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Cancer Society of New Zealand

Level 6 Ranchhod Tower

39 The Terrace

Wellington

**Submission for the Inquiry into health inequities for Māori**

Committee Secretariat  
Māori Affairs Committee  
Parliament Buildings  
Wellington

Phone: 04 817 9520  
[ma@parliament.govt.nz](mailto:ma@parliament.govt.nz)

**The Cancer Society wish to speak to our submission**

***He manu iti te kōpara  
hei takirikiri ana  
i runga i te Kahikatea  
Ka haere tai timu ka haere tai pari  
Muri a i ahau  
kowai ra?  
Ngā manu nui i rere ai***

## **Whakataki/Introduction**

The Cancer Society of New Zealand (CSNZ) congratulates the Māori Affairs Committee for opening an inquiry into Māori and cancer health outcomes. An inquiry of this nature is imperative to help reduce the incidence and impact of cancer for Māori.

The Cancer Society of New Zealand is a Federation of six Divisions and a National Office. We are a non-governmental organisation (NGO) that is committed to reducing the incidence and impact of cancer for all New Zealanders. CSNZ works across the cancer continuum with a focus on prevention, supportive care, provision of information and resources and funding of research for all cancer types. CSNZ has a Māori caucus made up of staff members from across the country who are employed in a range of positions including CEO's, managers, researchers, nurses, fundraisers and health promoters. This submission has been written by the Māori Roopu on behalf of CSNZ.

We are aware that other submitters will be presenting in-depth analysis of Māori to non-Māori cancer inequities including overall and site-specific incidence and mortality rates. In this submission we focus on the inequalities in cancer that are largely preventable through the control of tobacco, obesity and alcohol and through equal access and quality of health care.

## **Background**

Cancer inequities are a significant public health issue in Aotearoa and inequities can be seen along numerous axes including ethnicity, socio-economic status, age, geography and gender<sup>i</sup> Māori experience a higher incidence rate and a higher mortality rate across nearly all cancers.<sup>ii</sup> (20% higher age-standardised incidence rate, and a 72% higher age-standardised mortality rate for cancer overall compared to non-Māori)<sup>iii</sup>. These inequities are unjust, immoral and yet amenable to intervention.<sup>iv</sup>

## **What drives inequities?**

There are many complex factors that drive these stark inequities. Higher incidence and mortality rates are due to individual level factors including genetic predisposition, co-morbidities and chronic infections as well as environmental carcinogens and social determinants of health. Social determinants of health that impact on cancer inequities include; poverty, poor housing and overcrowding, an unsupportive education system, unemployment, racism and ultimately the effects of colonisation.<sup>v vi</sup> At a health system level, evidence shows that Māori experience consistent disadvantages throughout the cancer care pathway including poorer access to preventive care, differential referral pathways differential treatment options, delayed treatment and ultimately have a higher cancer-mortality rate.<sup>vii viii</sup>

Because of the complex and multifaceted causes of inequities a whole systems approach will be necessary to curb Māori cancer inequities.

## Prevention and reducing risk recommendations

Many of the risk factors for cancers are beyond our control, such as age and family history, however a substantial proportion of inequalities in cancer are preventable through the control of tobacco, obesity, alcohol and infectious diseases<sup>ix</sup> and through equal access and quality of health care<sup>xxi</sup>.

To help reduce the incidence and impact of cancer for Māori please find below specific hauora promoting recommendations.

### Tobacco:

Māori have the highest rate of lung cancer in the world. The mortality rate for Māori from lung cancer is three times higher than for non-Maori and the average age of death is 7 years lower<sup>xii</sup>. High mortality from lung cancer is due to late presentation, delays in treatment and low surgical rates for early stage disease<sup>xiii</sup>.

Urgent and sustained efforts are needed to curb the tobacco epidemic by preventing initiation, denormalising tobacco and preventing the tobacco industry from targeting Māori communities. In 2010, the Māori Health Select Committee released visionary strategies to achieve a Smokefree Aotearoa<sup>xiv</sup>. Our recommendations are based on these strategies and refined through the work of the Health Coalition Aotearoa (of which the Cancer Society is a founding member).

### Recommendations:

- 1) Implement measures to substantially reduce supply by reducing the number of retail outlets that can sell tobacco product
- 2) Dedicate additional revenue from tobacco excise to support smokers to quit (at least \$100 million annually)
- 3) Continue to reduce the affordability of tobacco products but carefully monitor to ensure this measure continues to increase cessation rates and does not exacerbate inequities
- 4) Implement measures to reduce the appeal and addictiveness of smoked tobacco products through removal of additives and mandated reduced nicotine content
- 5) Introduce proportionate regulation and policies for electronic nicotine delivery systems that maximise the degree to which they support smokers to quit or switch whilst minimising any unintended adverse impacts, such as teen use.
- 6) Greatly increase the use of social marketing campaigns to promote reductions in smoking and exposure to second-hand smoke (SHS)
- 7) Expand smokefree settings
- 8) Continue to provide comprehensive cessation services tailored to community needs

### Alcohol:

Māori women have one of the highest incidences of breast cancer in the world that is due in part to higher rates of alcohol consumption. Māori women are more likely to be diagnosed with advanced disease and experience delay in receiving treatment; and are less likely to receive radiotherapy<sup>xv</sup>.

Drinking alcohol increases the risk of developing many other preventable cancers that disproportionately impact Māori<sup>xvi</sup>

A range of proven measures are needed to stop the saturation of alcohol outlets and marketing in Māori communities that lead to increased alcohol consumption (please see recommendations below). Māori children are much more likely to be exposed to alcohol marketing compared with other ethnicities<sup>xvii</sup>.

There is robust evidence that shows alcohol tax increases and pricing strategies decrease inequalities and alcohol related harm<sup>xviii</sup>.

Recommendations:

1. Regulate to restrict marketing, including in social media (particularly to children)
2. Ban alcohol sponsorship of events open to the public
3. Increase alcohol taxes to reduce affordability
4. Remove right of appeal to allow local authorities to establish Local Alcohol Policies following consultation in their community
5. Ensure licensing fees cover all costs of administration of licensing

#### Unhealthy food and drinks:

Rates of diet-related cancers remain high and are major contributors to inequity of health outcomes in New Zealand<sup>xxix</sup>. Being overweight is the cause of 12 types of cancers, including the bowel, stomach, kidney, and liver<sup>xx</sup>, and these cancers kill Maori at significantly higher rates than non-Maori <sup>xxi</sup>. We strongly support proven interventions that counter the obesogenic environment our children are growing up in:

Recommendations:

1. Healthy food policies in schools and early childhood learning centres
2. Regulations to restrict the marketing of unhealthy foods to children and adolescents
3. A 20% health levy on sweetened drinks
4. Strengthen the Health Star Rating system and make it mandatory
5. Government-led healthier food reformulation, focusing on the serve size, energy, sodium and sugar contents of fast foods and supermarket products
6. Increase budget and resourcing for health promotion and mātauranga based<sup>1</sup> obesity prevention initiatives

#### Early detection and screening:

Stage at diagnosis is a strong predictor of survival for many cancers but tragically, Māori are more likely to be diagnosed at a later stage than non-Māori<sup>xxii</sup>. It is estimated that cancer survival rates could be tripled with early diagnosis of the most common cancers <sup>xxiii</sup>.

Early detection strategies that align to mātauranga Māori may help reduce the rates of late diagnosis <sup>xxiv</sup>.

[Population based screening programmes when designed equitably can have significant survival advantages for Māori <sup>xxv</sup> The aim of screening is to detect pre-cancerous and/or early-stage cancers in healthy individuals who do not yet have symptoms. Early diagnosis increases the chances for successful treatment <sup>xxvi</sup>.

Please find below our recommendations for our national screening programmes:

1. All screening programmes in Aotearoa should be equity positive
2. All screening programmes in Aotearoa should be co-designed with Māori
3. Age eligibility for funded bowel screening should be extended to Maori and Pacific peoples aged 50-59, as a means of improving equity in the National Bowel Screening Programme.

#### The Health System and supportive care

There is clear evidence that the health system a significant role to play in reducing Māori and cancer inequities<sup>xxvii</sup> However, it is well documented that there are challenges in accessing health care for Maori at all levels of service provision and this has a substantial impact on cancer outcomes <sup>xxviii</sup>.

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<sup>1</sup> Evidence bases that are derived from mātauranga Māori and kaupapa Māori initiatives

Māori should have equitable access to culturally appropriate preventive care and treatment, including traditional modes of care like rongoā. CSNZ supports the call for Māori to design and develop a whānau centric model of cancer care.

We would like to offer these suggestions of broad equity goals which may be of benefit to the inquiry and to the new national cancer action plan:

1. Kotahitanga – Everyone is aware of Māori and cancer inequities and enabled to address inequities.
2. Mana Taurite – Equity is embedded into all structures, policies and processes across the health sector.
3. Mātauranga – Māori developed and controlled research agendas and models of practice are necessary to reduce the incidence and impact for Māori.

### **Cancer Control Leadership**

The CSNZ strongly welcomes the reestablishment of the national cancer control agency. We consider that Maori should play a key role in making decisions about their own health and mātauranga Māori models of health should be integral to the agency's work. We also urge careful surveillance of Maori cancer statistics (including but not limited to equity analyses, incidence, mortality and screening participation rates) to inform priority interventions.

### **Māori have the final word**

The Cancer Society of New Zealand wholly supports Māori including Māori health providers, kaupapa Māori researchers, hauora providers, whānau, hapū and iwi within this inquiry. CSNZ also supports the leadership of Hei Ahuru Mōwai (National Māori Leadership Group) and their aspirations for cancer control in Aotearoa New Zealand.

Thank you for reading our submission, we wish to speak to this submission.

***E ai te Tiriti o Waitangi***

***He orite tātou ko te tangata***

***Ma tātou e hiki kia ora ai.***

Kind Regards



Mike Kernaghan  
Chief Executive



Henare Kani  
Pou Herenga

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