

KAWANATANGA MO TE MATE PUKUPUKU MĀORI

EQUITY – OUR RIGHT

*Karanga ra
Karanga ra
Karanga te po
Karanga te ao
Karanga ra, karanga ra*

370 million indigenous peoples worldwide



INDIGENOUS PEOPLE AND CANCER

A shared agenda for Aotearoa, Australia and Pacific nations

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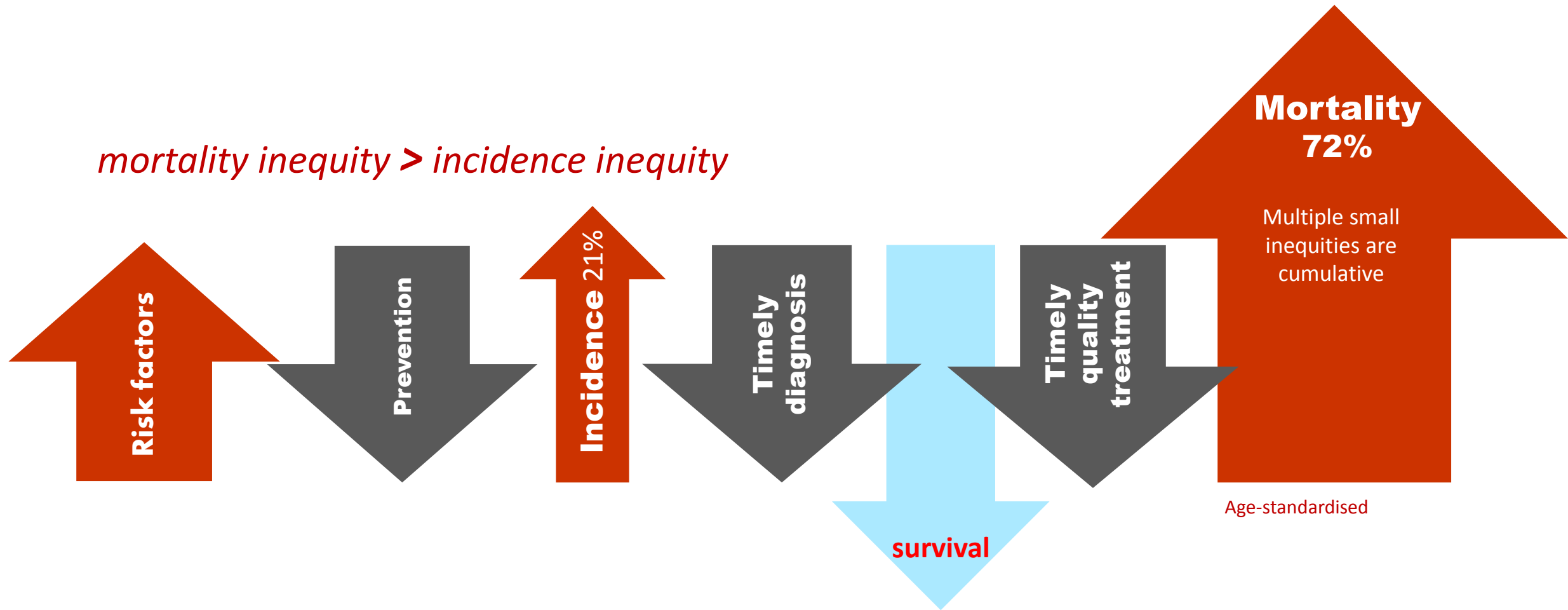


inequities between
indigenous & non- indigenous people
are unfair, preventable and
entirely remediable

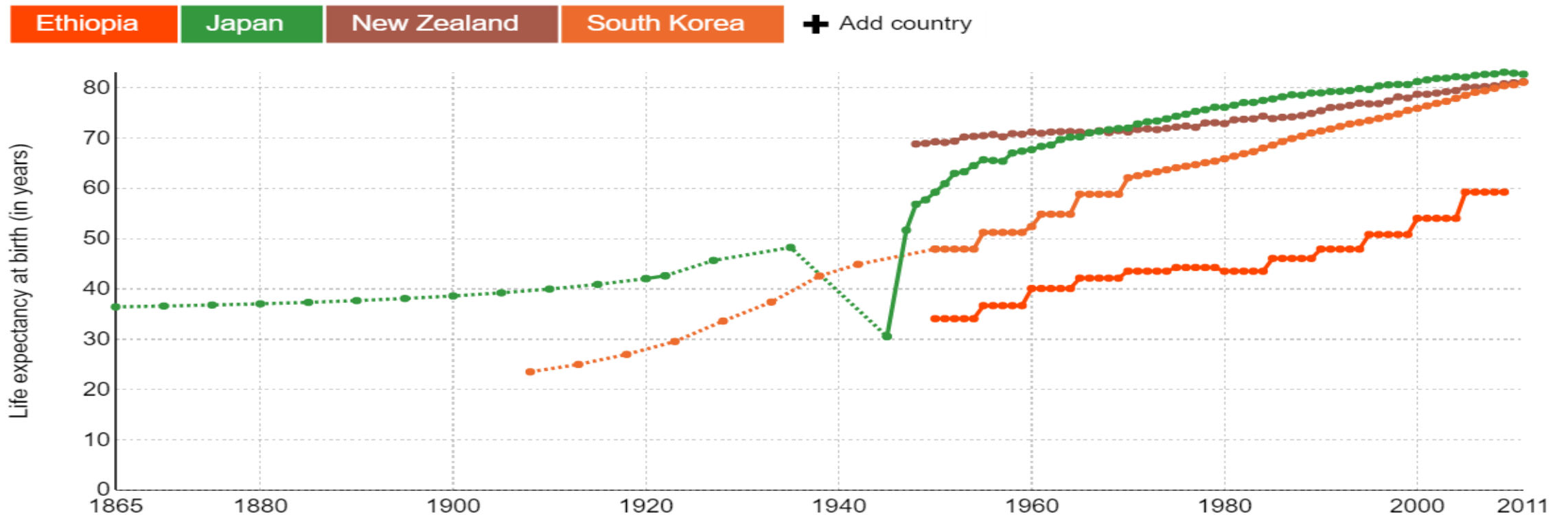


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Māori vs non-Māori cancer inequities



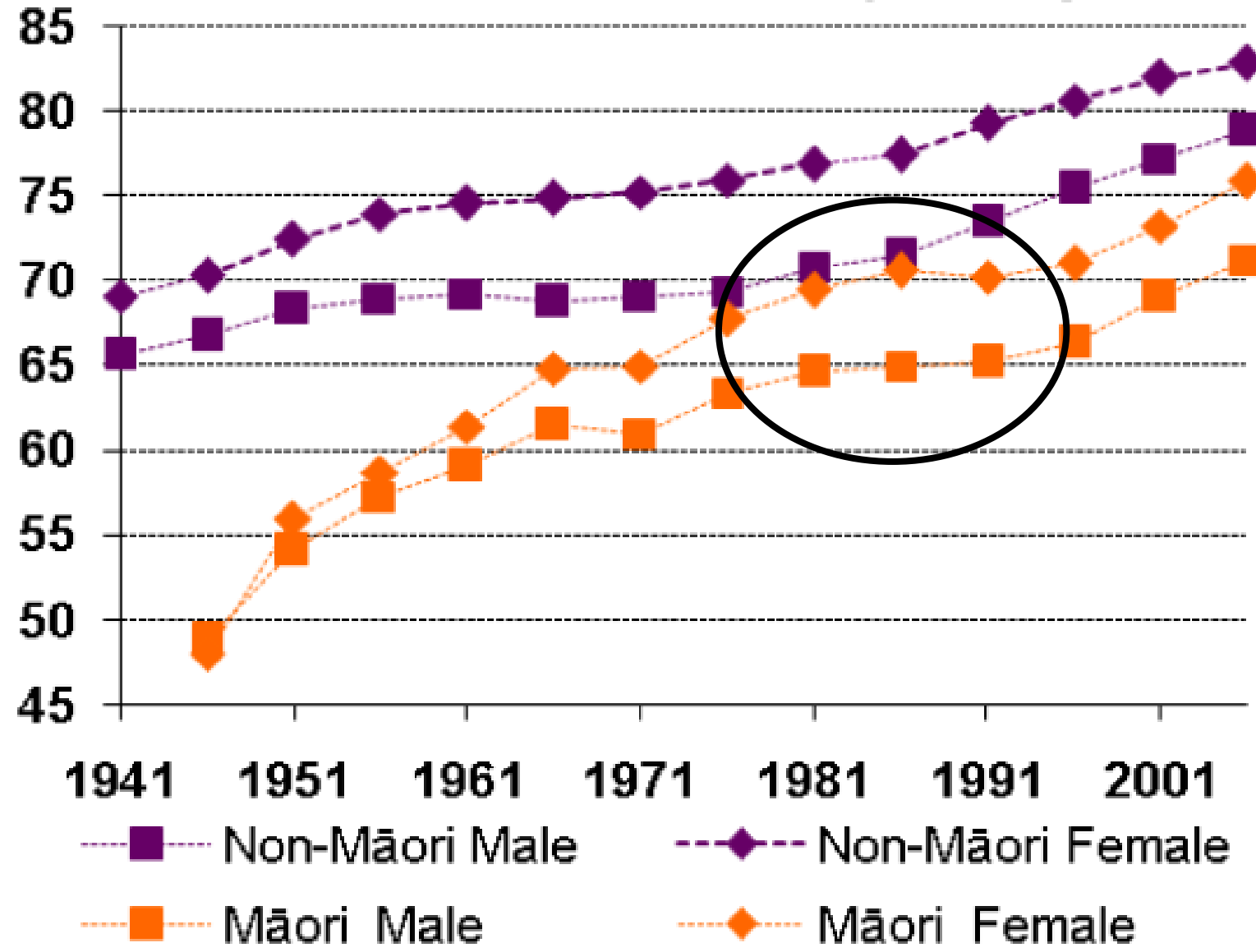
Life expectancy keeps increasing



Life expectancy at birth is the average number of years a child born would live if current mortality patterns were to stay the same. OurWorldInData.org/life-expectancy/ -

What happened in the mid 1980's?

Maori and non-Maori life expectancy



Blakely et al (2005). Widening ethnic mortality disparities in NZ 1981-99. Soc. Sci. Med. 61(10): 2233-51

Equity focussed solutions are rights focussed solutions

United Nations Declaration on the Rights of Indigenous Peoples

Article 5 Indigenous peoples have the right to . . . **participate fully**, if they so choose, in the political, economic, social and cultural life of the State.

Article 23 . . . have the right to be actively involved in **developing and determining health . . . programmes affecting them**

“Welcoming the fact that indigenous peoples are **organizing themselves** for political, economic, social and cultural enhancement . . . Convinced that **control by indigenous peoples over developments affecting them** . . . will enable them to . . . promote their development in accordance with their aspirations and needs “

Article 24. 2. Indigenous individuals have an **equal right to the enjoyment of the highest attainable standard** of physical and mental **health**.

States shall **take the necessary steps** with a view to achieving progressively the full realization of this right.



What are the necessary steps?

There is **so much** that needs **doing** – *equity is a doing word*

Radical / rapid / stepwise / Māori led / disruptive / Treaty based partnership / eliminating institutionalised racism / considered / methodical / evidence based / prevention / treatment / end of life / grass roots / indigenous models / whānau ora / holistic / opportunistic / community / funding / lung cancer / breast cancer / stomach cancer / bowel cancer / prostate cancer / smoking / obesogenic environments / health service redesign



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A national cancer control programme

is a **public health programme**

designed to **reduce** the number of **cancer cases** and **deaths** and improve **quality of life** of cancer patients,

through the **systematic and equitable** implementation

of **evidence-based strategies** for

prevention, early detection, diagnosis, treatment, and palliation, making the best use of available resources. <http://www.who.int/cancer/nccp/en/>



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BASIC PRINCIPLES OF CANCER CONTROL



Leadership

Systems thinking - involvement of related sectors in decision-making

Partnership

Evidence based decision-making

Comprehensive programme with interrelated key components sharing the same goals and integrated with other related programmes

Continuous **quality** improvement

Stepwise approach to planning and implementing interventions

Cancer Control: Knowledge Into Action: WHO Guide for Effective Programmes: Module 4: Diagnosis and Treatment. Geneva: World Health Organization; 2008. INTRODUCTION TO THE CANCER CONTROL SERIES. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK179048/>



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Leadership, Partnership, Evidence based decision-making, Comprehensive programme, Continuous quality improvement, Stepwise approach . . . the basics

We need all of this and more for an equitable approach to Maori Cancer Control:

Good data – identify Maori cancer control priorities

A plan to address those priorities

A comprehensive programme to carry out the plan

Resources

A way to monitor progress – equity focused reporting

Leadership for the above

Minimum basic components of a national Maori Cancer Control Strategy



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Kaupapa Māori

“E tipu e rea mo ngā rā o tō ao”

Grow and branch forth for the days destined to you

Systems Thinking

Community engagement

- **Approach** has indigenous **self-determination** at its core
- **Methodology** includes critical theory – **conflict** between the **powerful** and those with **less power** Notions of resistance
- Importance of **tikanga** and **mātauranga** in **relationships** and **programme**
- **Community participation** and **control**
- *Practice what you preach* - the need for KM **principles** to be in an **active relationship with practice** (Graham Smith)



We need more helpful tools

Equity focused reporting

Equity Matrix for Indicators

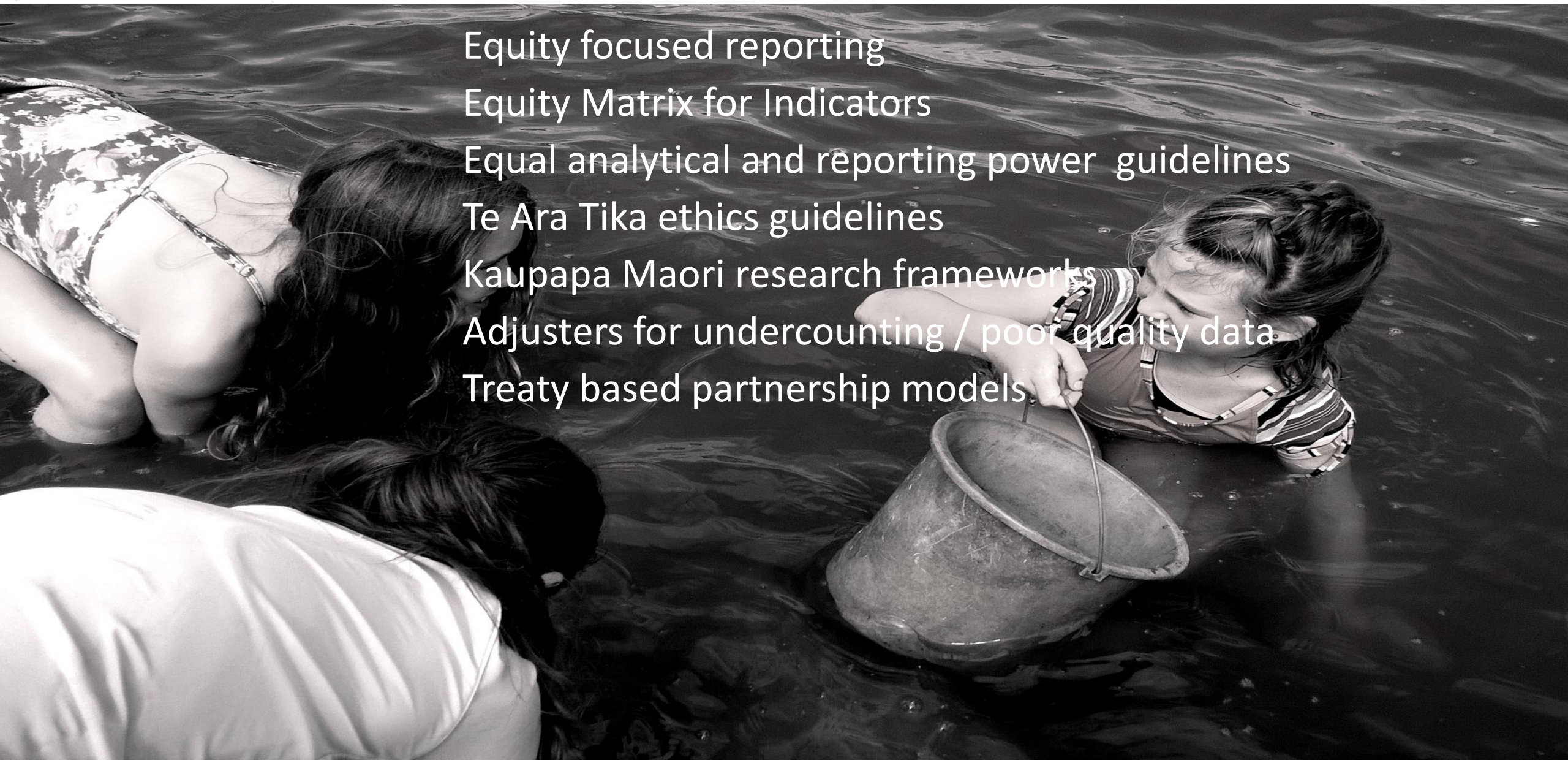
Equal analytical and reporting power guidelines

Te Ara Tika ethics guidelines

Kaupapa Maori research frameworks

Adjusters for undercounting / poor quality data

Treaty based partnership models



HE PIKINGA WAIORA IMPLEMENTATION FRAMEWORK

CULTURAL - CENTEREDNESS

Ke tōku ora, tōku ahua

KAUPAPA MĀORI

He oranga ngakau, he pikinga waiora

SYSTEMS THINKING

He tino ki i te ora, he tōmaka ki ora

creating best practice models for working with Māori communities
so that effective interventions are developed and then implemented successfully

Structural transformation and resources

the United States. Cross-laboratory demonstrated that cultural centeredness ($p=.008$) and community engagement ($p=.009$) explained differences in diabetes

Relationships between variables including feedback loops, time delays and multi-level effects.

Interventions that work in a research setting may fail for **indigenous communities**

COMMUNITY ENGAGEMENT

*He urunga tangata he urunga pāhekeheke,
he urunga oneone mau tonu*

interventions. Funders can use the Framework to assess the likely effectiveness of proposed interventions. Community organizations can use the Framework to work with researchers or policy makers to strengthen

INTEGRATED KNOWLEDGE TRANSLATION

Tai te kōwhiri, tai te māngi, tai te whanui

Proven interventions for issues that indigenous communities want addressed
may **not even trialled /funded**

translating research into rapid and radical gains for Maori health and equity

How is indigenous cancer control doing in Aotearoa?

Basics	Trend - 3 yrs	
Leadership	Minimal leadership within Ministry of Health advocating for a comprehensive approach for Maori cancer control No Maori cancer control leadership position roles in Ministry	some improvement
Involvement of related sectors in decision-making	Decision making forums around Maori cancer control limited Some involvement in bowel screening decision making	small start
Partnership	Hei Ahuru Mowai - Advisory to Ministry of Health plus National Screening Maori advisory group. Advisory rather than partnership	improved rapidly long way to go
Evidence based decision-making	Very little Maori cancer control focussed decision making and minimal evidence to inform decisions – we need to update data	bowel screening progress
Comprehensive programme with interrelated key components sharing the same goals and integrated with other related programmes	No nationally agreed approach for Maori cancer control	discussion on need for this
Continuous quality improvement	Minimal – national cancer control targets not routinely reported by ethnicity or equity gap on Ministry website Treatment for cervical cancer + screen detected breast cancer has done well	slight improvement
Stepwise approach to planning and implementing	No national Maori cancer control strategy / plan / programme to roll out	no change



Leadership and partnership

What does that look like now – how did we get here and where do we need to go?

Advocacy to get into the leadership space

Establishing relationships with decision makers

Establishing leadership groups – Hei Ahuru Mowai + 2 x regional groups

Collaborating to develop solutions

Ka Whawhai Tonu Matou
Struggle Without End.
Ranginui Walker, 1990

Change does not roll on the wheels of inevitability,
but comes through continuous struggle.
Dr Martin Luther King Jr



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Hei Ahuru Mowai + Ministry of Health – partnership – an e.g.

National Bowel Screening will be **equity negative** for Maori
increase life expectancy and cancer mortality equity gap
>2x **QUALY** gain for non-Maori vs Maori

Hei Ahuru Mowai recommendations— consider;

Maori leadership

Screening 10 yrs younger for Maori

Value added health gain along screening pathway

Methods for increasing participation

Lowering FIT cut off for Maori



Leadership – widespread and strong support for above - *heart-warming*
national Maori and Pacific hui – more recommendations



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Leadership and partnership

National Bowel Screening participation

Pilot round 1 Maori = 46% - target = 60% - “Other” (mostly NZEuro) = 59.7%

Uphill leadership:

- active follow up pathway

95% of M and PI non-responders will receive 3 phone call attempts within 4 weeks

- 4 Maori and Pacific participation RCTs

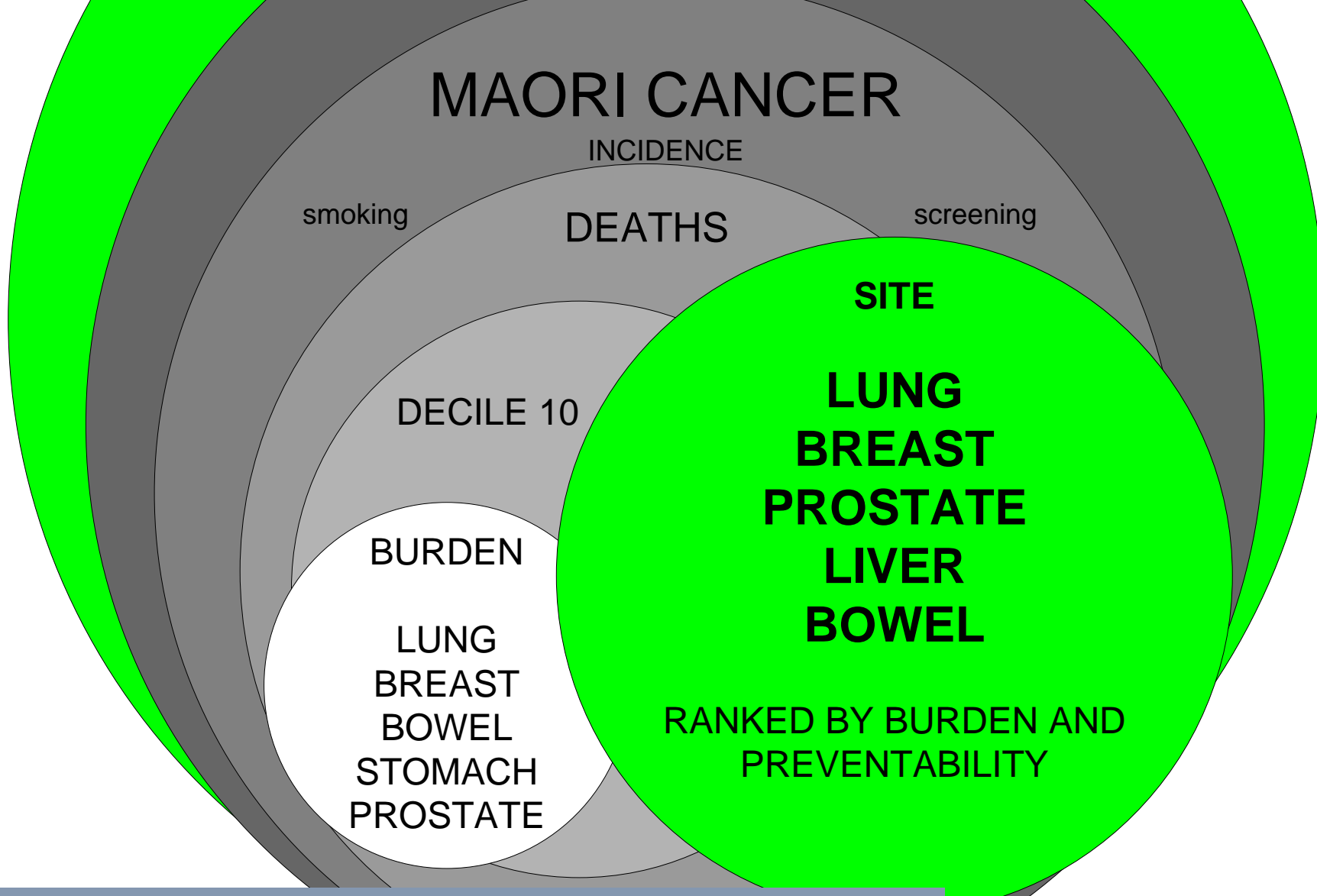
Maori participation **46%** to **53%**

Maori vs “Other” equity gap **13.7** (59.7/46) to **4.8** (57.5 / 52.7)



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Priorities

We need to know what cancers to focus on for indigenous cancer control

Different priorities to non-Maori

Old data – need
Unequal Impact III

Robson B, Purdie G, Cormack, D. 2010. *Unequal Impact II: Māori and Non-Māori Cancer Statistics by Deprivation and Rural–Urban Status, 2002–2006*. Wellington: Ministry of Health. 2002–2006

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We need **rapid radical action**

How do we get what we want / need / are entitled to?



Call to action





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