

Submission on the Women's Health Strategy

Te Manatu Hauora

17 March 2023

Introduction

This submission is by the Cancer Society of New Zealand. We are a registered Charity focussed on reducing the incidence and impact of cancer in Aotearoa New Zealand. We are providing comment as cancer is the leading cause of death in Aotearoa New Zealand with about 26,000 people diagnosed every year¹.

Of particular concern are Māori and Pacific women. Māori are 20 percent more likely than non-Māori to develop cancer but twice as likely to die from it³. Once diagnosed with cancer, Māori continue to experience poorer survival rates than non-Māori for nearly all the most common cancers, including breast cancer. Pacific peoples in Aotearoa New Zealand have high rates of cancer and mortality, notably uterine cancer.

The Cancer Society wholeheartedly supports the development of a health strategy for women in Aotearoa New Zealand. There are many focus areas within the New Zealand Cancer Action Plan 2019 – 2029² and the Cancer Prevention Report¹ that would positively impact on women, if they were to be fully implemented. The Cancer Society limits our submission to the areas that we believe would have the most significant impact in turning the tide on women's health: These include:

1. Improved prevention and screening
 - a. Increased cervical and breast screening and HPV vaccination
 - b. Strengthening smoking cessation
 - c. Environments that enable improved nutrition and physical activity
 - d. Alcohol and cancer
2. Provision of appropriate services
3. Recognition of women's role as carers

Recommendations

1. Improved prevention and early detection/intervention activities

a. Increased cervical and breast screening and HPV vaccination

According to the State of Cancer report in 2020³, Aotearoa New Zealand is not meeting its 70 percent target for breast screening, nor its 80 percent target for cervical screening. For Māori, rates sit at 60 percent and 62 percent respectively, and for Pacific peoples, at 69 percent and 63 percent. This will have been negatively impacted by the pandemic.

Although cervical cancer rates have decreased substantially over the last 20 years, Māori women have higher rates of cervical cancer (almost twice the rate of non-Māori women) and have higher mortality from cervical cancer than non-Māori, non-Pacific women¹.

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Human papillomavirus (HPV) is the main cause of cervical cancer¹. In Aotearoa New Zealand, HPV vaccination has been available for girls since 2008, and for boys since 2017¹. Recommended levels of vaccine coverage (75 percent) have not been achieved. Māori have the lowest coverage for HPV vaccination (53 percent of both females and males for the 2006 birth cohort), compared with Pacific and total population coverage of around 65–70 percent for females and males¹.

The Cancer Society **recommends** that:

- Failure to meet targets for breast and cervical screening for Māori women are actively managed and addressed in partnership with Iwi, hauora Māori, whānau, Whānau Ora providers to ensure that services are delivered in ways that work for wāhine Māori and are respectful and timely.
- Failure to meet targets for breast and cervical screening for Pacific women are actively managed and addressed in partnership with Pasifika communities, churches, Pacific women, social service providers to ensure that services are delivered in ways that work for Pacific women with cancer and are respectful and timely.
- Additional steps are taken to reach and vaccinate tamariki Māori against HPV.

b. [Strengthening smoking cessation](#)

Māori women have the highest smoking rates of any group¹. Thirty-two percent of Māori women are daily smokers and Māori women were almost four times more likely than non-Māori women to be daily smokers. And while Māori and non-Māori have experienced a gradual reduction in lung cancer incidence, Māori rates remain higher than non-Māori rates³.

The Cancer Society **supports** the overall intent of the Smokefree Aotearoa Action Plan and **recommends** that:

- There is greater smoking cessation support for wāhine Māori planned and delivered in a way that is meaningful to them.
- A screening programme for lung cancer is developed and delivered to groups at high risk.

c. [Focus on healthy weight and physical activity](#)

For women, 55% of all cancers diagnosed are types associated with obesity, and for women aged over 50 years, 20 percent of cancer deaths are attributable to being overweight or obese. Obesity also makes cancer treatment more difficult – increased risk of complications in surgery, weight limits on scan and radiotherapy tables, lack of fitness to have surgery, leading to poorer outcomes.

Māori and Pacific peoples have a higher burden of obesity-related cancers, such as uterine and breast cancers. Pacific women have over 2.5 times the rate of uterine cancer compared with European/other women and they also have the most rapidly increasing rates over time, especially in younger women¹. The higher rates of obesity, physical inactivity and diabetes are one reason why the incidence rate of uterine cancer was 79 percent higher among Pacific women than European/other women in the 2001–2004 cohort¹.

Women and Māori, Pacific and Asian adults were more likely to be physically inactive in 2019¹. New Zealanders living in the most deprived areas spend less time being physically active and participate in fewer sports and activities each week.

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The Cancer Society **recommends** that:

- Measures focus on wider determinants of health that contribute to poor nutrition (including income and housing security) and creating healthy food environments (healthier food in schools, processed food less available and healthy food more available).
- Active healthy living be made easier for women to access.

d. [Alcohol and cancer](#)

Alcohol is a proven but preventable cause of many cancers, including breast cancer in women. Any regular alcohol use (even small amounts) can increase the likelihood of cancer. The more alcohol the greater the risk of developing cancer. Additionally, combining alcohol and tobacco use increases cancer risk further and its high energy content increases the risk of 12-13 weight-related-cancers. There is no safe minimum level of alcohol use in relation to cancer.

The Cancer Society **recommends** that:

- Affordability, availability and accessibility of alcohol are reduced, as well as alcohol advertising
- Support and screening to reduce harm from alcohol is strengthened

2. Provision of appropriate services

As described above, Māori and Pacific women do not achieve the same outcomes as non-Māori non-Pacific women. Aotearoa has one of the fastest rising rates of endometrial cancer in the world, 20 percent higher than the modelled prediction made 10 years ago⁵. In three reports recently published by Te Aho o Te Kahu, they note inequities for Māori at every step of the cancer care continuum.

The Cancer Society **recommends** that:

- Healthcare workforce is regularly updated on institutional racism and inequities that exist in the health system in Aotearoa New Zealand.
- Cancer care planners and providers at all levels partner with Iwi, hauora Māori, whānau with cancer, Whānau Ora providers to ensure that services are delivered in ways that work for wāhine Māori with cancer and are respectful and timely.
- Cancer care planners and providers at all levels partner with Pasifika communities, churches, Pacific families with cancer, social service providers to ensure that services are delivered in ways that work for Pacific women with cancer and are respectful and timely.
- Cancer treatment centres provide greater support for women travelling away from home for diagnostics and treatment, and that national travel assistance is timely and fit for purpose

3. Recognition of women's role as carers

An Infometrics report⁴, noted that unpaid caring responsibilities fall disproportionately on women, and that compared to the total adult population, carers were more likely to be NZ Europeans, Māori and Pacific peoples. The report identified several impacts on carers including not being able to take up paid employment, missing out on school or study, unable to take a break or holiday, and loss of income over a period of caring.

The Cancer Society offers support both to people with cancer and/or their carer with few other services aimed at promoting and supporting carer's wellbeing and resilience.

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The Cancer Society **recommends** that:

- The value of unpaid carers is recognised, and they are supported in their role to strengthen their wellbeing and resilience.

Summary of recommendations

The Cancer Society makes the following recommendations:

1. Failure to meet targets for breast and cervical screening for Māori women are actively managed and addressed in partnership with Iwi, hauora Māori, whānau, Whānau Ora providers to ensure that services are delivered in ways that work for wāhine Māori and are respectful and timely.
2. Failure to meet targets for breast and cervical screening for Pacific women are actively managed and addressed in partnership with Pasifika communities, churches, Pacific women, social service providers to ensure that services are delivered in ways that work for Pacific women with cancer and are respectful and timely.
3. Additional steps are taken to reach and vaccinate tamariki Māori against HPV.
4. There is greater smoking cessation support for wāhine Māori planned and delivered in a way that is meaningful to them.
5. A screening programme for lung cancer is developed and delivered to groups at high risk.
6. Focussing on wider determinants of health that contribute to poor nutrition (including income and housing security) and creating healthy food environments (healthier food in schools, processed food less available and healthy food more available).
7. Active healthy living be made easier for women to access.
8. Affordability of, availability and accessibility to alcohol are reduced, as well as alcohol advertising
9. Support and screening to reduce harm from alcohol is strengthened
10. Healthcare workforce is regularly updated on institutional racism and inequities that exist in the health system in Aotearoa New Zealand
11. Cancer care planners and providers at all levels partner with Iwi, hauora Māori, whānau with cancer, Whānau Ora providers to ensure that services are delivered in ways that work for wāhine Māori with cancer and are respectful and timely.
12. Cancer care planners and providers at all levels partner with Pasifika communities, churches, Pacific families with cancer, social service providers to ensure that services are delivered in ways that work for Pacific women with cancer and are respectful and timely.
13. Cancer treatment centres provide greater support for women travelling away from home for diagnostics and treatment, and that national travel assistance is timely and fit for purpose
14. The value of unpaid female carers is recognised, and they are supported in their role to strengthen their wellbeing and resilience.

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Thank you for the opportunity to submit on this proposed strategy.



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Chief Executive

References

- ¹ Te Aho o Te Kahu. 2022. *Pūrongo Ārai Mate Pukupuku, Cancer Prevention Report*. Wellington: Te Aho o Te Kahu, Cancer Control Agency.
- ² Ministry of Health. 2019. *New Zealand Cancer Action Plan 2019–2029 – Te Mahere mō te Mate Pukupuku o Aotearoa 2019–2029*. Revised January 2020 Wellington: Ministry of Health.
- ³ Te Aho o Te Kahu. 2021. *He Pūrongo Mate Pukupuku o Aotearoa 2020, The State of Cancer in New Zealand 2020: Tuhinga whakarāpopoto Summary*. Wellington: Te Aho o Te Kahu, Cancer Control Agency.
- ⁴ Heyes, R and Grimmond, D. 2022. *The economic contribution and sacrifices of unpaid family, whānau and aiga carers in New Zealand for Alzheimers NZ, Carers NZ, the Carers Alliance, IHC and the Ministry of Social Development*. Wellington. Infometrics
- ⁵ Bigby SM, Tin Tin S, Eva LJ, Shirley P et al. 2020. *Increasing incidence of endometrial carcinoma in a high-risk New Zealand community*. ANZJOG 2020 Apr;60(2):250-257

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