Hauora Māori Advisory Committee

Identification and treatment pathways for cancers are faster, timely, comprehensive and effective

Priority 6 – Key Insights

JUNE 2025

What measures and why?

The lead measures for this priority look at cancer screening uptake, new cancer registrations and timeliness of cancer treatment. Effective screening programmes and timely treatment can improve cancer outcomes. This priority also investigates cancer diagnosed later in the disease pathway after an emergency department presentation, and mortality rates for common cancers.

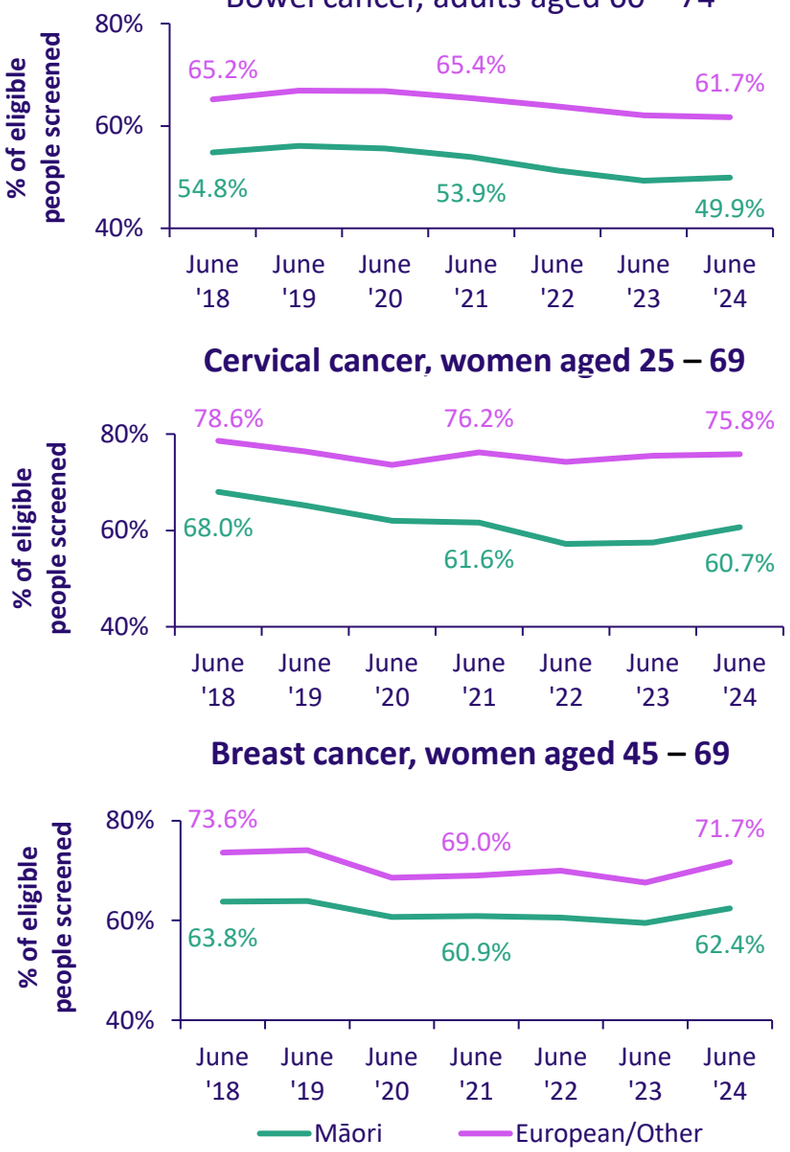
Cancer screening rates (2018 – 2024)

Māori screening rates for breast, bowel, and cervical cancers have declined, and have consistently remained lower than European/Other rates since 2018.

Bowel cancer screening has the lowest uptake for Māori across the three screening programmes.

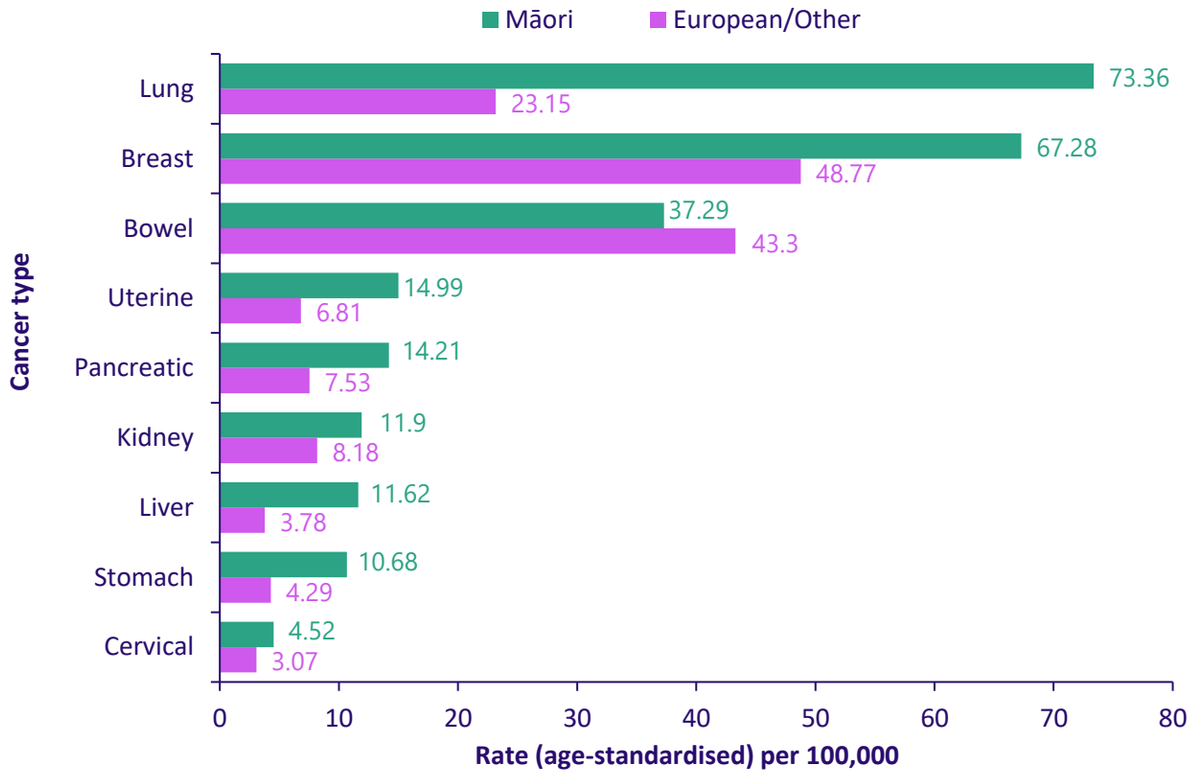
Cervical cancer screening has the biggest equity gap between Māori and European/Other populations, with a 15.1 percentage point difference between rates in June 2024.

Breast cancer screening has the highest uptake for Māori across the three screening programmes and **has the smallest equity gap between Māori and European/Other populations**, with a 9.3 percentage point difference in rates in June 2024.



Cancer registration rates (2018 – 2022)

Rate of Cancer Registrations across major cancer types, by ethnicity



Cancer registration rates are higher for Māori than non-Māori, for every major cancer type except bowel cancer. Subsequently, bowel cancer is the only type that Māori experience lower mortality rates for when compared to non-Māori (see more on Page 2).

Lung cancer had the highest rate of new registrations for Māori, and the biggest equity gap compared to European/Other. **Māori had a 3.2 times higher rate of lung cancer registrations**, compared to European/Other.

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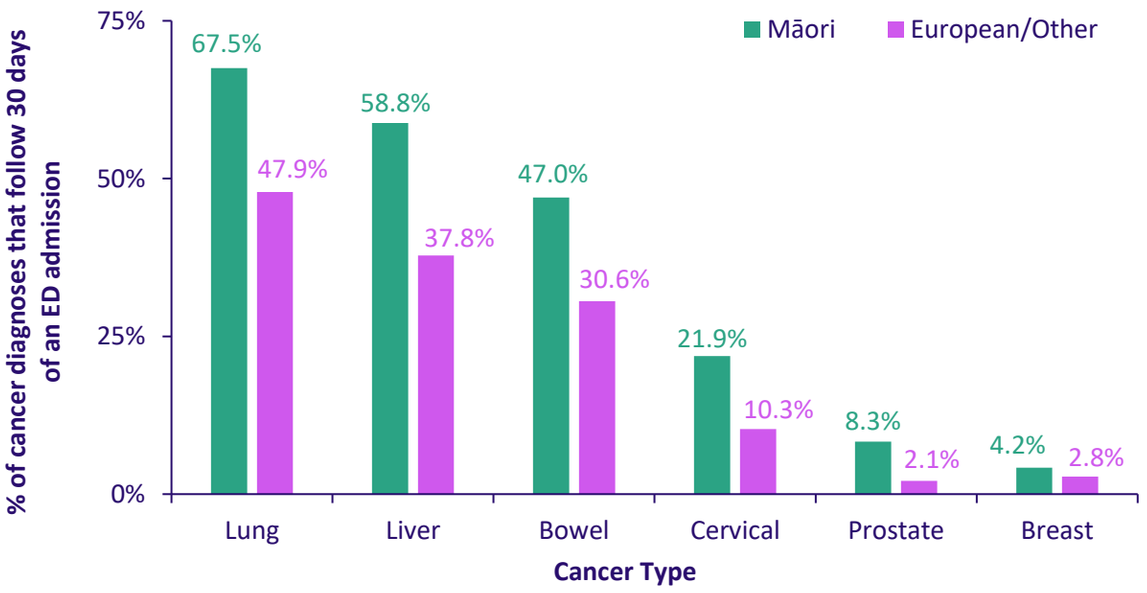
Cancer diagnosis after an emergency department visit

31.1%
of all cancers for Māori were diagnosed following an ED visit

Compared to
16.8%
for European/Other

Proportions of cancer diagnoses within 30 days of an emergency admission, by cancer type, Māori vs European/Other (2017 – 2021)



Māori are almost twice as likely to learn about their cancer diagnosis after an emergency department (ED) visit than European/Other populations.

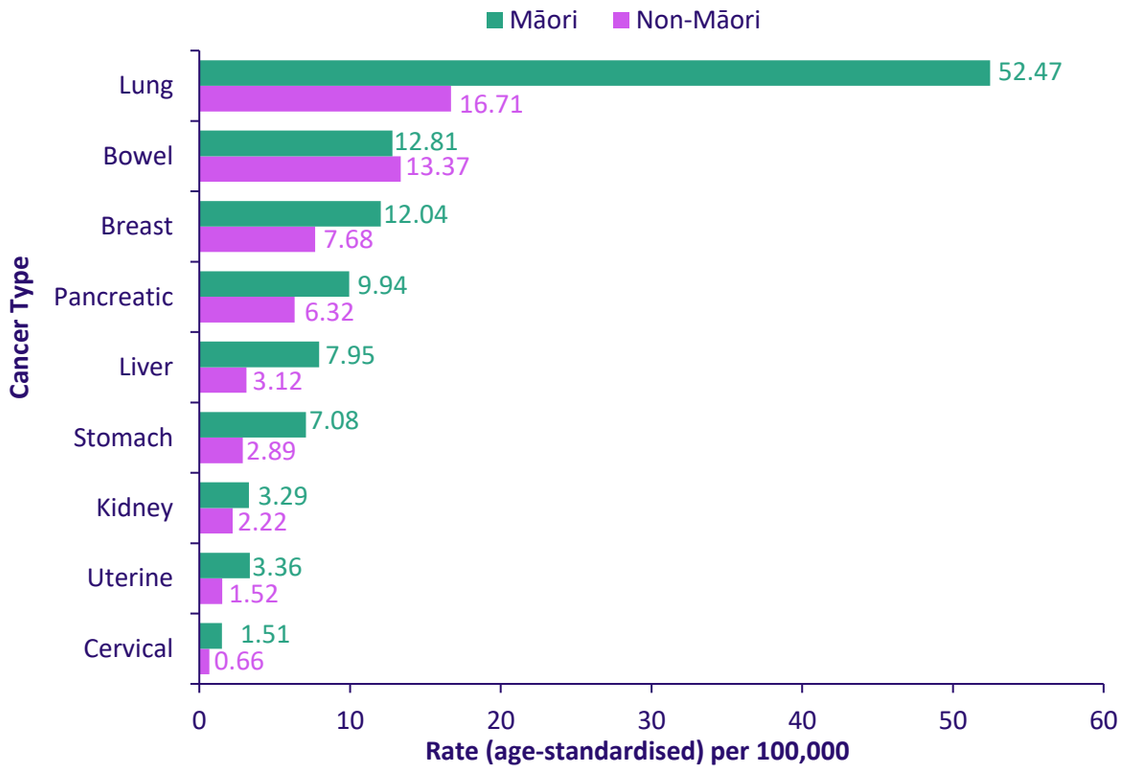
People who are diagnosed with cancer after an ED admission to a hospital will experience poorer survival or health outcomes compared to those who are diagnosed through more appropriate pathways, for example, during a regular screening check.

2 in 3 Māori who are diagnosed with lung cancer, were diagnosed after an ED admission. This means that their cancer is more likely to be in a later stage and will be harder to treat.

Lung cancer has the highest mortality

Māori are 3x as likely to die from lung cancer than non-Māori
This is the largest disparity seen in all cancer types.

Mortality rates of major cancer sites, Māori vs non-Māori (2018 – 2022)



For every cancer type here (except bowel), **Māori experience higher rates of cancer related deaths** compared to non-Māori**.**

While bowel cancer registrations and death rates are lower for Māori compared to non-Māori, **a higher rate of Māori who are diagnosed with bowel cancer die from it than non-Māori.**

The higher cancer related deaths experienced by Māori are likely due to the **higher rates of Māori being diagnosed with cancer, and Māori being more likely to be diagnosed at a later stage** (eg, after an ED admission) than non-Māori populations (Gurney et al. 2020).

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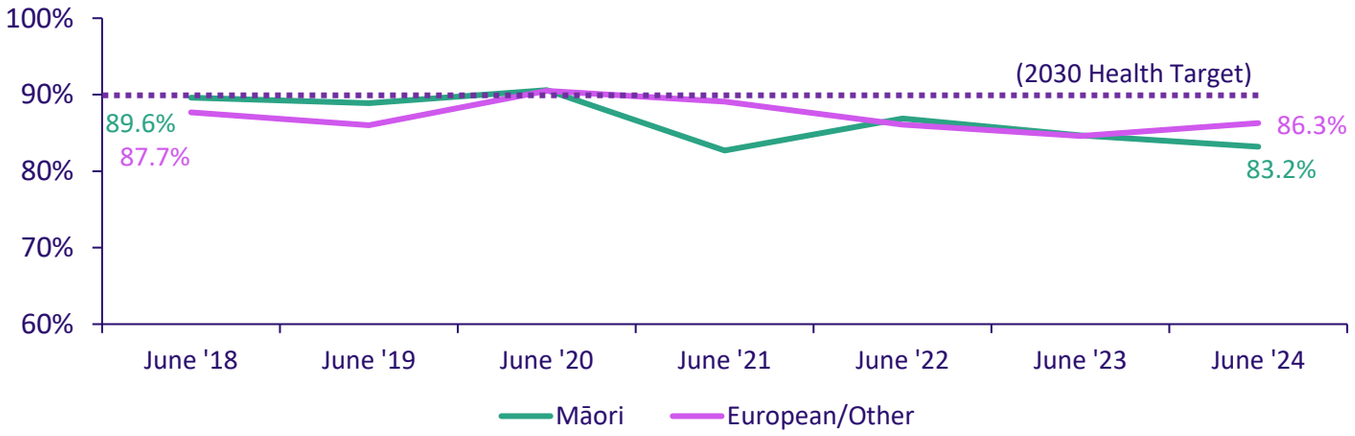
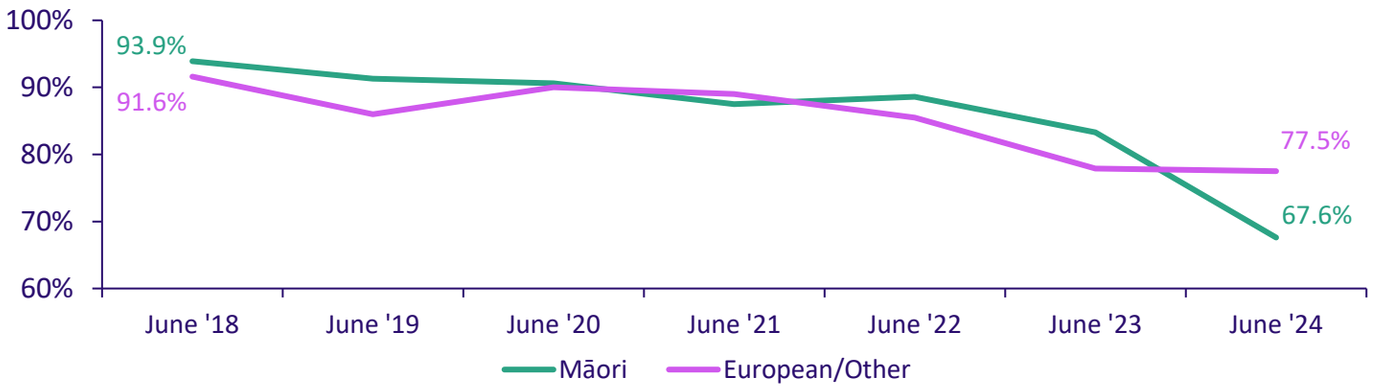
Access to timely cancer treatment is decreasing over time

Rates of receiving cancer management within 31 days of a decision to treat



Rates of receiving cancer management within 62 days of a date of referral



The proportion of people receiving cancer management within 31 days of a decision to treat and 62 days of a date of referral has decreased since 2018 for Māori and European/Other populations.

This means in 2024 people were less likely to receive timely treatment than they were in 2018, across both categories of rates but particularly for the 62 day measure.

The rate of receiving cancer management within 31 days needs to improve for both Māori and European/Other populations for Health NZ to **achieve the target of 90% nationwide by 2030.**

Risk Factors for cancer

Up to half of cancers are preventable through reducing exposure to cancer risk factors, such as alcohol, poor nutrition, and tobacco use (Te Aho o Te Kahu 2022).

Māori peoples' adverse experiences with racism, alienation from cultural practices, and lower socioeconomic status has contributed to negative cancer-related outcomes for Māori through a range of mechanisms, **including higher exposure to these risk factors**, poorer access to the health system, and quality of treatment (Te Aho o Te Kahu, 2021).

40.2% of Māori lived in neighbourhoods of deprivation in 2023.

This remains similar to the **41.3% of Māori** in 2018.

29.6% of Māori had hazardous drinking patterns in 2023/24.

This has **decreased** from **33.0% of Māori** in 2018/19.

14.7% of Māori were daily smokers in 2023/24.

This has **decreased** from **30.4% of Māori** in 2018/19.

Hauora Māori Advisory Committee

Priority 6: System actions and delivery reporting

Identification and treatment pathways for cancers are faster, timely, comprehensive and effective.

JUNE 2025

GPS 2024-2027 Priorities	Sector Actions	Reporting on actions
Access • Extend breast cancer screening to people aged 74 years old. • Increase human papillomavirus (HPV) screening rates with a focus on population groups with lower screening rates. • Improve access to bowel screening. • Improve the availability of and access to cancer medicines in New Zealand.	**Whakamaua** • Invest in innovative tobacco control, immunisation and screening programmes to increase equitable access and outcomes for Māori. **Te Whatu Ora SPE 2024/25 – Performance measures** • Percentage of women aged 45-69 years who have a breast cancer screen in the last 2 years • Bowel screening rates of adults aged 60–74 years (two-yearly screening interval) • Cervical (HPV) screening rates of eligible women aged 25–69 years (five-yearly screening interval). **Te Whatu Ora – Achieving the Health Targets** • Increased capacity for allogeneic stem cell transplantation at Auckland, Wellington and Christchurch. • Create regional integrated radiation oncology services to meet demand and drive down variation in intervention rates. • Phased approach to wider distribution of ambulatory chemotherapy to local sites. • Increase access to community radiology services for GPs to support early diagnosis. • Community Pathway in place for faecal immunochemical testing (FIT) to improve early diagnosis of bowel cancer. • Testing for symptomatic pathway for patients on the non-urgent waitlist to be evaluated with five districts, with full implementation across the country. • Quality improvement programmes developed to address variation within Cancer Control Agency Optimal Cancer Care Pathways.	**Whakamaua Delivery Reporting** • In July and September 2022, the National Cervical Screening Programme (NCSP) launched two cervical screening campaigns tailored for Māori. The campaigns were guided by Māori Campaign Advisory Groups who worked in partnership with the creative agencies and the National Screening Unit to ensure a Māori for Māori campaign. • In September 2023, the NCSP transitioned to Human Papillomavirus (HPV) primary screening. Te Whatu Ora committed $7.3m of new funding until 30 June 2024 to provide free HPV primary screening for all wāhine Māori and whānau with a cervix (as well as other eligible priority groups), as well as free follow-up testing (e.g., test of cure) for all wāhine and people with a cervix. • The NCSP and BreastScreen Aotearoa (BSA) are undertaking a co-design project to improve access and outcomes for Māori. BSA has secured funding and prepared for improvements to the information technology systems that support the screening programme to provide better patient experiences.
Timeliness • Ensure timely access to cancer services through waitlist management and targets. • Ensure shorter wait times for New Zealanders to access their first specialist assessments and treatment.	**Te Whatu Ora SPE 2024/25 – Performance measures** • Percentage of patients receiving cancer management within 31 days of the decision to treat **New Zealand Cancer Action Plan 2019-2029** • Develop fast-tracked diagnostic pathways for priority cancers. • Ensure equitable and timely access to world-leading diagnostic services.	Note: No timeliness-focused reporting available from Whakamaua. Some of the reporting in other parts of this section may also apply to the Timeliness priority.
Quality • Strengthen public health surveillance to increase the detection and response to communicable and non-communicable diseases, and on information on the distribution of wider determinants of health and wellbeing.	**Whakamaua** • Monitor and evaluate the impact on Māori health outcomes of other health and disability strategies and plans, such as the New Zealand Cancer Action Plan and Smokefree Aotearoa 2025. **Te Whatu Ora – Achieving the Health Targets** • Work with the Cancer Control Agency to improve data collection, standardisation, and visibility across the cancer continuum to support clinical decision making, and provide individuals with access to their health information. • Develop an operational performance framework that enables a real-time view of cancer services to support operational delivery and cancer service planning. **New Zealand Cancer Action Plan 2019-2029** • Increase kaupapa Māori research and evaluation capacity and capabilities. • Implement quality indicators and initiatives to support access to quality cancer treatment	**Whakamaua Delivery Reporting** • In May 2023, the Quality Improvement Review of Clinical Quality and Safety for BreastScreen Aotearoa (BSA) was released. The review made 26 recommendations that related to the themes of governance, monitoring, research and evaluation, workforce, consumer involvement, clinical quality and safety, identification and reporting, Te Tiriti O Waitangi, and equity. A major focus of the Review was to lift access to BSA screening for wāhine Māori and Pacific women.

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GPS 2024-2027 Priorities	Sector Actions	Reporting on actions
Workforce • Ensure public health, primary, and community health care services better enable local leadership in their design, delivery, and integration.	**Te Whatu Ora – Achieving the Health Targets** • Develop a national cancer workforce plan that reflects cancer service planning and new models of care and provides adequate training places to meet projected demand. • Improve recruitment and retention of the cancer workforce (e.g. bolster priority workforces such as radiation therapists and senior medical officers via international recruitment, expand advanced practice models of care for nursing and allied health). **New Zealand Cancer Action Plan 2019-2029** • Implement workforce development initiatives to grow the Māori and Pacific workforce. • Implement routine monitoring of workforce needs assessment across the cancer continuum. • Develop roles to better support a whānau-centred and holistic approach in cancer control. • Support high-quality cultural competency training. • Develop a cancer health workforce that actively address all forms of racism and discrimination.	**Whakamaua Delivery Reporting** • Investment of $60.60m over the next five years is directed to lifting coverage for wāhine Māori and Pacific women. This includes funding for a suite of identified initiatives to trial and/or roll out across the sector to increase access to screening, alongside investment in workforce recruitment and training, and quality, safety and monitoring.
Infrastructure • No infrastructure priorities relevant to Priority 6	**Te Whatu Ora SPE 2024/25** • Protection and enforcement functions and the maintenance of public health infrastructure, including screening programmes and programmes to address modifiable risk factors for ill-health (harmful alcohol consumption, smoking, poor nutrition, lack of physical activity). **Te Whatu Ora – Achieving the Health Targets** • Increase LINAC machine capacity across the country. • Tranche two LINACs business cases agreed for development providing three new LINACs to meet projected demand and machines being run in line with international standards. **New Zealand Cancer Action Plan 2019-2029** • Develop national processes to assess and prioritise investment in and application of emerging medicines, clinical practices, and technologies.	**Whakamaua Delivery Reporting** • The NCSP and BreastScreen Aotearoa (BSA) are undertaking a joint co-design project to improve access and outcomes for Māori. BSA has secured funding and prepared for necessary improvements to the information technology systems that support the screening programme to provide better patient experiences, including making screening services more accessible for Māori and Pacific women.

Case Study: National Bowel Cancer Screening Multimedia Campaign 2022-2024

The national bowel screening multimedia campaign launched in July 2022. It encourages people to take part in screening for bowel cancer – 'Bowel screening is free, quick and simple, and you can do it at home'. The campaign was developed through co-design, and reflects Māori and Pacific culture, vibrancy, whānau values, and humour. The second campaign monitor found a continued increase in awareness and knowledge about bowel cancer screening. A total of 308 New Zealanders were surveyed, with oversampling of Māori, Pacific people and disabled people.

Findings included:

- Awareness of the campaign has increased from 67 percent of those surveyed in the November 2022 monitor, to 81 percent in the November 2023 monitor. This is a very strong result for an advertising campaign.
- People continue to take the right messages from the campaign – Bowel screening can be done at home, It's easy, It's important, It's free.
- People have continued to go on to use a bowel cancer screening kit as a result of seeing the campaign or have a strong intention to do so.
- Pacific people, who previously had the lowest campaign awareness, and are now the most likely to have seen the campaign and are taking more action as a result of seeing it.
- Over half of those surveyed who saw the campaign are more likely to use a bowel screening kit as a result, and just under half have already done so.
- The bowel screening campaign is part of a multi-pronged approach to reduce inequities in participation in bowel screening.