

# Cancer survival equity by 2030: a Treaty compliant systems approach required

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The Waitangi Tribunal's Inquiry into Health Services and Outcomes WAI2575 is underway and includes claims related to cancer outcomes for Māori. That Māori are twice as likely as non-Māori to die from their cancer after diagnosis<sup>1</sup> is further evidence that our health system breaches Te Tiriti o Waitangi. This breach must be righted. Gurney and colleagues have taken an important first step by establishing the goal of achieving equitable cancer survival for Māori by 2030. In this issue,<sup>1</sup> they lay out the current evidence of factors driving disparities in cancer survival. They then discuss the steps that could be taken to address them, with a particular focus on those that are amenable to health system intervention, including addressing comorbidity, mitigating the impacts of deprivation and improving equitable access to early detection and standardised high-quality treatment.

Is it feasible to achieve equity in cancer-specific survival by 2030? We have seen gaps narrow before. During the post-WWI period, Māori life expectancy increased at a faster rate than that of non-Māori such that the gap would have closed within 10 years, had the same trends continued.<sup>2</sup> However, Crown-led structural changes to New Zealand's economic and welfare system in the 1980s and 1990s reversed the situation, stalling Māori life expectancy while the growth in non-Māori lifespans accelerated.<sup>3</sup> Disparities in deaths amenable to healthcare and ambulatory sensitive hospitalisations<sup>4</sup> indicate that, rather than mitigating the rapidly widening socioeconomic gaps of the decades of disparity, our health system remains implicated in this injustice. Equitable cancer outcomes will not be accomplished by accident, or by a 'trickle-down effect'. It will take resolute, sustained, systematic actions

that are resourced for and accountable for equity-positive results. Previous trends in life expectancy indicate that we could make the 2020s a decade of equity. The required changes to our health system would improve outcomes for Māori beyond cancer, and indeed produce equitable outcomes for other populations in Aotearoa.<sup>5</sup>

Gurney et al make a strong case for the importance of health professionals, both in terms of their key roles in the provision of care, and as potential enablers of access equity for Māori patients throughout the cancer continuum. Effective change in addressing equity challenges requires a systems thinking and acting workforce.<sup>6</sup> The Health Quality and Safety Commission is encouraging practitioners to understand the potential for bias in healthcare and to monitor their own practice.<sup>7</sup> The NZ College of Public Health Medicine is urging the Medical Council to strengthen standards for doctors regarding the provision of culturally safe care, not only at the individual level, but also recognising their responsibility to contribute to the development of culturally-safe organisations "since healthcare organisations play a key role in determining the systems and structures which either promote or prevent inequities in health outcomes."<sup>8</sup>

Māori health providers are a key workforce group who play a critical but often unrecognised role for Māori cancer patients and whānau, facilitating access to early detection services, assisting with transport to treatment centres, supporting whānau experiencing barriers to treatment due to costs and advocating for the highest quality of care for whānau. In essence, Māori providers are attempting to address many of the proximal health system factors impacting cancer survival equity identified

by Gurney and colleagues. Coordination of care has been identified as a critical aspect of cancer services given the recognised complexity of the cancer care pathway and was an important driver in the development of Māori cancer navigator positions.<sup>9</sup> The inclusion of Māori cancer navigators in multidisciplinary teams can strengthen the information flow for patients and affect other key aspects of care management such as the coordination of appointments as well as being a consistent support person for the patient and whānau throughout the whole of their cancer journey.<sup>10,11</sup> Māori cancer navigation programmes are reliant on funding from individual district health boards (DHBs) and unfortunately these positions have not been consistently established throughout the country.

It is vital that health professional and workforce changes are backed by policy. Some components of the system can be addressed at the individual level but a policy shift is also required. The example of vaccination showed that with concerted effort, equity could be achieved. However, as soon as we returned to business as usual, vaccination rates for Māori returned to pre-intervention levels.<sup>4</sup> To ensure sustainable change, we need policy that re-orientates all parts of the system to ensure equity remains front and centre for the long term. Intersectoral work on cancer prevention is also needed to achieve equity in survival for all cancers combined, since lower-survival cancers such as lung, liver, stomach and pancreas make up a higher proportion of all cancers for Māori than for non-Māori.<sup>4</sup> Prioritising prevention and greater investments in more effective treatments for these cancers will also be necessary. Cancer treatment is a field with moving goalposts, making access to research and innovation an equity issue. An equity lens would prioritise the most advanced care to those who need it most, not those who can best afford it or most easily access it.

Gurney and colleagues call for renewed investment in information systems related to cancer stage and treatments.<sup>1</sup> Extending and improving the capability of current information systems will facilitate better integrated systems in our healthcare for monitoring and tracking. As noted, the differential in missing staging data for Māori needs to be investigated and rectified, and co-morbidity data improved in order to understand survival disparities. Current hospital admission data is insufficiently detailed and may result in residual confounding when used to measure or adjust for comorbidities. Further work is needed to standardise the reporting and collection of data across the different systems and DHBs, to allow for continuous and real-time monitoring and quality assurance. Monitoring for equity within the secondary care system requires treatment data, which, although collected for specific cancers (eg, breast cancer patient registers) or for specific research projects (eg, colon cancer study), needs to be done in a comprehensive manner. Furthermore, for tracking cancer inequities in access to primary care and follow-up, a nationwide primary care integrated system is also necessary.

Te Tiriti o Waitangi is central to addressing inequities in Aotearoa New Zealand. The Waitangi Tribunal has identified Treaty breaches relating to DHB governance and inadequate resourcing of Māori primary health organisations. These will have had direct effects on cancer outcomes for Māori. As Baker and colleagues noted recently in this journal, the Hauora Inquiry “may provide renewed impetus for the health system to reconstruct its relationship with Māori...and to push hard towards equitable health outcomes.”<sup>12</sup> Achieving equity in survival for Māori cancer patients by 2030 is a Treaty-compliant goal that will require Treaty-compliant action—a cultural shift in focus, a systems-change approach and fundamental changes across the whole cancer continuum.

**Competing interests:**

Nil.

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