Dr Jason Gurney

Epidemiologist
Maori Health Researcher
Department of Public Health
University of Otago

Friday, August 09, 2019

(Plenary)

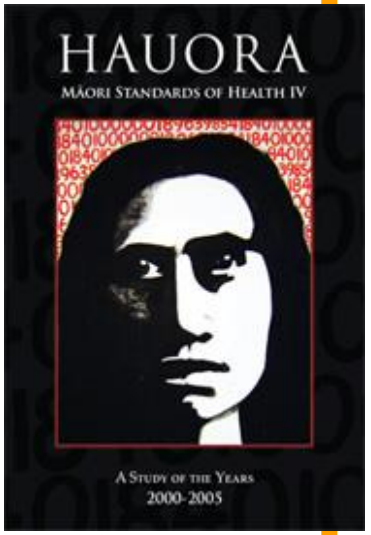
14:40 - 15:00 Inequities in Cancer in NZ

Inequities in Cancer for Māori New Zealanders

Dr Jason Gurney

What is equity?

"**Equity**, like **fairness**, is an ethical concept…it does not necessarily mean that resources are equally shared; rather, it acknowledges that sometimes different resourcing is needed in order that different groups enjoy **equitable health outcomes**."



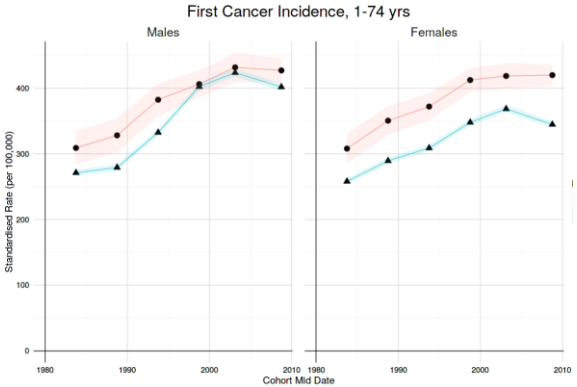
Source: *Reid, P. and Robson, B. (2007). In: Hauora IV: Māori Standards of Health.*

Today, we're going to talk about differences in cancer outcomes between Māori and non-Māori that are **unfair** – or in other words, **inequitable.**

Things I want you to know

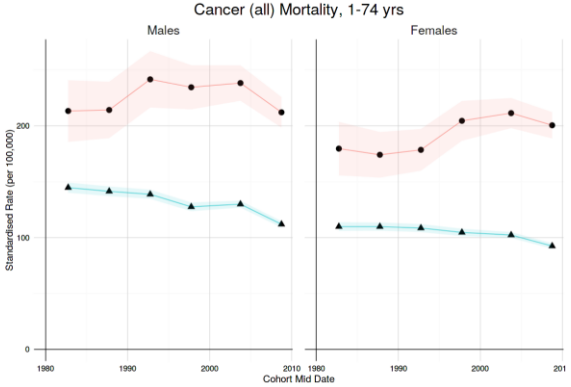
Inequities in **incidence**.

Are Māori more likely to get cancer?



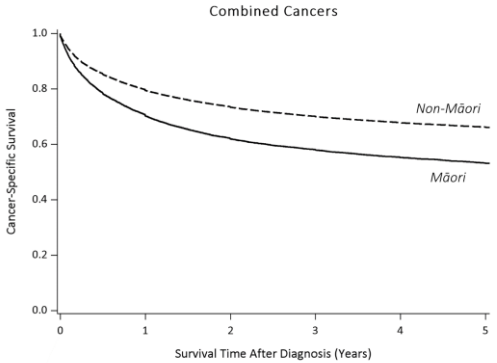
Inequities in **mortality**.

When we look at the whole population, are Māori more likely to die from cancer?



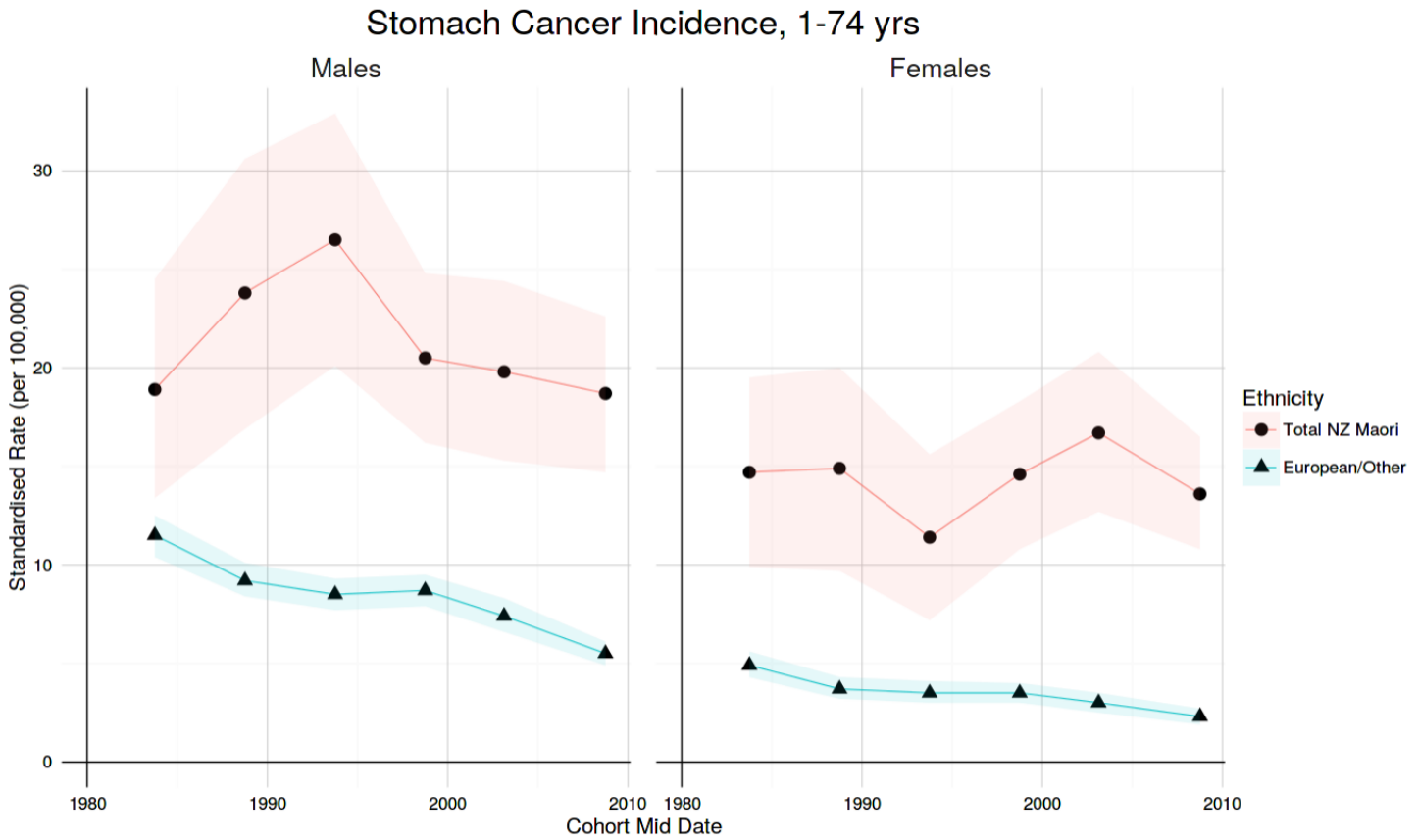
Inequities in **survival**.

When we just look at those diagnosed with cancer, do Māori have poorer survival?



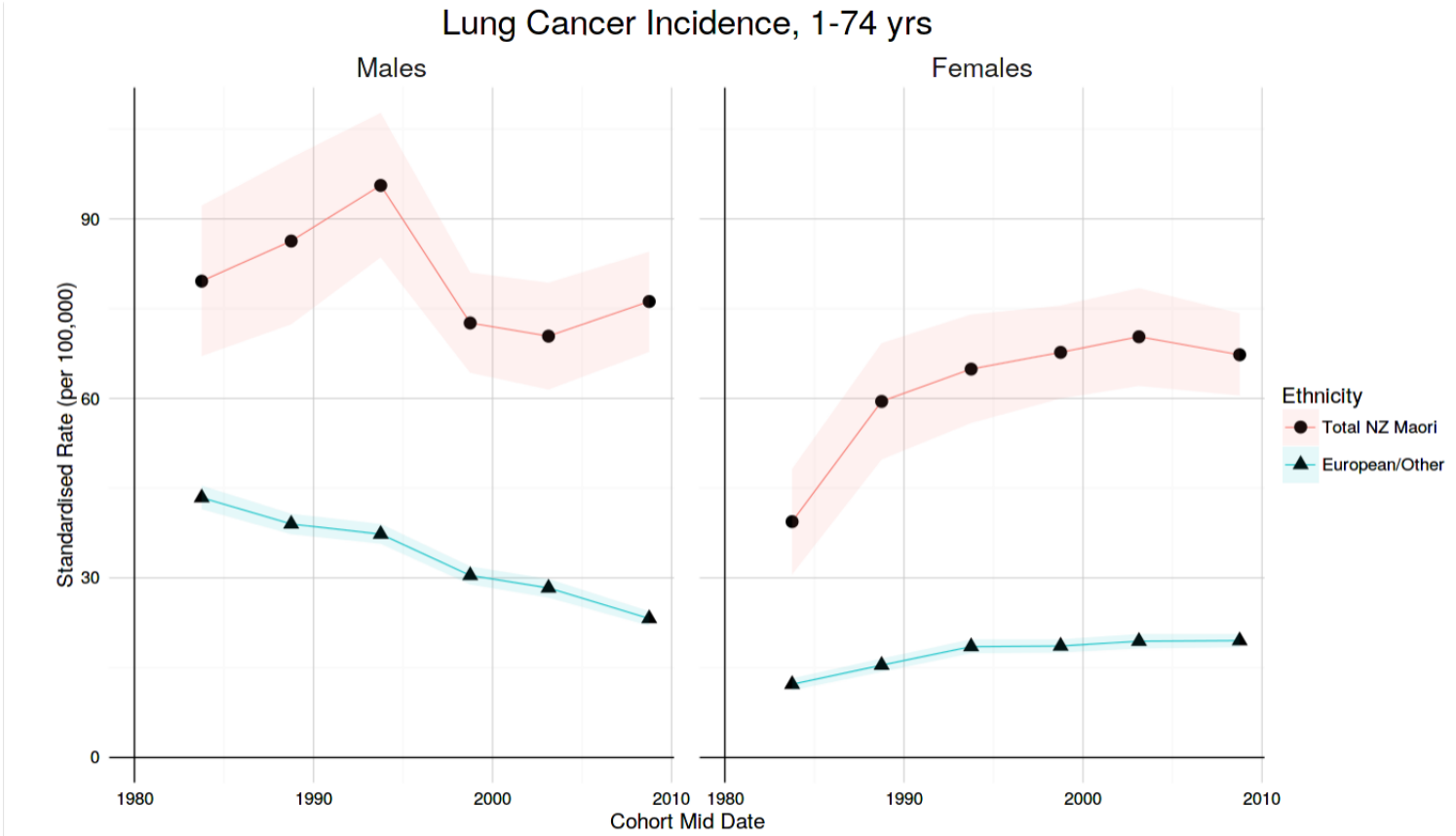
Inequities in **incidence**

Stomach cancer



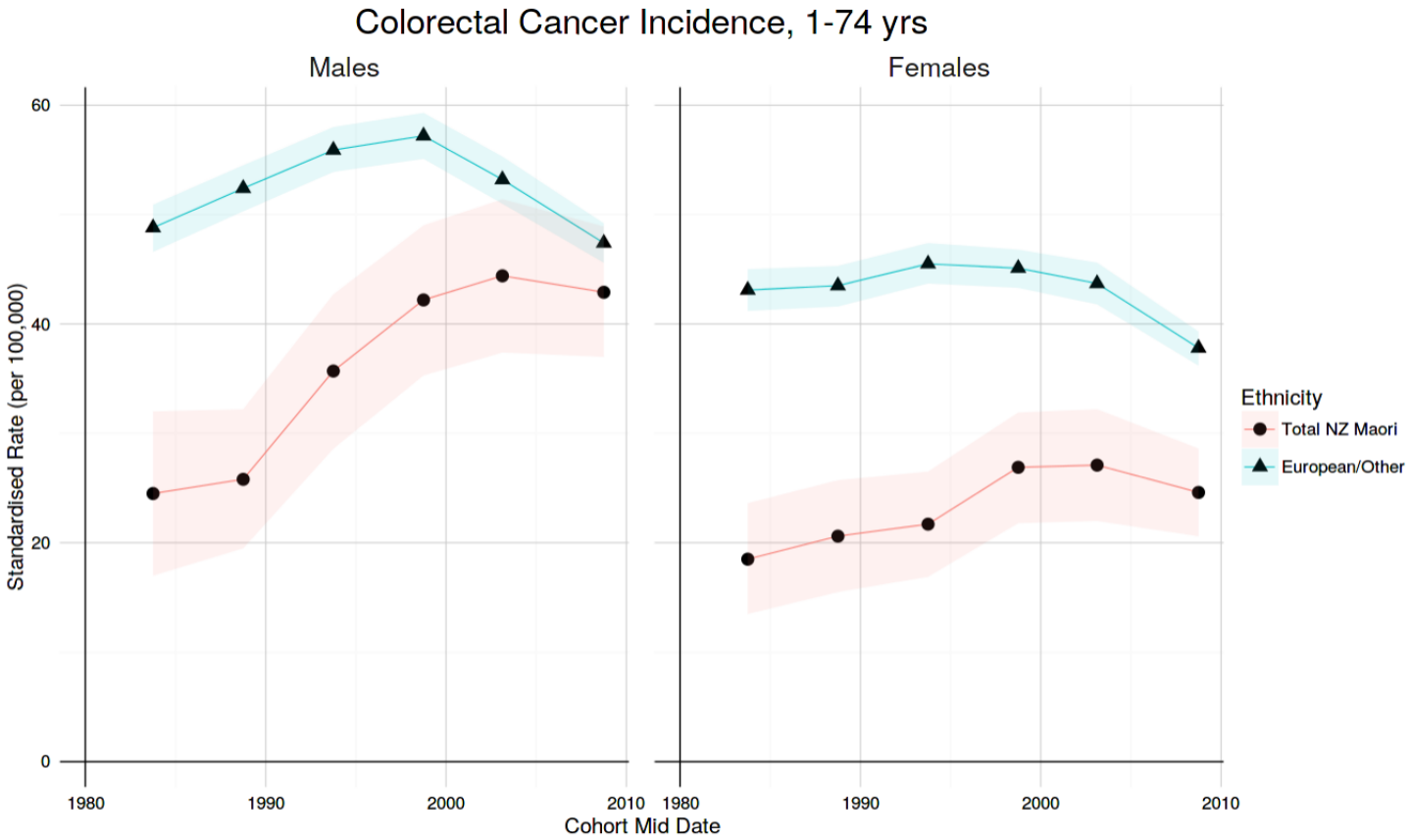
***Source**: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.*

Lung cancer



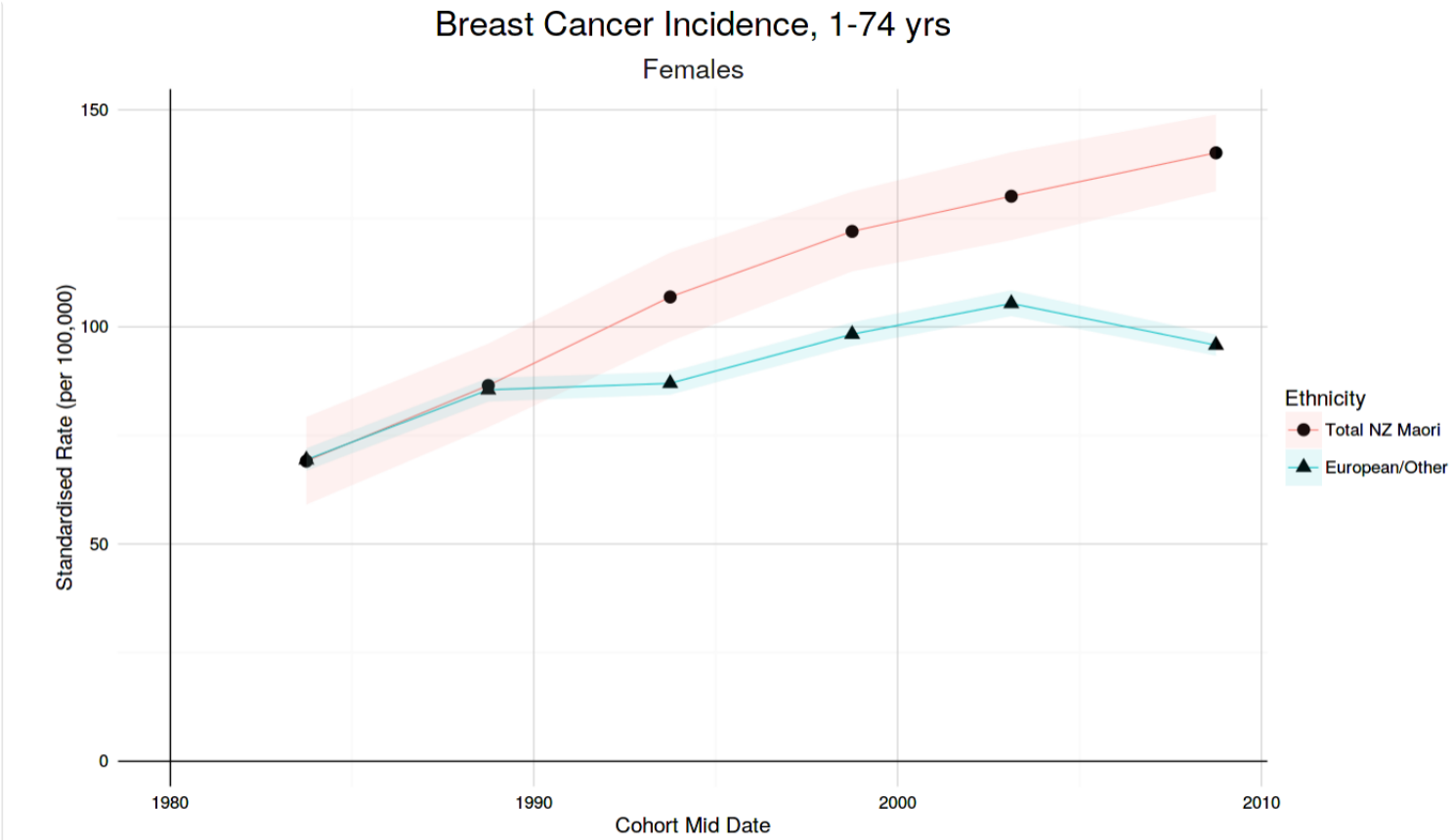
Source: *Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.*

Colorectal cancer



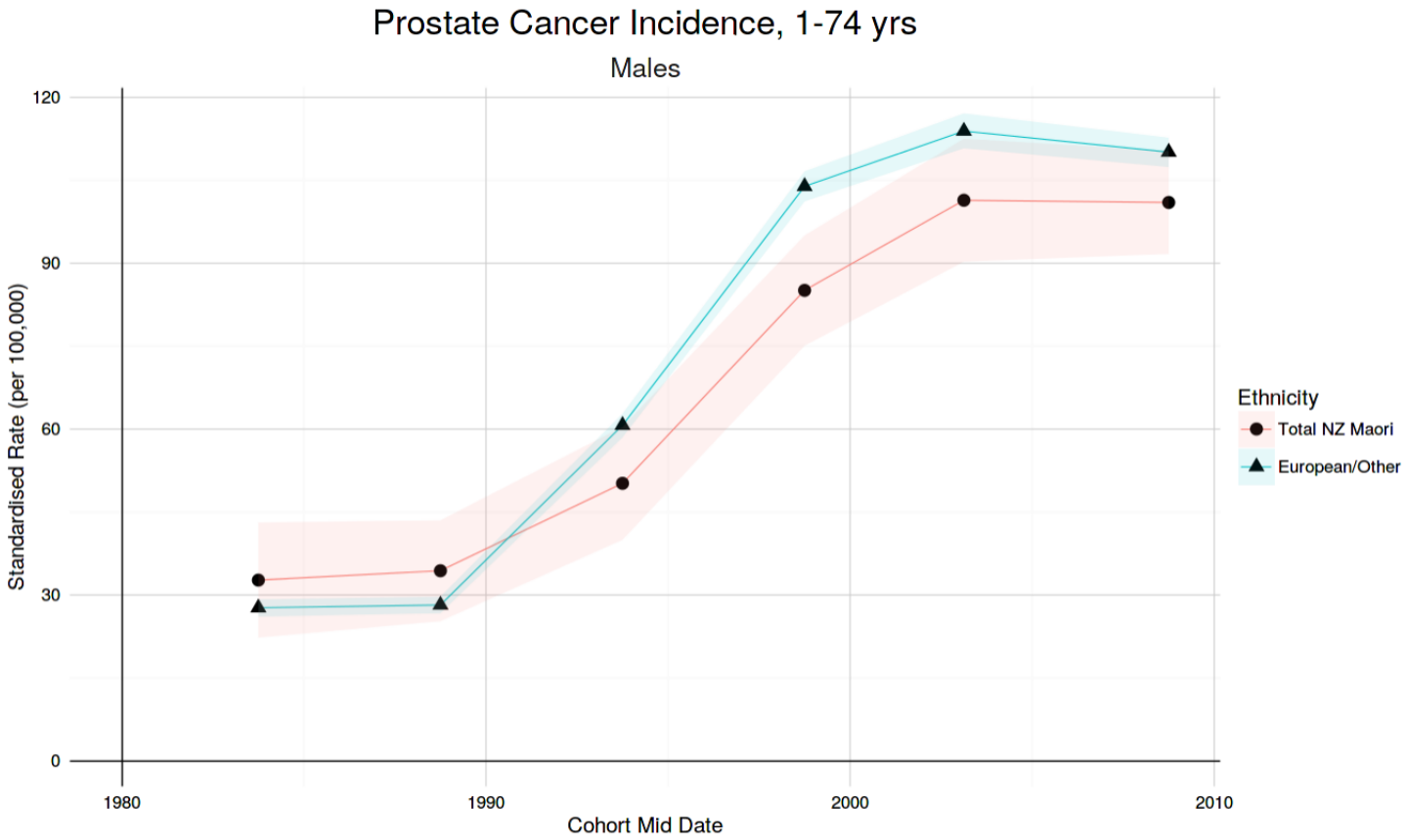
Source: *Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.*

Breast cancer



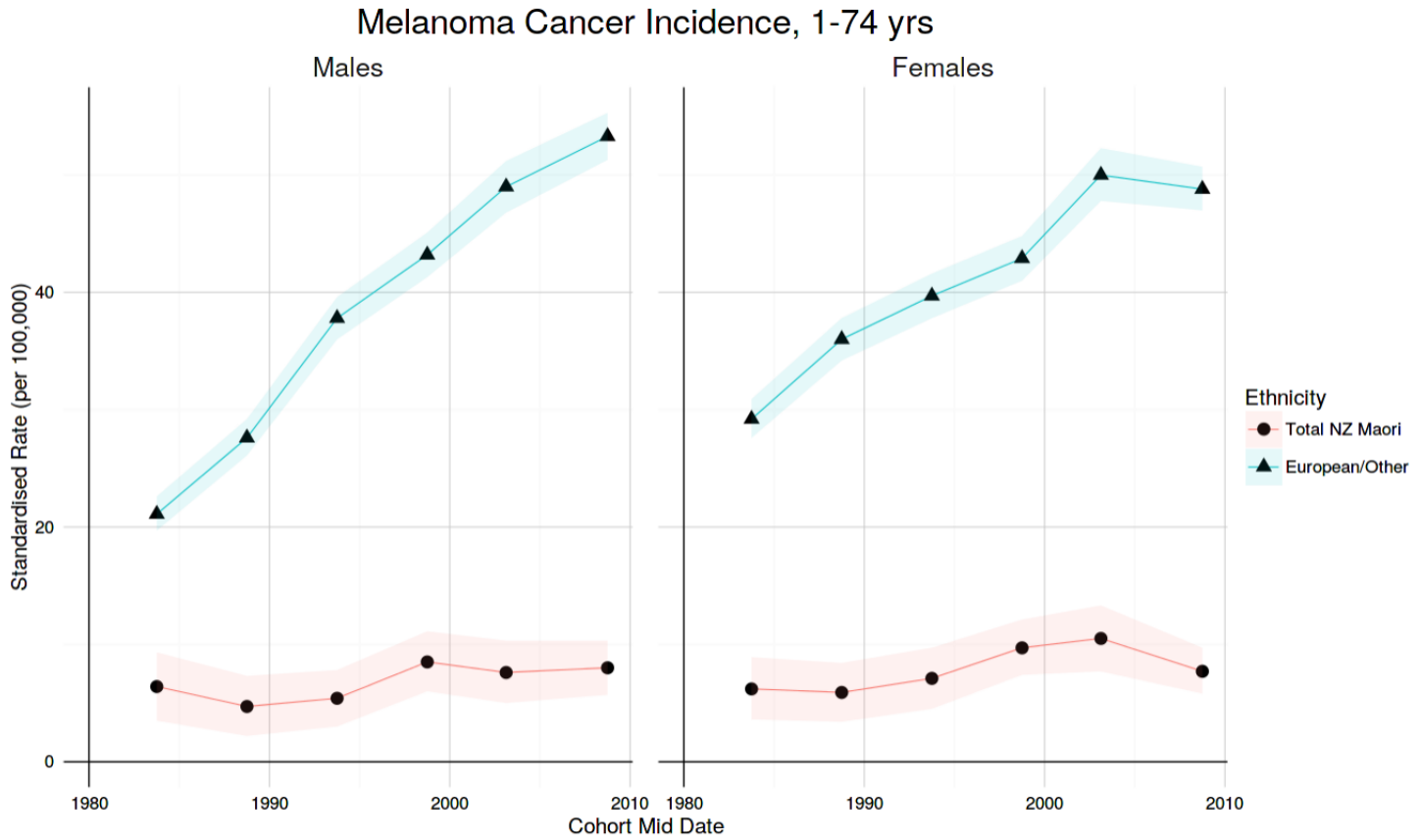
***Source**: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.*

Prostate cancer



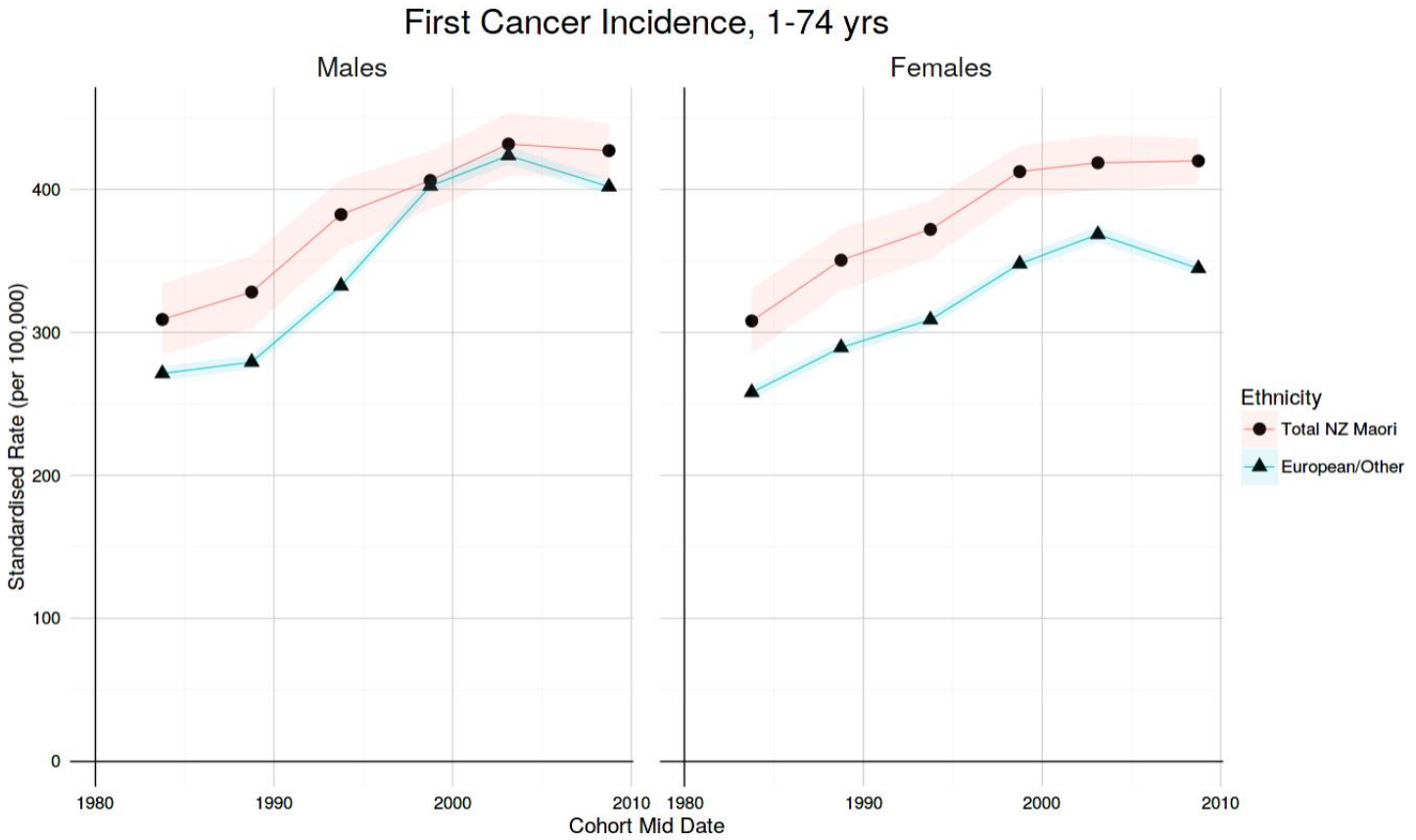
***Source**: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.*

Melanoma



Source: *Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.*

All cancers

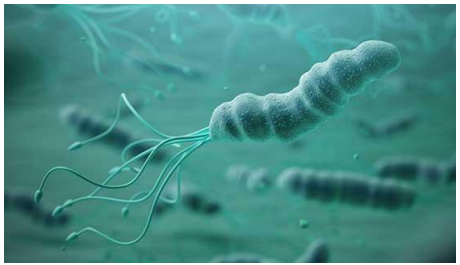


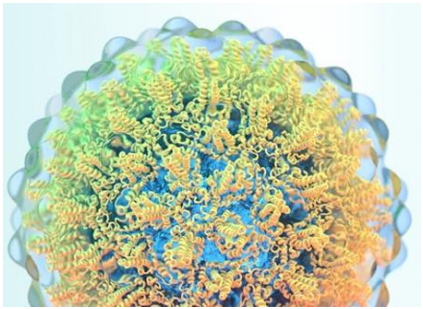
***Source**: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.*

DRIVERS OF INCIDENCE INEQUITIES

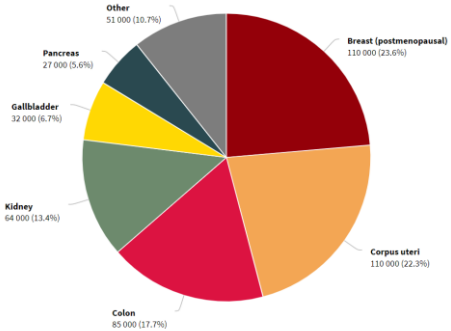
Tobacco.

Infection.

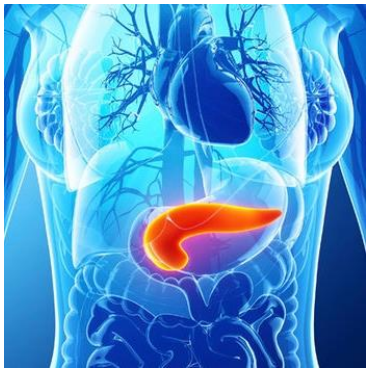




Obesity.

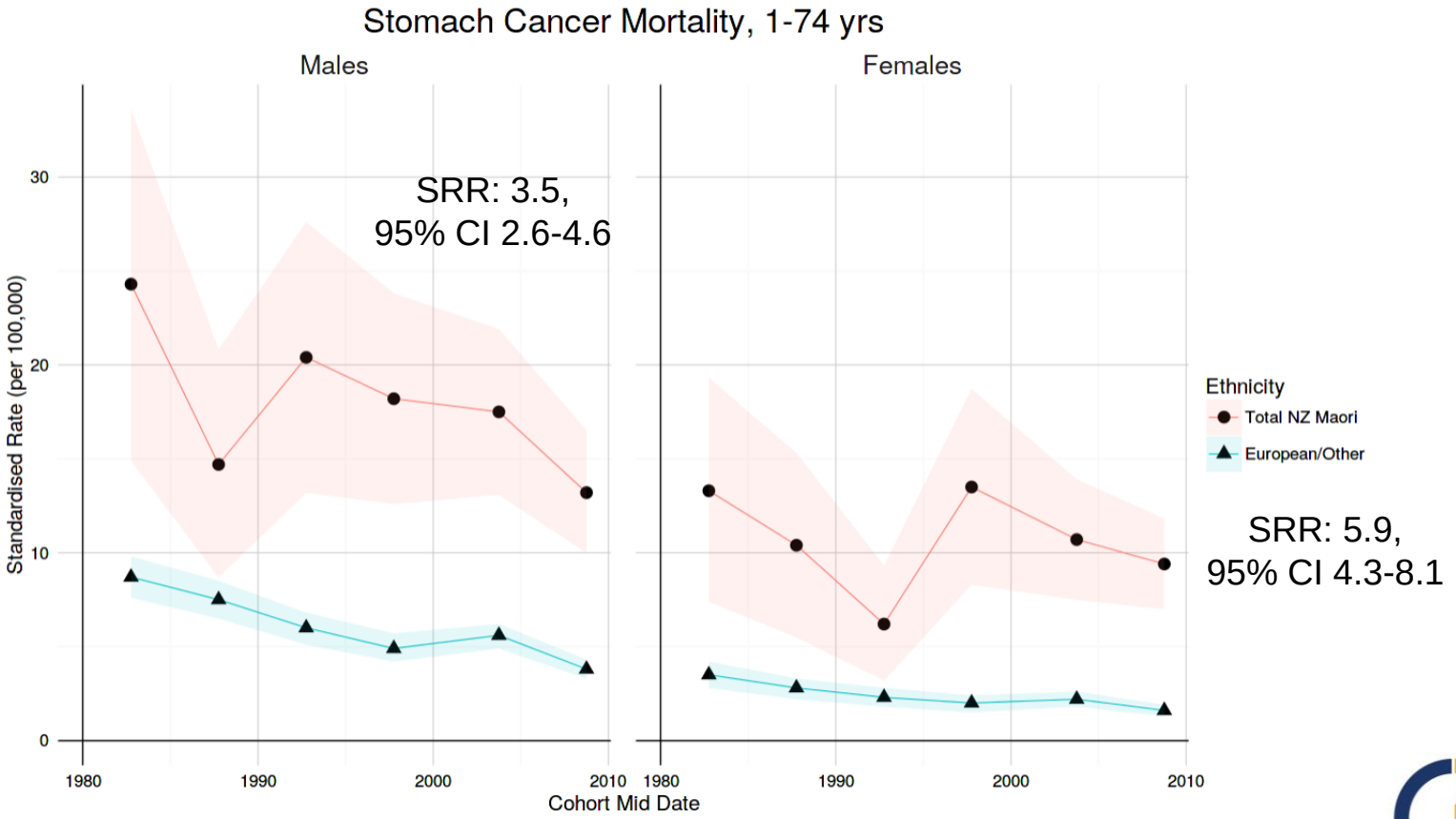


Diabetes.



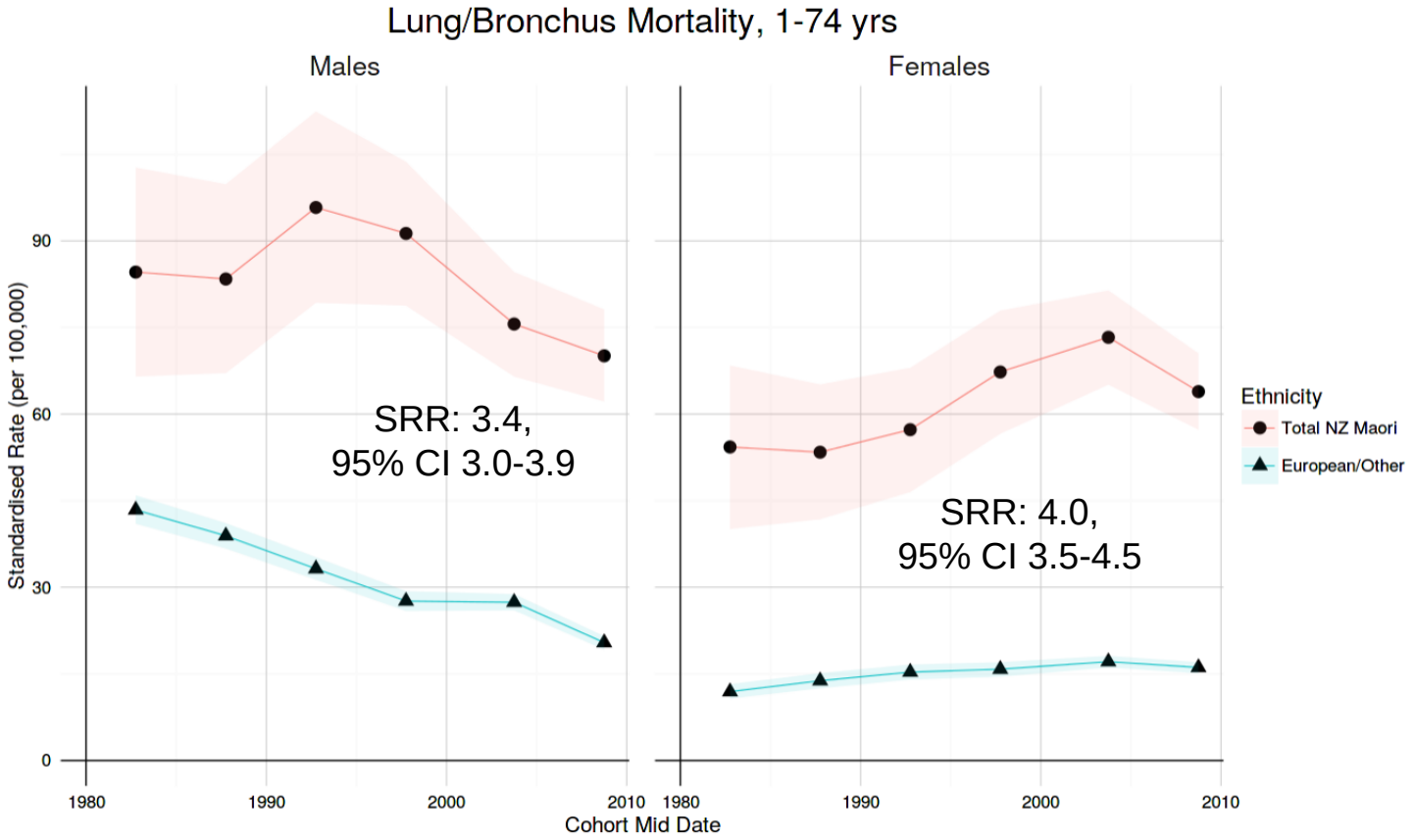
Inequities in **mortality**

Stomach cancer



Source: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.

Lung cancer



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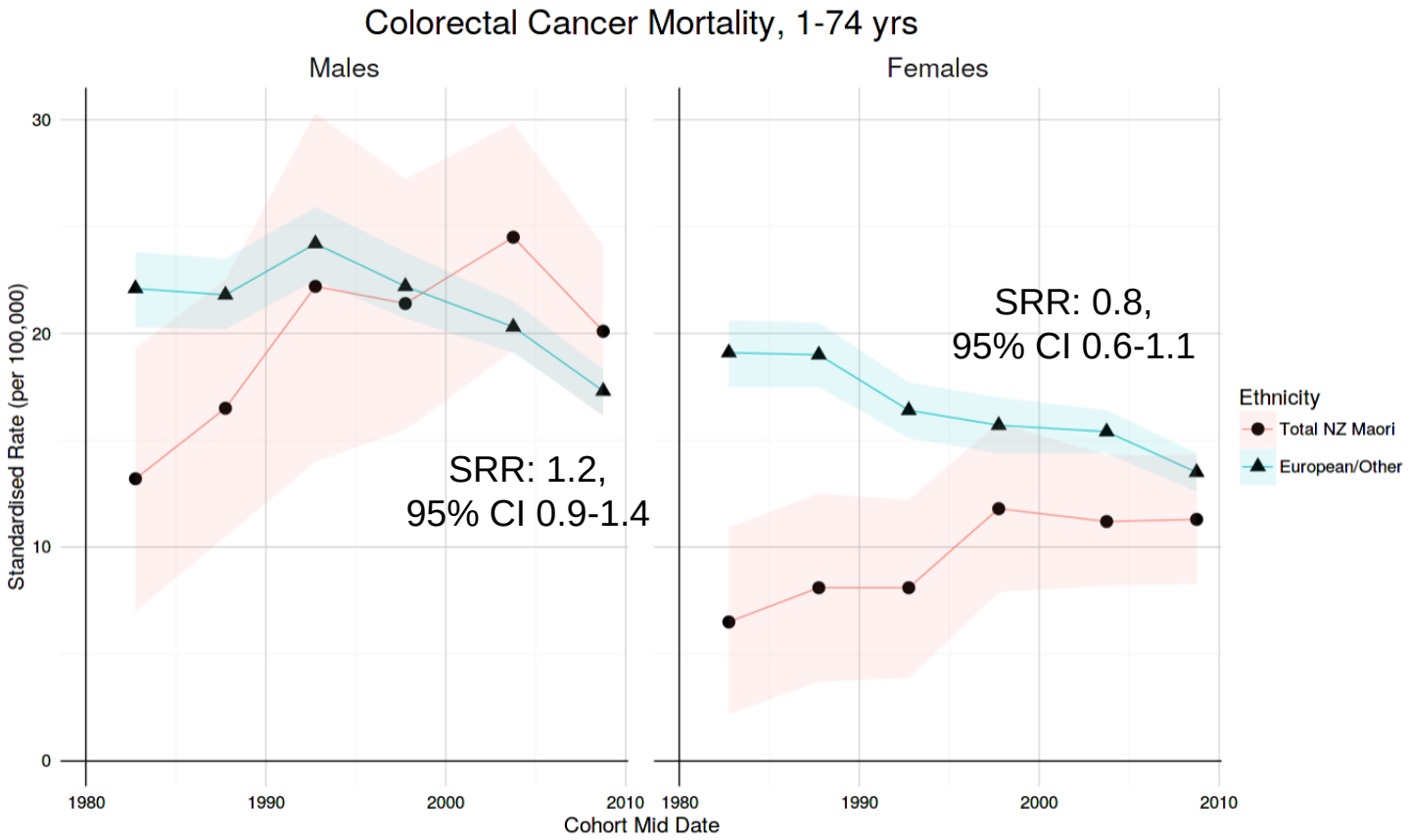
Colorectal cancer



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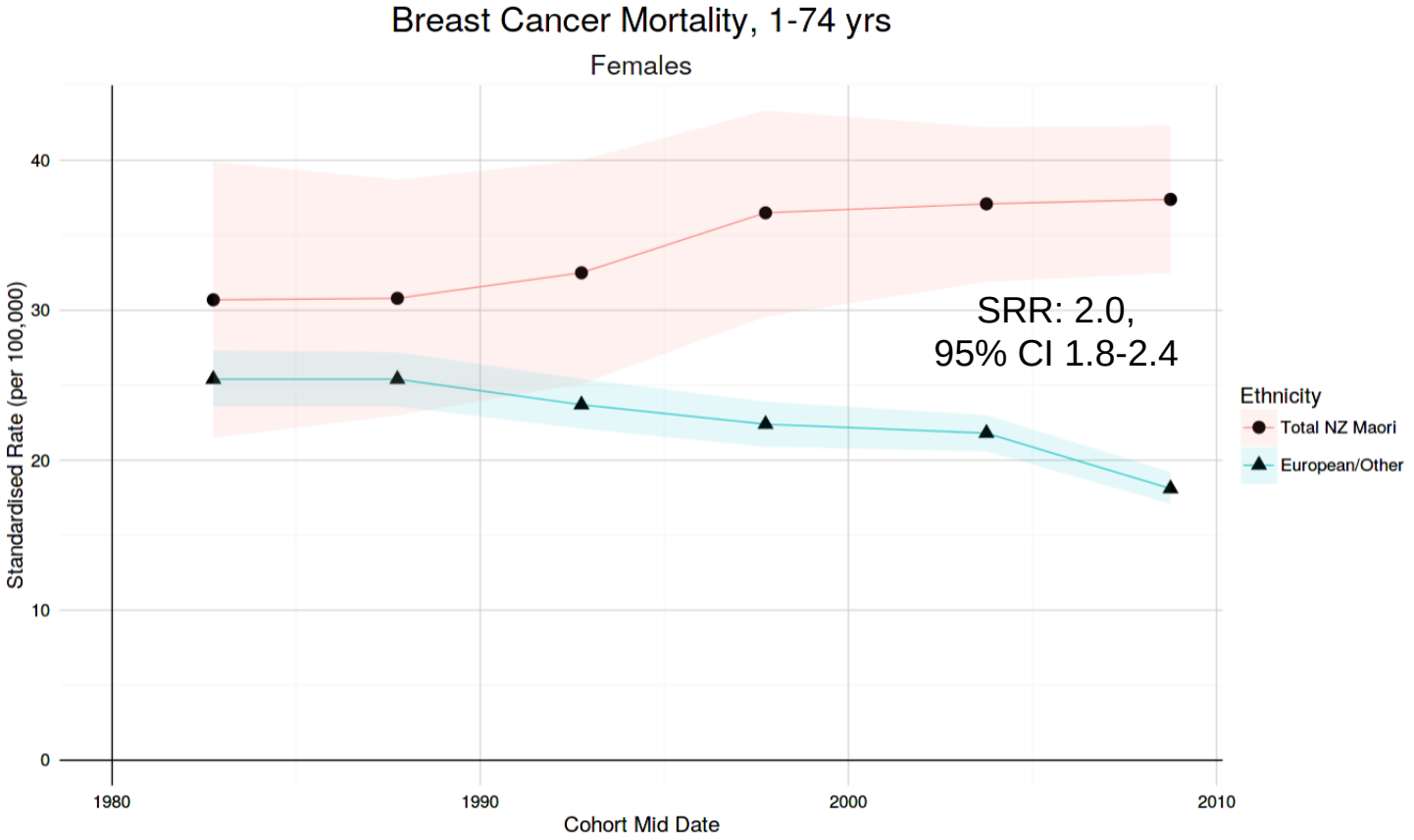
Breast cancer



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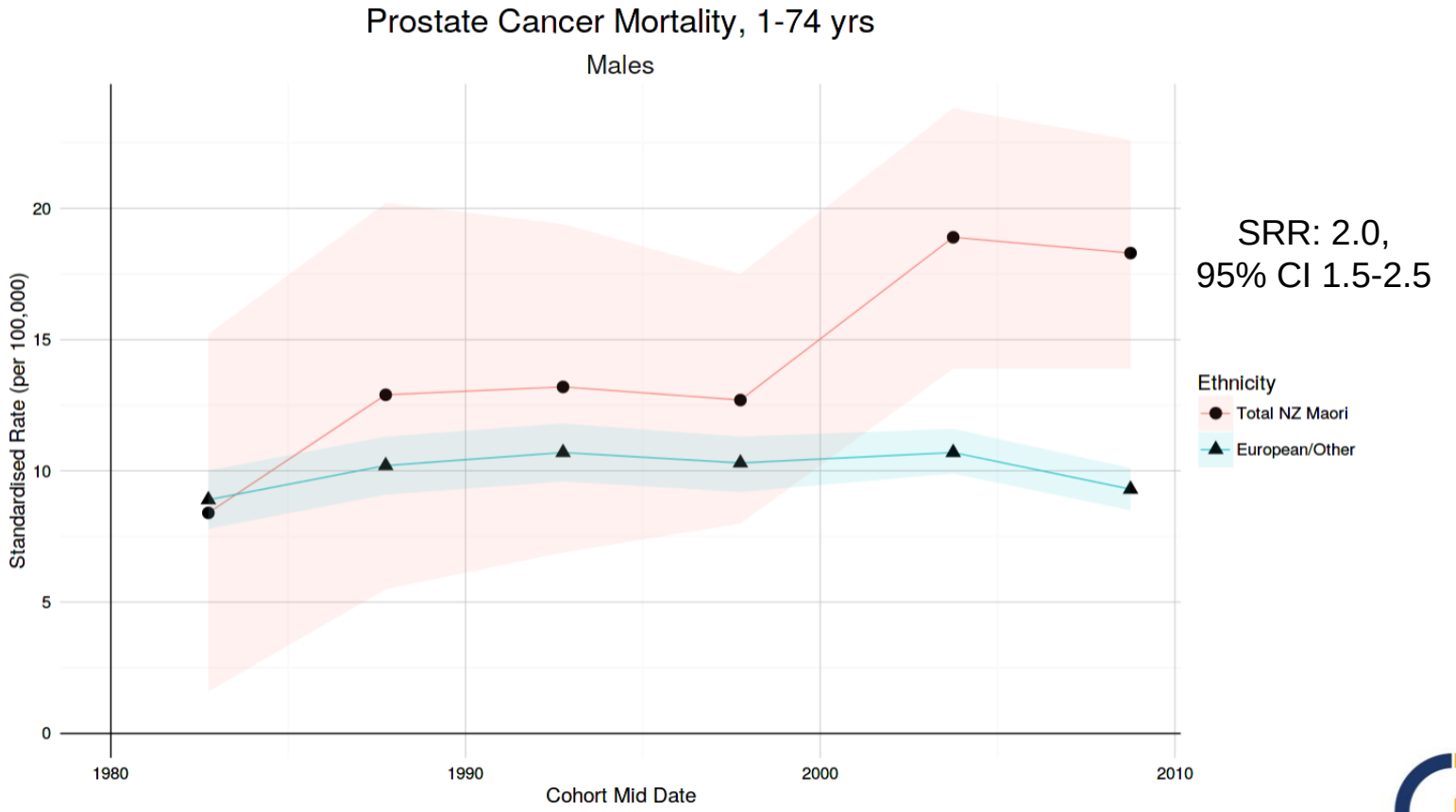
Prostate cancer

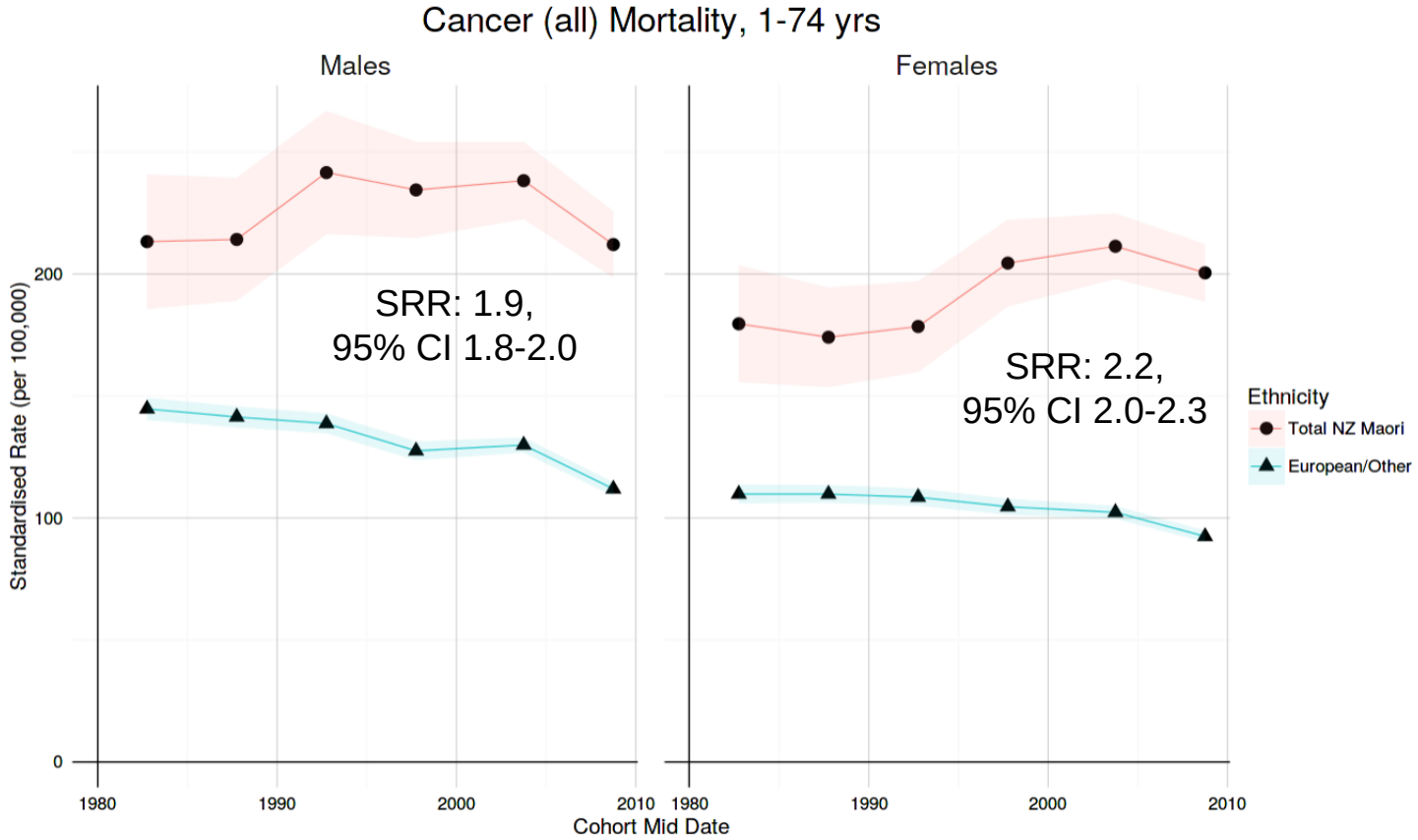


Source: *Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.*

Melanoma

Source: *Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.*

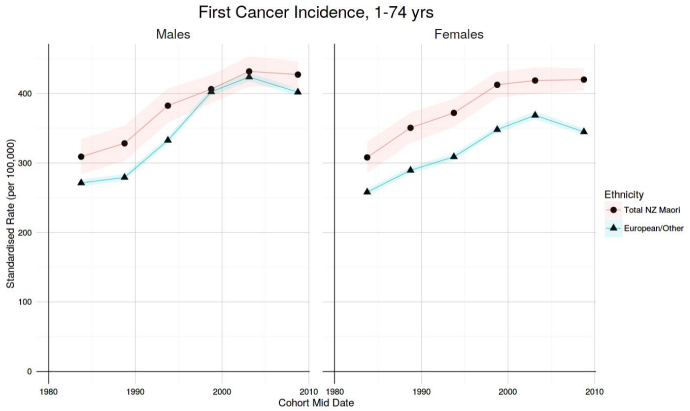
All cancers



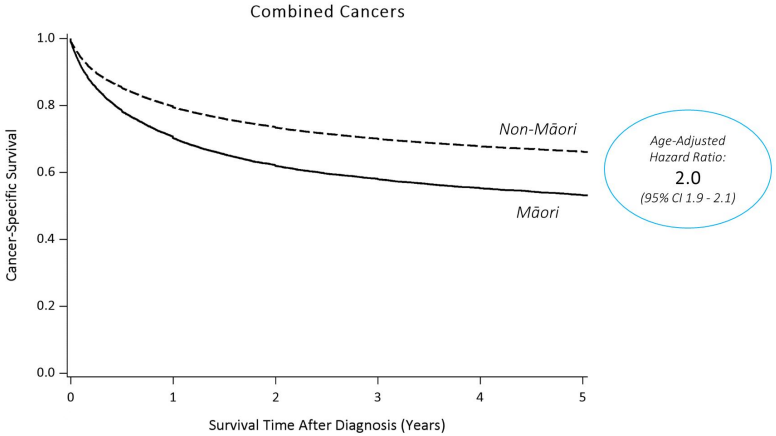
***Source**: Disney, et al. (2016) New Zealand Census Mortality and CancerTrends Study Data Explorer.*

DRIVERS OF MORTALITY INEQUITIES

Higher incidence.

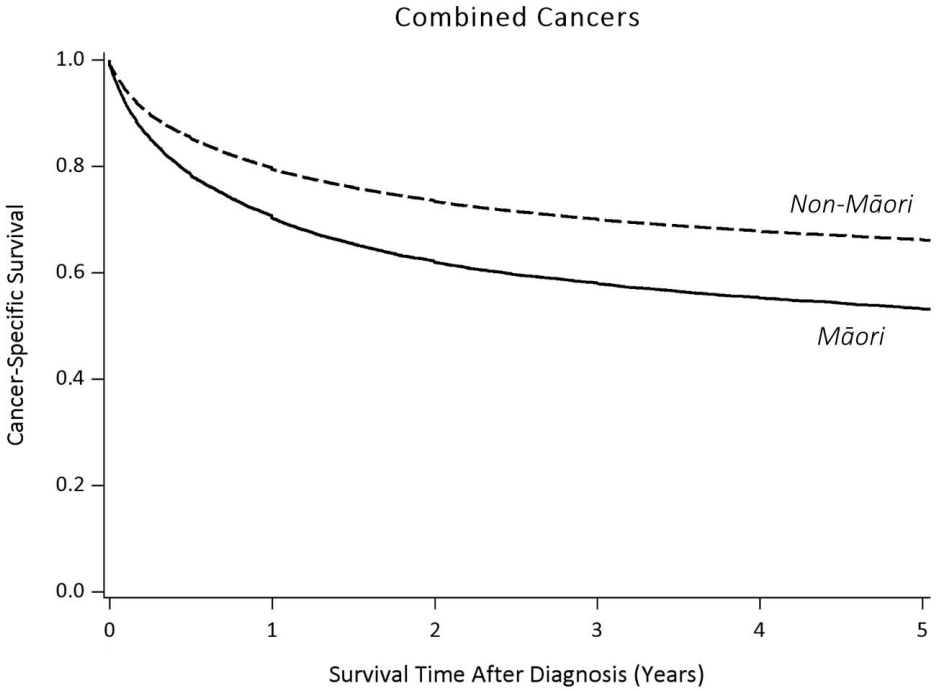


Poorer survival.



Inequities in **survival**

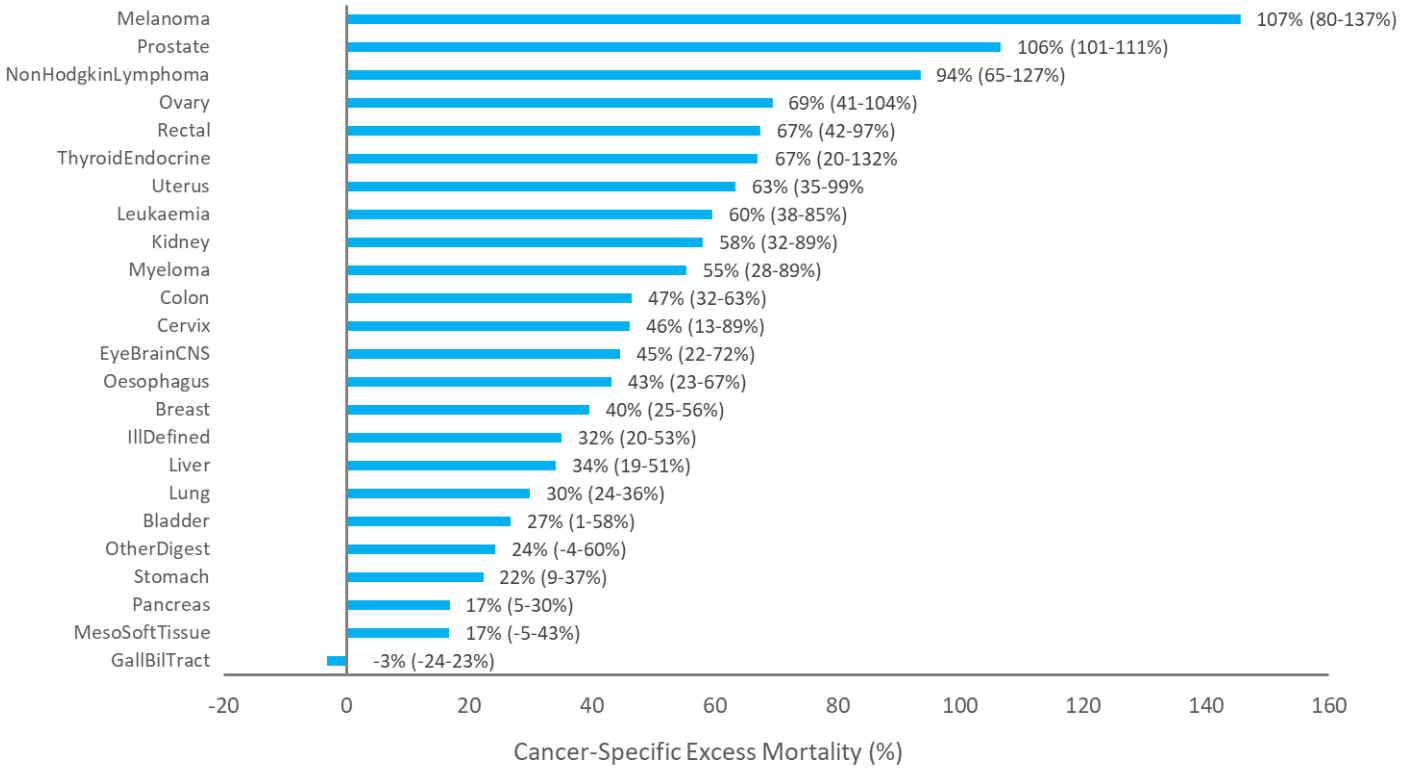
INEQUITIES IN SURVIVAL



Age-Adjusted Hazard Ratio:
2.0
(95% CI 1.9 - 2.1)

***Source**: Gurney, et al. under review (not for citation)*

INEQUITIES IN SURVIVAL



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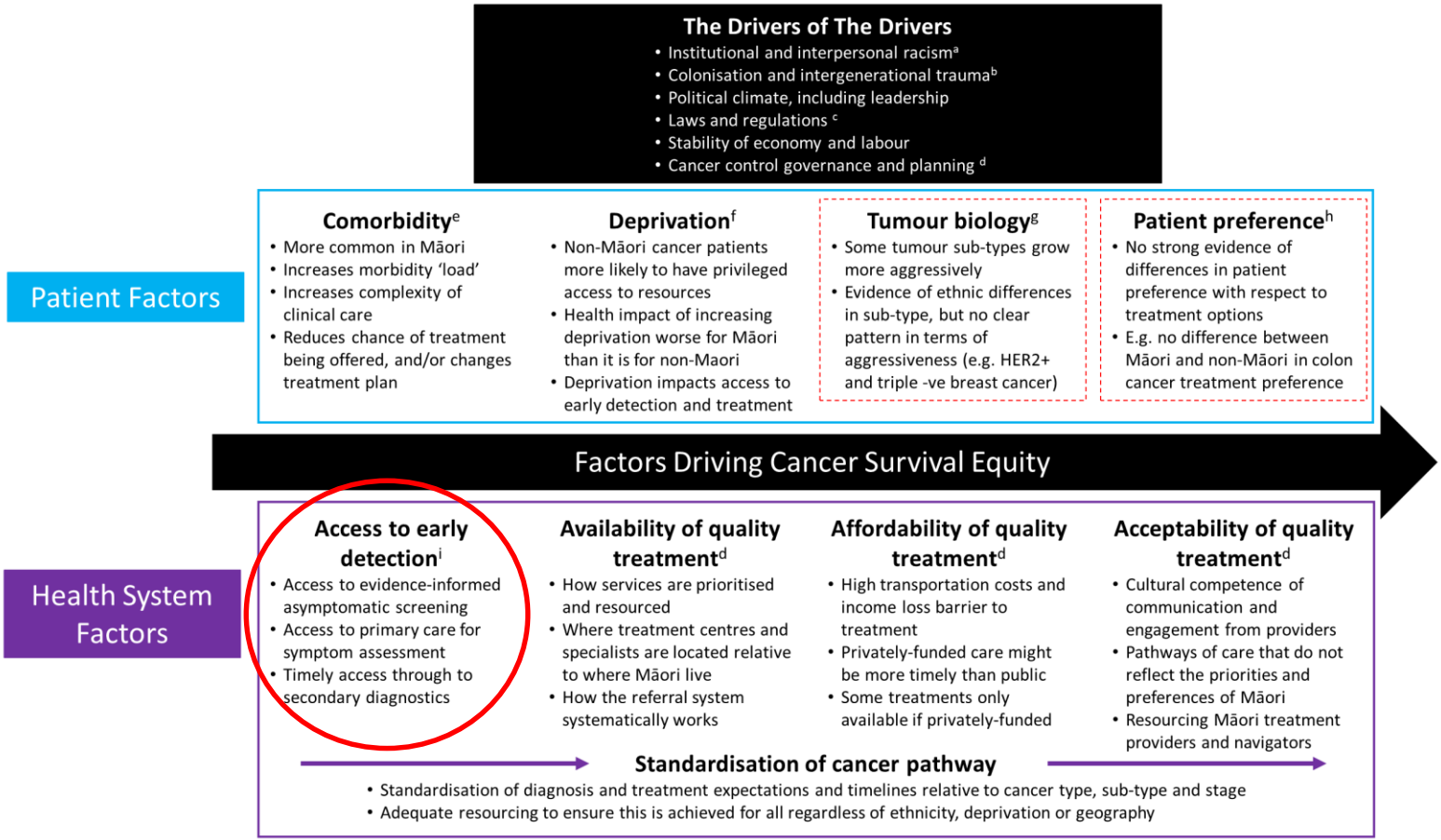
DRIVERS OF SURVIVAL INEQUITIES



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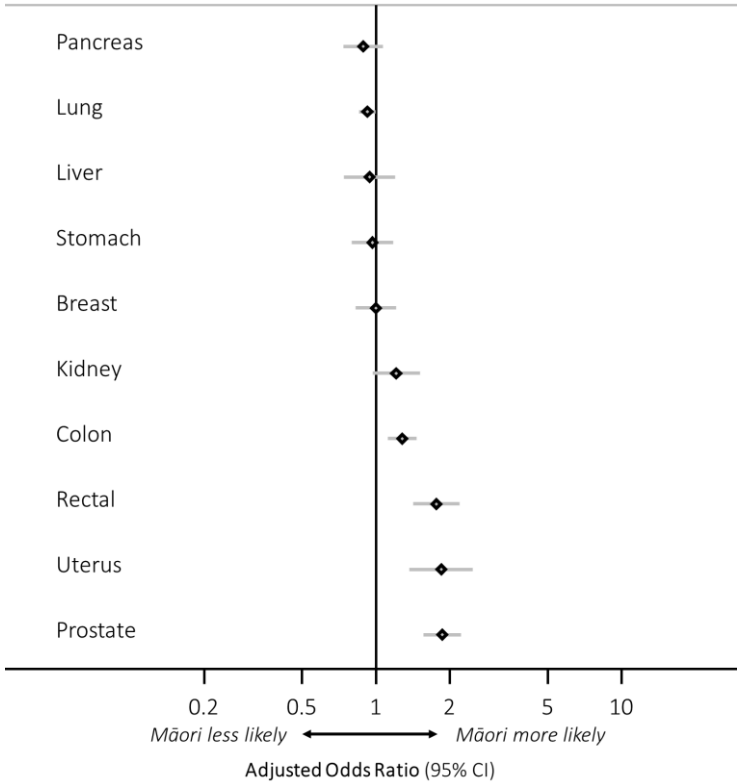
LIKELIHOOD OF ADVANCED DISEASE AT DIAGNOSIS



Source: Gurney, et al. under review (not for citation)

How can **primary care** make a difference?

WHAT ROLE FOR PRIMARY CARE?

By getting symptomatic Māori **through to diagnosis** as soon as possible.

Primary care is our first line of defence against inequitable cancer outcomes.

- *Minimise time from first presentation to first investigation*
- *Minimise time from first investigation to referral to secondary care*

By recognising that our Māori patients are **different** to our non-Māori patients.

Chances are, they:

- *had to overcome more barriers to see you than your non-Māori patients*
- *are dealing with more than one morbidity*
- *will face more barriers to timely diagnosis and treatment*

By recognising that our system **wasn't really designed** to work for Māori.

Navigating health services is intuitive to NZ Europeans – because we have a largely European health care system.

*That's the fault of the **system** – not the fault of our Māori patients.*

THANK YOU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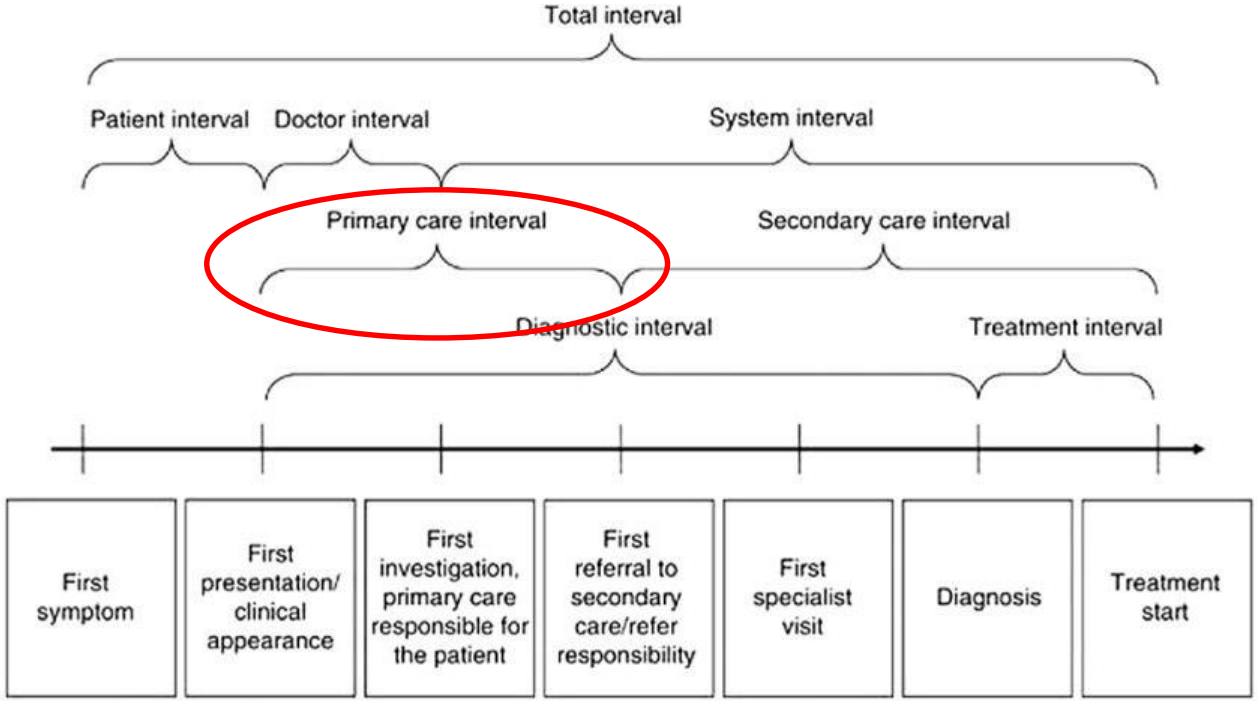
SAPERE AUDE


CANCER AND
CHRONIC CONDITIONS
RESEARCH GROUP


HEI ĀHURU MŌWAI
MAORI CANCER LEADERSHIP AOTEAROA
Equity – the priority for every agenda


hrc
Health Research
Council of
New Zealand

Extra slides



Source: *Martins, et al. (2013). BMC Family Practice, 14, 197.*