Unequal Impact: Numbers and Narratives

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What is the right to health?

• The right of everyone to the enjoyment to the highest attainable standard of physical and mental health.

• A fundamental right of every human being – includes non-discrimination

• States legally bound to
  – respect (not to interfere)
  – protect (ensure others don’t infringe)
  – fulfil the right (take positive steps)
  – monitor it for all groups.
In/equity

“where systematic differences in health are judged to be avoidable by reasonable action, they are, quite simply, unfair. It is this that we label health inequity.” (CSDH 2008)

Conventional framing: Which populations have the worst health?

Health Equity framing: What causes the unequal production and distribution of the conditions that promote and harm health?

www.unnaturalcauses.org
Trends in unemployment rates

Unemployment rate, by ethnic group, 1986–2006

Source: Statistics New Zealand, Household Labour Force Survey
Note: Other includes Asian
Latest life expectancy update – preliminary, MoH

Life expectancy in years


Life expectancy in years

Non-Māori (SNZ) Male

Non-Māori (SNZ) Female

Māori (SNZ) Male

Māori (SNZ) Female

Māori (NZMCS) Male

Māori (NZMCS) Female

Māori (MoH latest) Male

Māori (MoH latest) Female

Courtesy of Tony Blakely HIRP & Martin Tobias PHI
Cancer mortality gaps grew
Māori:non-Māori rate ratios

Cancer Patterns Today 2000-2005
Māori incidence 9% higher, Mortality 77% higher

Rates age-standardised to 2001 Māori population. Ethnicity adjusters applied to registrations.
**Cancer Registrations 2000-2005**

Difference between Māori and non-Māori age-sex-standardised rates

Source: Cancer Registry data for *Unequal Impact II*. Rate difference is Māori rate minus non-Māori rate. Rates age-sex-standardised to the 2001 Māori population. Registrations adjusted for undercount of Māori as per Hauora IV.*asterisked cancers are sex-specific rate differences
Cancer Deaths 2000-2005

Difference between Māori and non-Māori age-sex-standardised rates

Source: NZHIS Deaths Registry. Rate difference is Māori rate minus non-Māori rate. Rates age-sex-standardised to the 2001 Māori population. * Cancers with asterisk are sex-specific rate differences
Deprivation associated with Cancer Incidence

Māori and non-Māori age-sex-standardised cancer registration rates 2000-2005

Rates age-sex-standardised to 2001 Māori population. Denominators from Census 2001. Adjusted for Māori undercount as per Hauora IV.
But Deprivation more strongly associated with Cancer Mortality

Age-sex-standardised cancer death rates 2000-2005

Rates age-sex-standardised to 2001 Māori population. Denominators from Census 2001
Lung Cancer Mortality 1980s, 90s

Lung cancer: males (prioritised)

Standardised mortality rates (per 100,000)

Lung Cancer Deaths 1997-2004
3 year rolling averages, age-sex-standardised rates

Source: NZHIS Deaths Registry. Rates age-standardised to the 2001 Māori population.
Lung Cancer Registrations 2000-2005

Rates age-sex-standardised to 2001 Māori population. Denominators based on Census 2001. Ethnicity adjusters applied as per Hauora IV.
Lung Cancer

• Highly associated with socioeconomic disadvantage (Unequal Impact II)

• Previous recession – socioeconomic contribution to widening mortality gaps between Māori and non-Māori largest for lung cancer (Decades of Disparity III)

• Rural areas – lower incidence, small towns – highest incidence (Unequal Impact II)

• Māori registration rates decreasing by 4% per year (2000-05) (Unequal Impact II)
Lung Cancer Treatment

• Māori diagnosed at more advanced stage and experience more delays to treatment after diagnosis (Stevens et al 2008)

• Variation in physician choices for treatment (not standardised) (Christmas and Findlay 2004)

• Stigma? (Chapple et al 2004)

• Neglected disease? (Harwood et al 2005)

• Disparities in access to latest therapies available in clinical trials?
Breast cancer deaths 1997-2004

3 year rolling averages, age-standardised rates

Source: NZHIS Deaths Registry. Rates age-standardised to the 2001 Māori population.
Breast Cancer

• Time trends: 2000-2005
  – Non-significant decrease in mortality in both (2% per year)
• Māori incidence 16% higher, mortality 64% higher
• Incidence associated with deprivation among Māori but not non-Māori.
• No deprivation association with mortality.
• Later stage contributing to survival disparities. No association between rurality and stage or survival.
• Longer times to surgery for Māori women but (BSA Maori Monitoring reports).
Breast Screening

- Successful increase in coverage of Māori women in BSS
- Successful coverage of Māori women in East Coast (Thomson et al 2009)
- Two different areas using different strategies
Colorectal Cancer Deaths 1997-2004
3 year rolling averages, age-sex-standardised rates

Source: NZHIS Death Registrations. Rates age-standardised to the 2001 Māori population.
Colorectal Cancer

• Non-Māori mortality decreasing (1% per year). No significant trend for Māori

• Not associated with area deprivation. Lower in rural areas.

• More common among non-Māori, but may change

• Survival lower among Māori
  – Access to health care, treatment differences, comorbidities
    • Hill, Sarfati et al 2009
Colorectal Cancer

• Bowel Cancer Screening Programme
  – potential to decrease survival disparities
  – Māori health sector involvement important

• Addressing treatment equity issues critical

• Prevention – gaps may open up?
  – HEHA downgrade, McDonalds subsidised labour
Uterine Cancer 2000-2005
age-standardised rates

Source: NZHIS Deaths Registry. Ethnicity adjusters applied to cancer registrations as per Hauora IV. Rates age-standardised to the 2001 Māori population.
Uterine Cancer

• Preventable and curable if detected early
• Now more common than cervical cancer
• Strong socioeconomic association
• Māori incidence 58% higher than non-Māori and mortality 142% higher
• Opportunity to increase equity
• Postmenopausal bleeding an early indicator
  – Bev Lawton et al, Women’s Health Research Centre looking at pathways through care after postmenopausal bleeding
Cervical Cancer Deaths 1997-2004
3 year rolling averages, age-standardised rates

Source: NZHIS Deaths Registry. Rates age-standardised to the 2001 Māori population.
Cervical Cancer Registrations 1997-2004
3 year rolling averages, age-standardised rates

Source: NZHIS Deaths Registry. Rates age-standardised to the 2001 Māori population.
Cervical Cancer – closing gaps

• Incidence and mortality decreasing faster among Māori than non-Māori
• Survival improving for both Māori and non-Māori women, but faster for Māori women
• No treatment differences evident after diagnosis. Little information on colposcopy
• Focus on prevention – screening and HPV vaccine

Melissa Mcleod, Ricci Harris, Bridget Robson, Donna Cormack et al – Unequal Treatment
Why did gaps close?

• Māori provider focus
  – community development approach
  – don’t give up on women
  – Providing improved access

• National screening campaigns

• Centralisation and specialisation of treatment decision-making (multidisciplinary), standards

• Specific efforts to address comorbidities (eg. quit smoking support)

Melissa Mcleod, Ricci Harris, Bridget Robson, Donna Cormack et al – Unequal Treatment
Movement to Equity – a Revolution

Discrimination – acts of omission as well as acts of commission. Inaction in the face of need (Jones C).

Committee on the Social Determinants of Health:
1. improve the conditions of daily life
2. tackle the inequitable distribution of power, money and resources
3. measure and understand the problem and assess the impact of any action

Ka mana nā te mōhio – kōawhitia te hauora, whakanuia te oranga
Conclusion

• We are making a difference

• Increased vigilance required to respect, to protect, to fulfil the right to health
  – Economic justice, environmental justice

• United efforts to accelerate movement to equity will increase the revolution of cancer care

Kia ora!
Ngā Mihi

• Whānau and carers
• National Māori Cancer Forum Steering Committee
• National Māori Cancer Service Coalition
• NZHIS, data collectors and data providers
• Service providers and research participants
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• Gordon Purdie for biostatistics
• Te Rōpū Rangahau Hauora a Eru Pōmare, and friends

Ehara taku toa I te toa takitahi, engari he toa takitini e.
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