

Response ID ANON-ZY6X-AQZ2-Y

Submitted to **New Zealand Cancer Action Plan 2019–2029**

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Moving forward together

1 Do you agree with the four outcomes proposed in the Plan? (page 10–11)

Yes

If not, please explain why.:

2 Do you agree with the key areas within each outcome? (page 12)

Yes

If not, please explain why.:

3 Do you think the actions in the Plan will achieve equitable health outcomes for the priority populations identified? (ie, Māori, Pacific peoples, people living in rural and/or low socioeconomic areas, people with a mental illness and disabled people)

No

If not, what suggestions do you have about how we can do this?:

For decades the disparities between Māori and non-Māori has been clearly evidenced. Writing a plan is one thing, but ensuring that it is implemented in an equitable way is challenging. Previous iterations of high level health action plans have largely resulted in limited success or maintenance of the status quo for those priority populations featuring in negative statistics.

In regards to Māori, the disclosures within the Hauora – Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry (WAI 2575) clearly articulate why the challenges faced by this Plan, while never insurmountable, will require significant reframing, resourcing and total commitment by the Crown as the Tiriti partner. RPH sees Hei Āhuru Mōwai, Māori Cancer Leadership Aotearoa, playing an important role in engagement with this overall plan.

RPH would recommend the use of a community engagement model to contribute towards any social marketing campaigns, health education and health promotion work to ensure these are highly relevant for priority populations.

4 Are there any other actions that should be included?

Yes

If yes, please explain what and why.:

Under 'Cancer care and treatment' consideration for the development of a Wellness or Wellbeing strategy to support cancer survival may be a useful addition.

5 Are there other aspects in the prioritisation framework that need to be considered?

Yes

If yes, please explain further.:

It would be useful to have a statement that goes beyond: 'meeting our obligations under Te Tiriti o Waitangi'. RPH would suggest an explicit prioritisation to work directly with Iwi, Whānau Ora Collectives and Māori Service Providers. A working exemplar is the PHARMAC 'Kawenata' – Memorandum of Understanding process that actively partners with Whānau Ora Collectives to work on improving Māori wellness.

RPH would note that the 'visibility' of rangatahi/youth and tamariki/children within the prioritisation framework is low. While it states (P.56) that the National Child Cancer Network and the Adolescent and Young Adult Cancer Network play a role in the plan and that there are cross benefits, for this patient group, RPH would recommend a clearer commitment within the Te Pou Huanga – Outcomes Framework that can be visible as a priority.

As there appears to be no Māori specific rangatahi/tamariki NGO RPH would recommend that Hei Āhuru Mōwai, Māori Cancer Leadership Aotearoa is engaged to ensure a Māori voice is heard.

6 What three actions across the entire Plan do you think should be progressed first?

Action one:

Develop an equity-focused prioritisation and monitoring tool to be used in cancer investment decision-making.

Action two:

Develop and implement an approach for creating a culturally responsive workforce.

Action three:

Support cultural competency training.

Outcome 1: New Zealanders have a system that delivers consistent and modern cancer care (page 15–27)

7 Do you agree with the approach for creating a system that delivers consistent and modern cancer control?

Yes

If no, please explain why not.:

Improvements to data and information

Alcohol's impact on disease and disability has been researched in New Zealand but its actual measured contribution to cancer and other diseases is limited and it is not regularly monitored. Studies measuring alcohol as a causative factor in disease and disability have been reliant on the use of overseas calculations of alcohol attributable fractions, which are used to determine the extent to which alcohol contributes to diseases and injury such as breast and colon cancer. It would be valuable to develop a set of alcohol attributable fractions specific for New Zealand. This would allow New Zealand to better monitor and understand the impact alcohol has. This is particularly important for ensuring equitable health outcomes, as we know that Māori, Pacific peoples and those living in more deprived populations are at a greater risk of alcohol related harm.

RPH also strongly supports the inclusion of Māori Data Sovereignty Charter (Te Mana Raraunga 2019) as part of the 'Data and information' priority action regarding Tiriti partnerships with the Crown.

8 Do you think the actions under 'Health Workforce' will address the current issues?

Not Answered

If no, please explain why not.:

Achieving equitable outcomes in terms of "New Zealanders having fewer cancers" will not be able to be achieved solely through actions taken within the health workforce. It would be advised to consider the role of social, sporting, cultural and education sectors in regards to the factors that cause cancer.

9 Are there any further actions required to ensure New Zealand has strong leadership and governance in cancer control?

Not Answered

If yes, please explain further.:

RPH would like to see that Māori are specifically represented in these roles in a process that reflects a highly equitable distribution configuration. RPH strongly supports the suggestion made at the Cancer Action Plan Livestream with Dawn Wilson and Professor Diana Sarfati (2nd October 2019) that 50% of the Cancer Control Agency Board identify as Māori. However, we believe this could go further, and if the plan is committed to improving equity for Māori, then Māori should make up the majority on the Board, with a representation greater than 50%.

Ensuring there is Māori leadership will better inform the 'Experience equitable cancer outcomes' area regarding development of the mātauranga Māori framework and equity by design. Having appointments at the leadership and governance level will provide insight in addressing racism and discrimination.

RPH supports the Ministry with the acknowledgment that in order to deliver the cancer action plan effectively they must encourage consumer leadership, engagement and co-design (page 17).

Outcome 2: New Zealanders experience equitable cancer outcomes (page 28–32)

10 Are there any other actions that should be added or removed from Outcome 2?

Not Answered

If yes, please explain what and why.:

11 Do you think developing and implementing a mātauranga Māori framework and Māori led programmes could achieve equitable health outcomes?

Yes

If not, please explain why not.:

Implementing a mātauranga Māori framework, whilst it may be challenging, reinforces the findings from WAI2575. It will be critical for control of resources to sit within this framework in order to see positive outcomes.

12 Do you think the actions in the section, 'achieving equity by design' will ensure equity is at the forefront when developing cancer services?

Not Answered

If not, please explain why not.:

While the actions outlined are a solid starting point, they are only part of a system change approach needed to ensure equity. Equity of outcomes, particularly in regards to "New Zealanders having fewer cancers", will not be able to be achieved with work solely within the health sector. This requires working in a cross-sector way to address the social and environmental determinants of health.

13 Do you think the Plan will address racism and discrimination in cancer services?

Yes

Please provide details.:

Stating this within the Plan sets the tone for achieving equitable outcomes for Māori, Pacific peoples and other ethnic minorities. RPH commends the focus on diversifying the workforce and specifically encouraging Māori and Pacific peoples into a health career. Unconscious bias is ever present and embed within health service and should underestimate the magnitude of the challenge.

Outcome 3: New Zealanders have fewer cancers (page 33–44)

14 Do you think the actions to support cancer prevention are right?

Not Answered

If not, what suggestions do you have to improve this?:

It is encouraging to see that one of the four 'Outcomes' in this Plan is to deliver a prevention focus. The focus on addressing modifiable risk factors aligns with local and regional approaches to Wellbeing.

Additional aspects to consider as part of the recommendations in the plan could include adding in drivers to existing targets such as 'Smokefree 2025', for example:

- increasing the number of smokefree environments
- Strengthened availability and access to smoking cessation programmes, including e-cigarettes and vaping as cessation tools, and maximising on Kaupapa Māori and Māori-led programmes, not just for families already affected by cancer but in the development of initiatives to prevent cancer.
- Increasing national health promotion focused on prevention smoking and vaping by our youth

As noted in the Plan, addressing modifiable risk factors (smoking, alcohol, physical inactivity and poor nutrition) is critical to prevent cancer. RPH also supports the recognition that addressing modifiable risk factors will also improve health and wellbeing and reduce other long-term conditions. However, although the plan acknowledges that these risk factors are shaped by the socioeconomic, political and physical environments, this does not feature strongly in the actions. It is critical to remember that modifiable risk factors do not exist in isolation, and instead are strongly influenced by the environment and societal conditions such as income, housing, poverty and education. In order to prevent cancer, it is important to consider and address the wider determinants of health.

In general, much of the work outlined in the prevention section of the strategy refers to what has been signalled previously, what is already being funded and has been confirmed. We think there is room for greater innovation in the strategy, particularly in regards to addressing the social determinants of health and work that links back to the broader prevention of long-term conditions.

Minimising harm from alcohol

In regards to implementing approaches to minimise harm from alcohol: whilst RPH supports alcohol warning labels, community education and social marketing initiatives these actions are among the least effective in lowering consumption and are unlikely to alter it sufficiently to bring it within consumption guidelines for reducing risk of disease and injury.

The plan has correctly identified the need to reduce the amount of alcohol marketing and recommendations on how that may be best achieved in NZ has been well reported. Raising the price of alcohol through a minimum pricing scheme and increases in excise tax are further recommendations made to government but not yet adopted which would assist in the reduction in alcohol related cancers.

To ensure services are equitable it is important to recognise and acknowledge that services may need to be delivered differently in different regions. For example minimising harm from alcohol will look different in different communities, e.g. RPH has found that in one community we have identified early intoxication of young people as a concern and we are looking for solutions to address this. This includes supporting youth and identifying new opportunities for them to reduce the risk of life long hazardous consumption.

There should also be scope for community initiatives and policy options at local or regional level that identifies the causes/drivers behind excessive alcohol consumption beyond the actions described. This may be particularly useful in supporting subpopulations with less equitable outcomes.

Addressing diet related cancers

The strategy could be strengthened in regards to addressing diet related cancers.

We believe to achieve gains in diet related cancers commensurate with gains already made in smoking related cancers that the appropriate level of action in the Ministry of Health plan would be the development of a nutrition related goal equivalent in reach and impact to 'Smokefree 2025'. (p34)

This high level goal would address and improve the NZ obesogenic and carcinogenic food environment at a whole of population level. An appropriate goal could be 'Healthy Food for all by 2040'.

Implicit to such an approach would be addressing the inverse relationship between affordability and cancer promoting diets. This could be achieved via legislation such as taxes on sugar sweetened beverages and consideration of a reduction of GST on fruit and vegetables. The affordability could be addressed by looking at the proportion of disposable income spent on food by whānau most at risk of diet related cancers. Such committed action would match the approach taken by successive governments towards progressive legislative changes to address smoking related cancers.

Outcome 4: New Zealanders have better cancer survival (page 45–62)

15 Are there any other actions that should be added or removed from Outcome 4?

Yes

If yes, please explain what and why.:

RPH supports extending the age range for bowel cancer screening for Māori as a way of addressing the current inequities in bowel screening. RPH also supports the introduction of HPV screening, including self-testing .

16 Do you think enabling people with the knowledge, skills and confidence to use cancer health information will ensure they have a better understanding of the early signs and symptoms of cancer?

Not Answered

If not, please explain why not.:

Whilst everyone should have the knowledge to better understand the early signs and symptoms of cancer that will not necessarily result in those with symptoms being able to respond in a timely manner. Access to services that review signs and symptoms needs to be equitable and affordable.

17 To get the best outcome, it may require travelling away from home to access specialist services. What support needs to be considered for someone who receives treatment for cancer away from their home or whānau?

Comments:

We strongly support Waikato DHB's submission to the Inquiry into health inequities for Māori (<http://www.rph.org.nz/resources/submissions/2019-09rphletterofsupport-wdhbsubmission.pdf>) in which it recommends improving the pathway to diagnosis and treatment by establishing a Cancer Care Assistance Fund. The fund would provide financial relief for those at high risk of inequitable cancer outcomes and/or undergoing complex cancer treatment or High Suspicion of Cancer (HSCAN) diagnostic pathways.

Further, we recommend liaison officers be appointed to comprehensively assist those undergoing complex cancer diagnostics or treatment to negotiate an additional funding pathway. If WINZ were to administer such a fund, additional legislative considerations may be required.

18 Does the Plan address ways to improve patient experience of cancer services?

Not Answered

If no, please explain what and why.:

19 Do care plans need to be developed to meet the holistic needs of patients and families/whānau?

Yes

If no, please explain further.:

20 Does the Plan address access to follow-up and surveillance for recurrence, late effects and new cancer post treatment?

Not Answered

If no, please explain what and why.:

Anything else?

21 Is there anything else you would like to tell us about the plan or cancer generally?

Comments:

RPH recently supported Waikato DHBs submission to the inquiry for Māori health inequities (<http://www.rph.org.nz/resources/submissions/2019-09rphletterofsupport-wdhbsubmission.pdf>). A number of the recommendations made in that submission are relevant to this consultation.

RPH strongly advocates and reaffirms the context of developing this document in the shadow of Te Tiriti o Waitangi and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). An addendum to this is both the consideration of He Korowai Oranga and the role played by Public Health in supporting this Cancer Action plan within the frameworks of Long Term Conditions and population level Health Promotion.

Your details

This submission was completed by:

Name:

Jackie Mayne

Address:

Street/box number:

Private Bag 31907

Town/city:

Lower Hutt

Email:

Email:

Jackie.Mayne@huttvalleydhb.org.nz

Organisation (if applicable):

Organisation:

Regional Public Health

Position (if applicable):

Position:

Senior Public Health Advisor

Ethnicity:

If you selected other, please state.:

This submission:

is made on behalf of a group or organisation(s)

If you are submitting as an individual or individuals, please indicate which category best describes you.

Not Answered

If you selected other, please specify.:

If you are submitting on behalf of a group or organisation, please indicate which sector(s) your submission represents.

Other

If you selected other, please specify.:

Public health unit

Summary of submissions

I wish to be informed when the summary of submissions is available.:

Yes

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You may include any of my specific submission within the final plan.

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