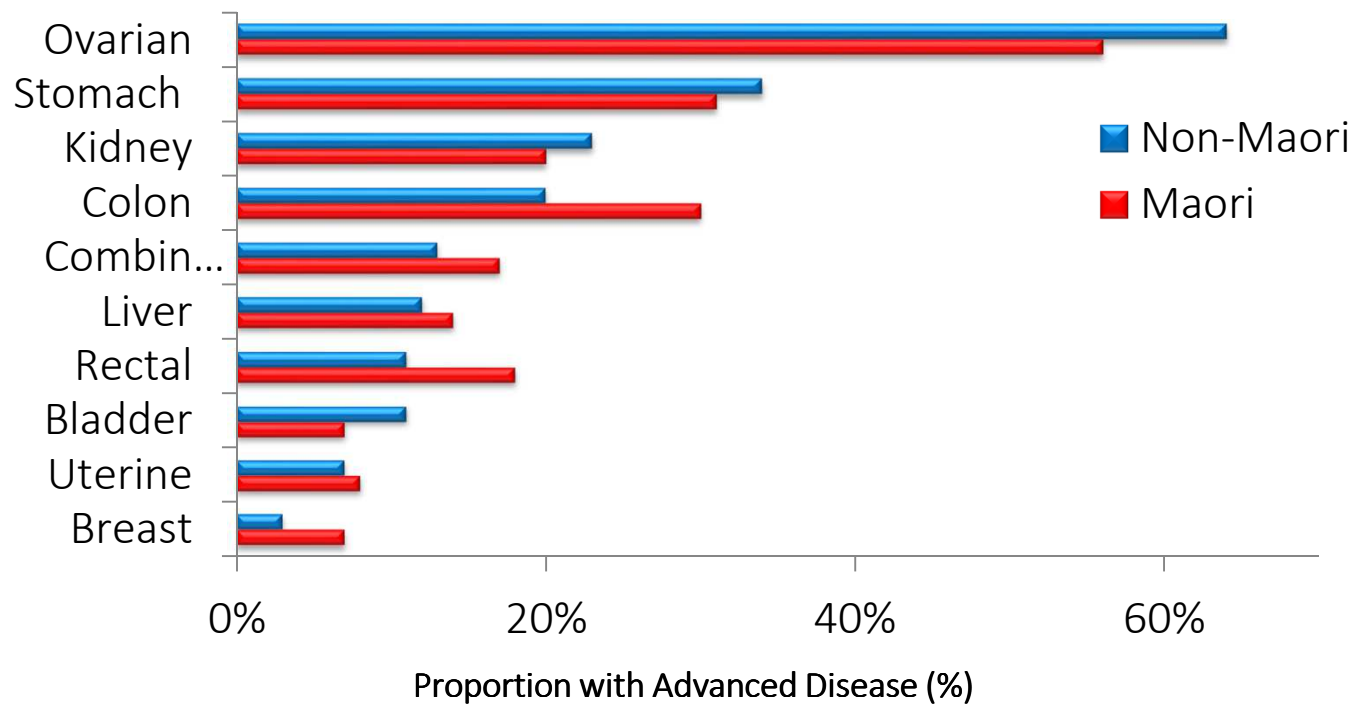
What about stage of disease?



C3 Study - Proportion Diagnosed with Advanced Disease (NZ Cancer Registry)



C3 Study - Proportion Diagnosed with Advanced Disease (NZ Cancer Registry)



Topics To Cover Today:

- Who are we?
- What is equity?
- Inequities in cancer outcomes:
 - Who gets cancer?
 - Who dies from cancer?
- **Why are there differences in survival?**
 - Patient-level factors (e.g. comorbidity)
 - **System-level factors (e.g. service access)**



Example: Colon cancer



Survival disparities in Indigenous and non-Indigenous New Zealanders with colon cancer: the role of patient comorbidity, treatment and health service factors

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ABSTRACT

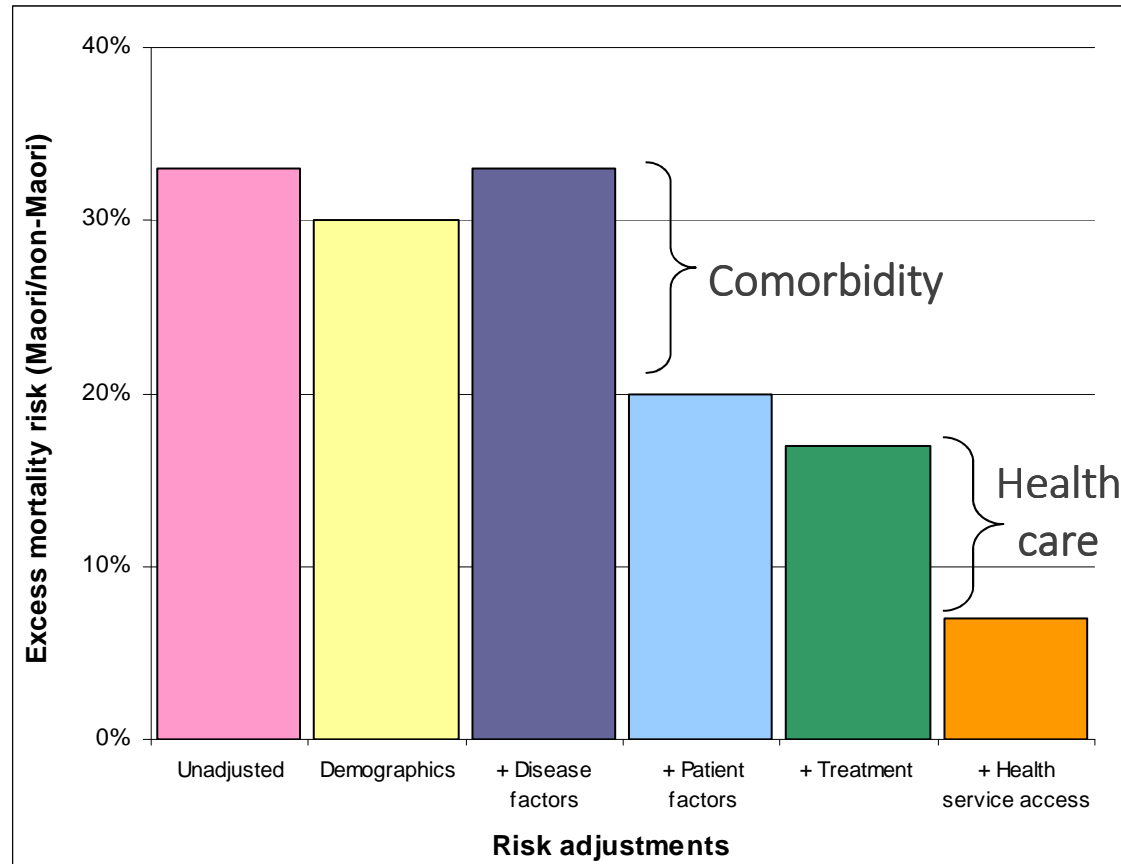
Background Ethnic disparities in cancer survival have been documented in many populations and cancer types. The causes of these inequalities are not well understood but may include disease and patient characteristics, treatment differences and health service factors. Survival was compared in a cohort of Maori (Indigenous) and non-Maori New Zealanders with colon cancer, and the contribution of demographics, disease characteristics, patient comorbidity, treatment and healthcare factors to survival disparities was assessed.

Methods Maori patients diagnosed as having colon cancer between 1996 and 2003 were identified from the New Zealand Cancer Registry and compared with a randomly selected sample of non-Maori patients.

between Maori and non-Maori New Zealanders.^{11 12} Maori are the Indigenous peoples of New Zealand and make up 15% of the 4 million population; the non-Indigenous population is predominantly European in origin with significant Pacific (7%) and Asian (9%) groupings.¹³ As with many kinds of cancer, Maori patients have a poorer survival from colon cancer compared with non-Maori.^{1 2} New Zealand has a particularly high incidence and mortality from colorectal cancer.¹⁴ Age-adjusted incidence is lower in Maori compared with non-Maori populations (nine compared with 15 per 100 000),² but mortalities are now similar, having decreased in non-Maori and increased in Maori over time.^{11 15 16}



Māori/non-Māori Disparity in Colon Cancer Survival



Source: Hill, Sarfati, et al. (2010). *J Epi Comm Health*, 64, p117-123.



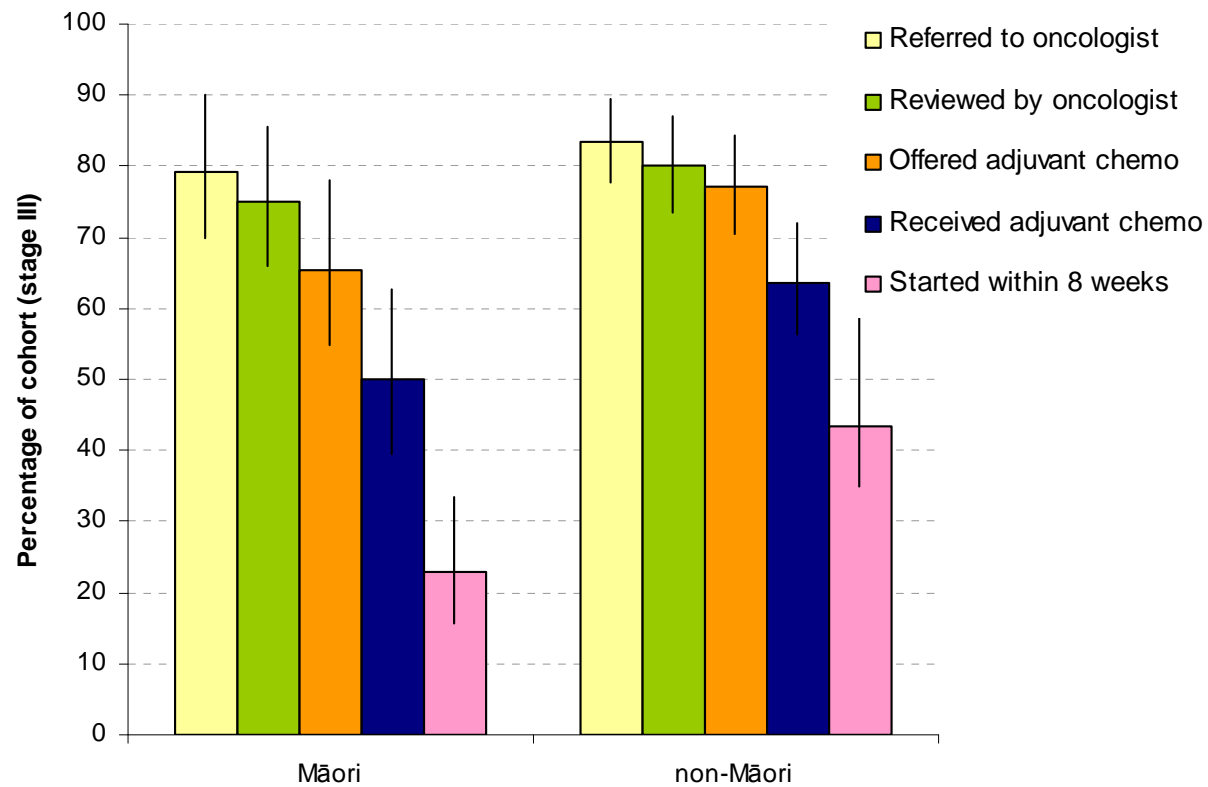
Hill et al. observed that comorbidity and treatment/health service factors each accounted for a third of the survival difference between Māori and non-Māori.



Hill et al. also observed some interesting findings regarding health service access for patients with Stage III disease:



Patients with Stage III Colon Cancer: Treatment Pathway



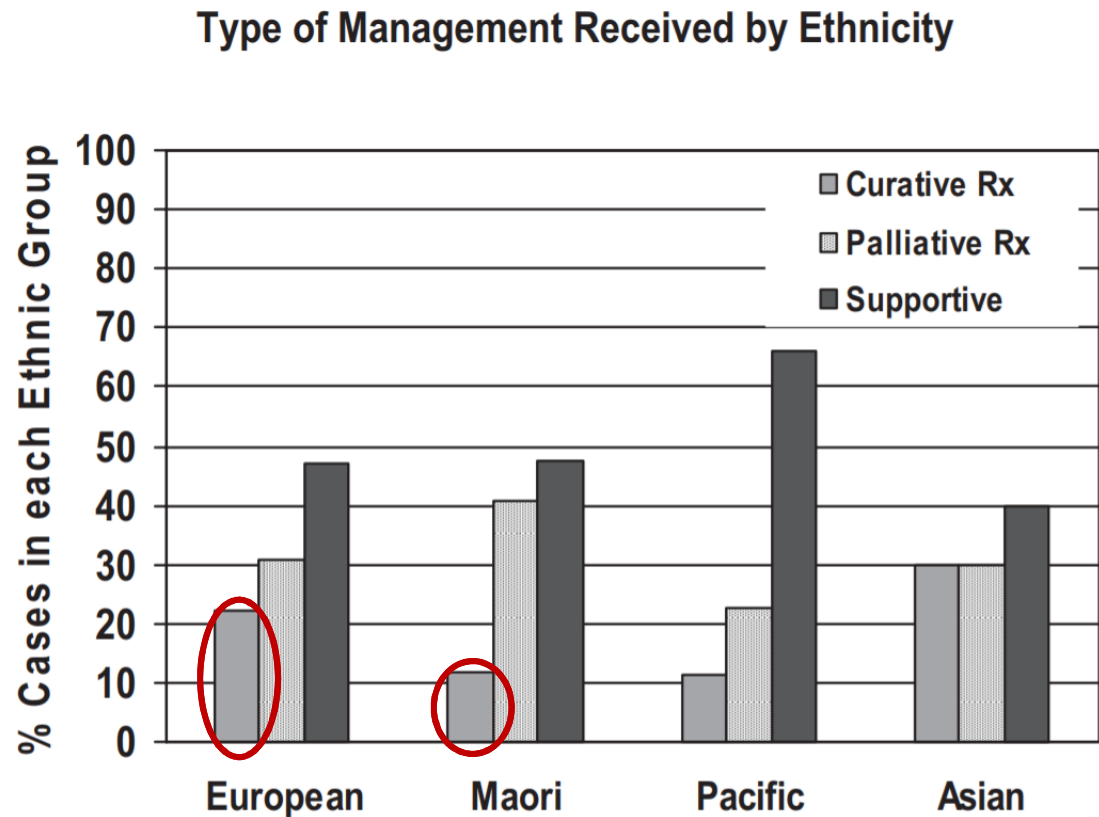
Source: Hill, Sarfati, et al. (2010). *Cancer*, 116(13), p3205-3214.



Stevens et al. observed similar results in the
context of lung cancer:



- Māori were:
- 70% less likely to receive curative Rx
 - Four times more likely to receive palliative Rx for non-metastatic tumours
 - Adjusted for many confounders

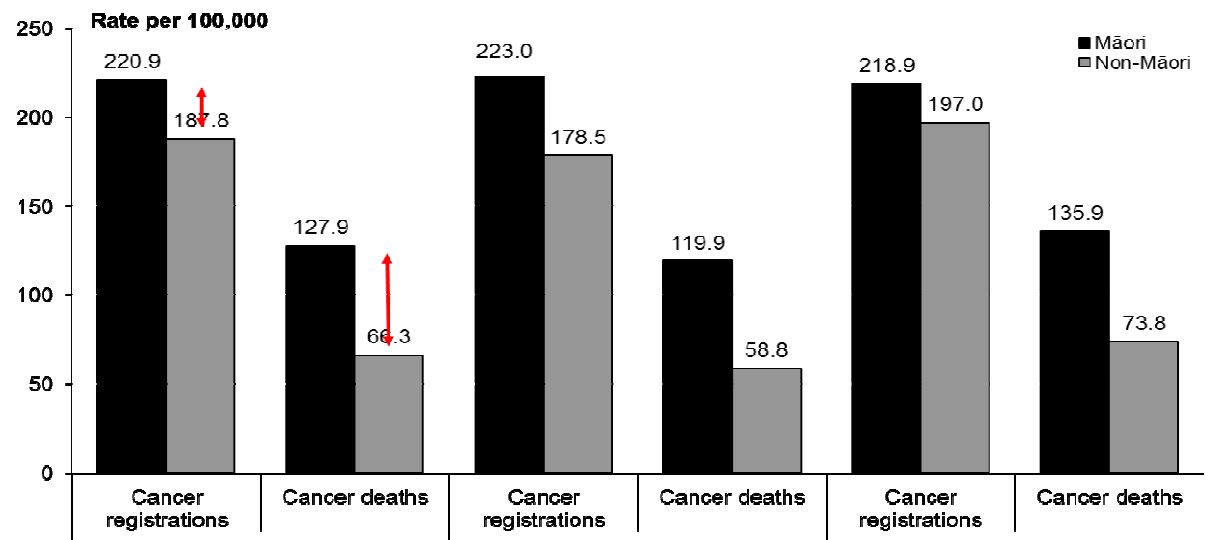


Source: Stevens, et al. (2008). *J Thoracic Oncology*, 3, p237-244..

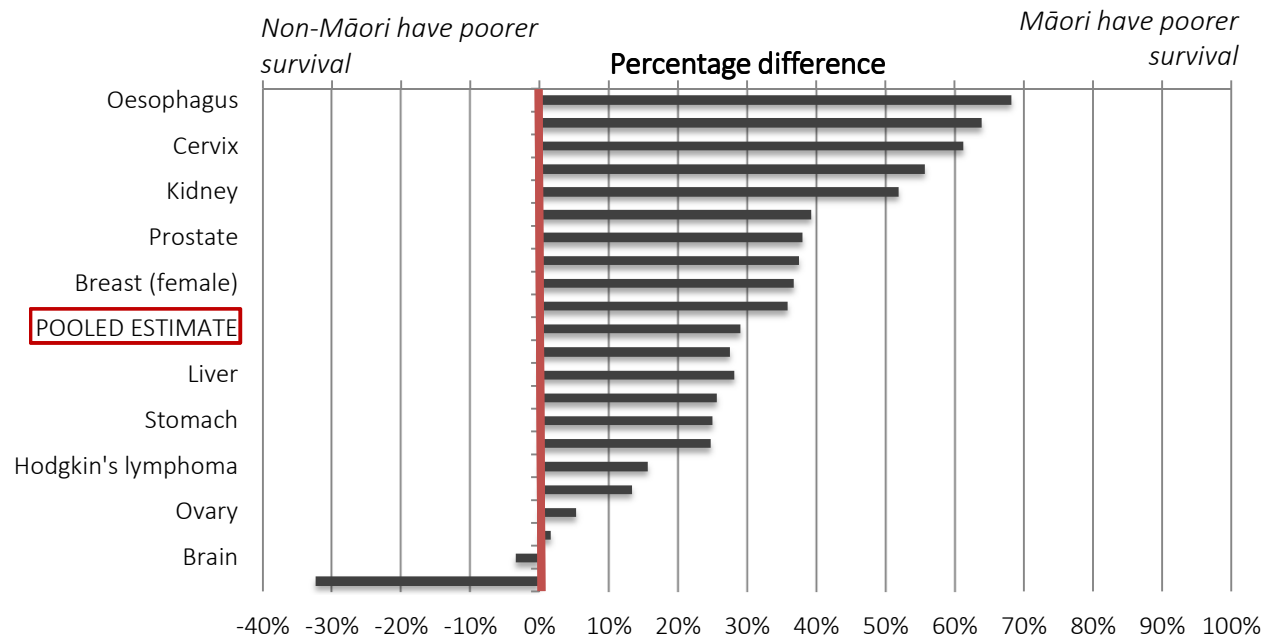
A brief summary:



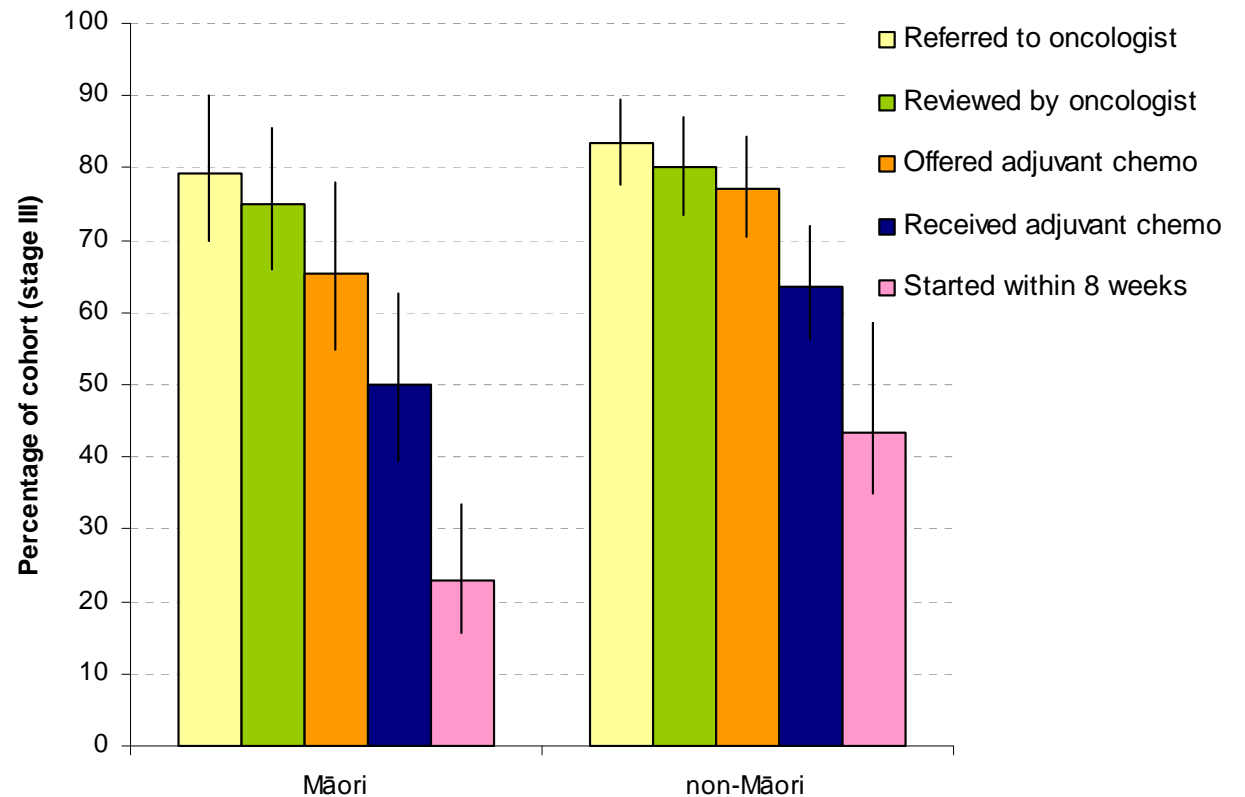
- Māori are 18% more likely to be diagnosed with cancer, but nearly twice as likely to die from it.



- Cancer specific survival is lower for Māori than non-Māori for most cancers.



- There is good evidence that at least some of this difference in survival is due to health service factors.



Acknowledgements

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- Professor Tony Blakely and the NZCMS Data Explorer team
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- Hei Āhuru Mōwai
- Health Research Council
- Ministry of Health



Upcoming Indigenous Cancer Symposium

Indigenous people and cancer:
A shared agenda for Aotearoa, Australia,
and Pacific Nations

19th – 20th February, 2018

<http://www.otago.ac.nz/wellington/departments/publichealth/summerschool/>

International Agency
Research on Cancer



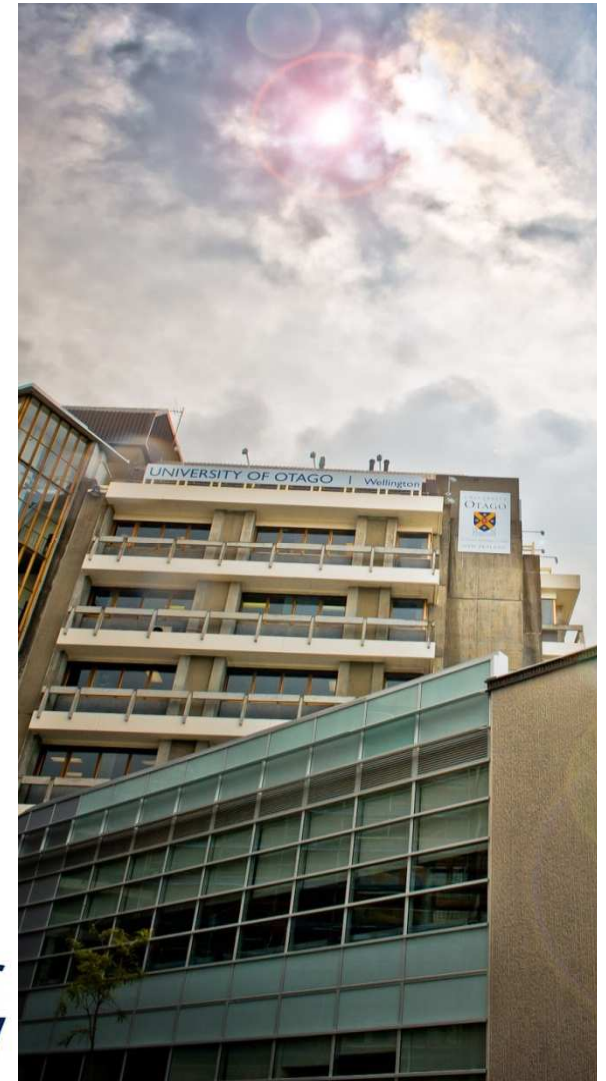
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