Dual obligations; Equity + Māori development

Cancer Control Priorities - Aotearoa 2019-2029

Nina Scott
Young and starry eyed through the organised efforts of society . . . suffering from cancer is largely avoidable
Achieving Cancer Equity

focus

Unfair, avoidable, fixable differences entire cancer pathway

aim

Eliminate + prevent inequities in:

cancer control focus and resourcing
health determinants
cancer care access + quality

Equity = minimum standard

from cancer leadership + decision making through to outcomes
Do more equity

United Nations Declaration on the Rights of Indigenous Peoples

Equity focussed solutions are rights focussed solutions

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.
Just starting these necessary steps for Maori

WHO

BASIC PRINCIPLES OF CANCER CONTROL

• Leadership

• Involvement of related sectors in decision-making

• Partnership

• Evidence based decision-making

• Systemic approach - a 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

• http://www.who.int/cancer/nccp/en/
Equity focus. Entire cancer care system.

Continuous equity improvement. Identify equity hotspots – develop and test interventions, evaluate . . .

Public equity monitoring. Quality Māori data / right to be counted - + monitor the Crown. Equal explanatory and analytical power

Holistic. Opportunistic. Address determinants of health for individuals, whanau and communities

Share power + support Maori self-determination

free, frank, fearless discussions about structural racism, colonialism, and white privilege.

Fix the defects — not our culture

go for a systems approach
beware of victim blaming

“The most likely explanation for this [inequity] is that Maori have a cultural reluctance to present for health care”


Root Cause analysis

looking for the cause of the cause of the cause of the cause until you find something that can be addressed at a systems level

Its all about the ‘gaze’ where we look for the defects
multiple small inequities = large impact
multipronged, multilevel solutions required

Drivers/root cause – lack of Māori Equity Cancer Control focus, leadership, decision making, resourcing + action = institutionalised racism = colonisation
Holism

Indigenous determinants of health

Drivers
- Colonisation
- Racism
- Inaction in the face of need
Continuous equity improvement

Indicator of what could be achieved at a minimum = the non-Maori level

Pinpoint relatively quick health gains
Non-standardised care = inequities

Inequities highlight where standardisation is needed first
Use + make equity tools

Equity focused reporting
Equity Matrix for Indicators
Equal analytical and DECISION MAKING power
Health Equity Assessment Tool

Equity of Health Care for Māori: A framework

https://www.otago.ac.nz/wellington/departments/publichealth/.../otago019494.html
Equity focused reporting

Cervical Screening - Target 80%

<table>
<thead>
<tr>
<th>Waikato (European/Other)</th>
<th>Waikato (Maori)</th>
<th>Gap</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>80.9</td>
<td>61.5</td>
<td>19.4</td>
<td></td>
</tr>
</tbody>
</table>

VS Total population/all NZers approach

Quarter four IPIF Cervical screening coverage

All PHOs: 80%
CANCER PRIORITIES

CANCER INEQUITIES

MAORI CANCER INCIDENCE

DEATHS

LUNG
BREAST
PROSTATE
LIVER
BOWEL

RANKED BY BURDEN AND PREVENTABILITY

Equity prioritization
The National Bowel Cancer Working Group is concerned that there are differences in bowel cancer survival between groups of New Zealanders which are inequitable. Inequities, by definition, are unfair, avoidable and remedial. Our approach to addressing inequities in bowel cancer survival is to standardise care in the areas along the diagnosis and treatment pathway, where inequities are most likely to occur.
What could Cancer Control Aotearoa look like if we support the right to self development for Māori?

Maori have the right to maintain, control, **protect and develop** their cultural heritage, **traditional knowledge and traditional cultural expressions**, + the manifestations of Maori sciences, technologies and cultures, including medicines not be subjected to forced **assimilation** + to **practice and revitalize** cultural traditions and customs including **traditional medicines** and to **maintain Maori health practices** be actively involved in **developing and determining health programmes** affecting them and, as far as possible, to **administer such programmes through their own institutions**

determine and develop priorities and strategies for exercising their **right to development**. . . + **financial and technical assistance from States** . . . for the enjoyment of the rights contained in this Declaration
alongside equity = Indigenous development obligations

**focus**

Māori development in accordance with Maori needs and interests

**aim**

Enable Māori to maintain and strengthen Māori institutions, cultures and traditions.

Enabling the Māori right to self-determination and to freely pursue cancer control development in accordance with Māori economic, social and cultural aspirations.

**Assumptions**

Te Tiriti o Waitangi is the basis for a strengthened respectful partnership between Māori and the Government, Ministry of Health and health and wellbeing agencies.
Māori models of health
How do we make this work?

Respectful relationships and powersharing

Braided approach
1. Indigenous consumer
2. Indigenous cancer expert
3. Western cancer experts

resourcing

https://www.hpwcommunity.com/
“free, frank and fearless discussions in which there is zero tolerance for white fragility and racism, and in which there is an understanding that Māori & Pacific leaders’ knowledge and expertise will be privileged rather than undermined.”

Rhys Jones