

9 September 2019

Committee Secretariat
Māori Affairs Committee
Parliament Buildings
Wellington

By email: ma@parliament.govt.nz

Inquiry into health inequities for Māori

Dear Sir/Madam

The New Zealand Medical Association (NZMA) wishes to submit on the inquiry into health inequities for Māori. The NZMA is New Zealand's largest medical organisation, with more than 5,000 members from all areas of medicine. We aim to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. Our submission has been informed by feedback from our Board and Advisory Councils.

We note that the inquiry will focus on cancer care and explore barriers that Māori experience relating to prevention, screening, diagnosis, treatment, cures, and palliative care. We understand that the Māori Affairs Committee opened this inquiry after receiving letters from Māori users of the health system expressing concern and identifying shortcomings for Māori seeking cancer care.

The NZMA is strongly supportive of this inquiry. We recognise the principles of te Tiriti o Waitangi and the special obligations to Māori, particularly to ensure equity and active protection. Current disparities in health outcomes between Māori and non-Māori are unacceptable. The NZMA is committed to advocating for policies in health and the social and wider determinants of health that urgently address these disparities and contribute to equity of health outcomes.

We welcome the broad terms of reference of this inquiry which we believe should enable the Committee to address the challenging issues which are critical to improving Māori health outcomes. Our input at this stage is limited to raising a number of high-level principles for the Committee's consideration, as well as signalling our interest in contributing to the development of policy work that arises from this inquiry. In developing this response, we have drawn extensively on a publication on breast cancer inequities between Māori and non-Māori.¹ There is increasing acknowledgement that health inequities between Māori and non-Māori are a consequence of the differential distribution of social, environmental, economic and political

¹ Lawrenson R, et al. Breast cancer inequities between Māori and non-Māori women in Aotearoa/New Zealand. *Eur J Cancer Care*. 2016 Mar;25(2):225-30

determinants of health, as well as inequities in access, timeliness and quality of health care. Institutional and individual racism have been identified as important determinants of health and contribute directly to health inequities for Māori.²

There is no doubt that a multi-faceted approach is needed to address these inequities. This should include preventive approaches to reduce the incidence of cancer in Māori as well as eliminating inequities in diagnosis and management. We suggest that the greatest impact on equity of health outcomes for Māori can be made by addressing the upstream social and other determinants of health. These comprise the conditions in which people are born, grow, live, work and age, and include factors such as early life conditions, education, employment, housing, income and the built environment, for example. As most of the social determinants of health lie outside the health sector, inter-sectoral and whole-of-government approaches to addressing the social determinants of health are required. Eliminating institutional racism should also be central to efforts to achieving health equity.

As a result of, and reflecting, inequitable determinants of health, Māori have higher rates of major risk factors for various cancers. Examples of these risk factors include higher rates of obesity, harmful alcohol consumption and smoking. Household crowding is a major contributing factor to the high rate of *Helicobacter pylori* infection in Māori which is the primary driver of higher rates of stomach cancer. Addressing primary and secondary prevention of cancer is therefore very important. In many cases, the greatest impacts on health outcomes are achieved by strengthened regulation to provide healthier environments. For example, we draw attention to the importance of better regulation with respect to tackling obesity³ and reducing the harms from alcohol.⁴ Secondary prevention includes measures such as screening for cancer / pre-cancer. It is important to identify and address barriers to screening for Māori. In some cases, these barriers stem directly from service providers and relate to poor cultural awareness or systematic racism.

The NZMA has called for the values and culture of the patient to be put at the centre of the doctor-patient interaction / relationship.⁵ On the basis of a study of Māori experience of cancer, the authors suggest that health practitioners need to be aware of what it is to be Māori and where Māori come from.⁶ It is necessary for health practitioners to understand and acknowledge the important interconnecting components of a Māori holistic view of health if they are to facilitate and improve health care access and outcomes for Māori. These include awareness and accommodation of concepts such as tikanga, wairua, hinengaro, tinana and whānau.

Research with Māori patients in primary care indicates that continuity of care with a trusted GP is an important determinant of access to care and is needed if Māori patients are to engage with General Practice.⁷ Māori are more likely to live outside main urban centres and are therefore more likely to have to travel for cancer care. A systems approach, incorporating improvements to service provision such as arranging mutually convenient appointment times, scheduling to allow

² Waitangi Tribunal. Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Available from https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_150429818/Hauora%20Pre-PubW.pdf

³ NZMA. Tackling Obesity. Policy Briefing. May 2014. Available from www.nzma.org.nz/publications/policy-briefings/tackling-obesity

⁴ NZMA. Reducing harm from alcohol. Policy Briefing. May 2015. Available from www.nzma.org.nz/data/assets/pdf_file/0017/42542/Alcohol-Briefing18.may.FINAL.pdf

⁵ NZMA. Submission to the Medical Council on Cultural Competence, Partnership, and Health Equity. 2 July 2019. Available from http://www.nzma.org.nz/data/assets/pdf_file/0020/91910/NZMA-Submission-on-MCNZ-Cultural-Competence,-Partnership-and-Health-Equity.pdf

⁶ Walker T, et al. The road we travel: Māori experience of cancer. *N Z Med J.* 2008 Aug 8;121(1279):27-35.

⁷ Reid J, et al. The significance of relational continuity of care for Māori patient engagement with predominantly non-Māori doctors: findings from a qualitative study. *Aust N Z J Public Health.* 2016 Apr;40(2):120-5.

for travel times and aiding access to support services have been shown to increase engagement with health care providers, particularly in rural areas.⁸

Building health literacy will also be a key component to improving health outcomes for Māori.⁹ Health information needs to be available in an appropriate format, be easily understood and preferably delivered by face-to-face (kanohi ki te kanohi) approaches. This facilitates the process of building rapport, informed consent and enhanced understanding, which in turn will contribute to improved medication adherence and better outcomes.

We note that considerable work by a number of different agencies to better understand and address health inequities for Māori is currently underway or has recently been completed.¹⁰ It will obviously be useful for the Committee to draw on this work as it progresses its inquiry. We welcome the Government's recent announcement of plans to establish a national Cancer Control Agency as part of its 10-year strategy, which also includes achieving cancer survival equity by 2030. We suggest the Committee consider the use of community-based participatory research frameworks. in its work into investigating and addressing health inequities for Māori.

As a pan-professional medical organisation, the NZMA is well placed to help the Committee explore issues that arise during the inquiry. We have members that are working in all of the different specialties that are involved across the continuum of cancer care including, for example, General Practice, Surgery, Oncology, Radiology, Pathology, Palliative Care and Public Health. We would welcome the opportunity to appear before the Committee to elaborate on our submission and assist the Committee in whatever ways we can.

Yours sincerely



Dr Kate Baddock
NZMA Chair

⁸ Thomson RM, et al. Improving participation in breast screening in a rural general practice with a predominately Maori population. N Z Med J. 2009 Mar 13;122(1291):39-47.

⁹ NZMA. Improving health literacy. Policy Briefing. March 2017. Available from <https://www.nzma.org.nz/publications/policy-briefings/improving-health-literacy>

¹⁰ Ministry of Health. 2018. Achieving Equity in Health Outcomes: Highlights of important national and international papers. Wellington: 2018. Available from <https://www.health.govt.nz/publication/achieving-equity-health-outcomes-highlights-selected-papers>; HQSC. A window on the quality of Aotearoa New Zealand's health care 2019 – a view on Māori health equity. Wellington: May 2019. Available from <https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/3721/>; Waitangi Tribunal. Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Available from https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_150429818/Hauora%20Pre-PubW.pdf