

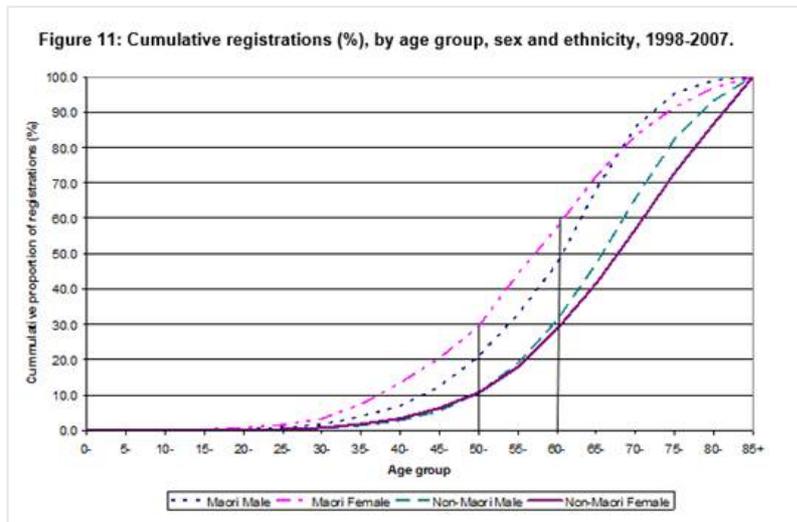
The National Bowel Screening Programme is exacerbating Māori health inequities

Platform statement

The NBSP as it is currently being rolled out will increase bowel cancer inequities for Māori and the 60 – 74 year age range is the major driver of this. Te ORA are of the view that the age range for Māori should be lowered to 50 years of age.

Situational analysis

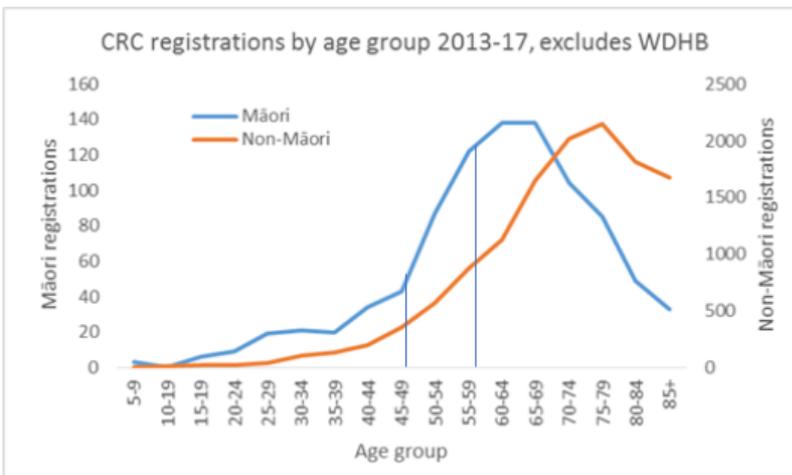
At least half of Māori bowel cancer (60% female and 50% male) is diagnosed before the age of 60 years compared to less than a third (30%) of non-Māori bowel cancer (male and female). The change of the Waitemata Pilot Study screening age (50 - 74 years) to the more restricted 60-74 year age range will mean that most bowel cancer in Māori will not be diagnosed by this screening programme. Non-Māori bowel cancer mortality will fall as intended because the age range of the screening suits detection of bowel cancer in non-Māori and most cancers will be detected.



CRC cumulative registrations, by age, gender, ethnicity, 1998-2007

Shows the CRCs that will be missed by changing the age range for screening

Source Kerry Saxton, Māori Bowel Screening Hui

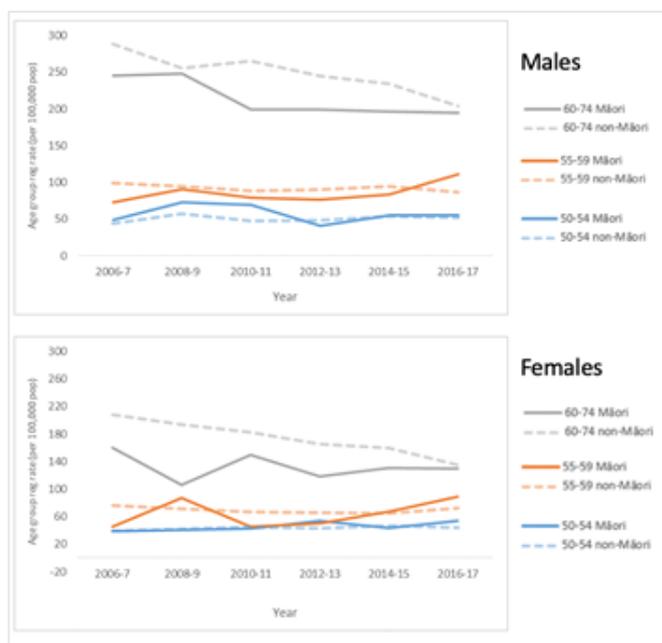


CRC cumulative registration by age and ethnicity, 2013-17 (excluding screen detected CRC in the Waitemata pilot)

Confirms the inequity of potentially screen-detectable CRC

Source: Kerry Saxton, Māori Bowel Screening Hui

The assertion that incidence of CRC is lower for Māori has been based on point estimates that have been slightly lower or similar to non-Māori but the age-specific confidence intervals for CRC incidence have been overlapping for years. In addition, CRC among non-Māori has fallen significantly in the past decade and point estimates are now the same or higher in Māori. Finally, we know that the use of age standardised incidence (that uses the WHO standard population) underestimates Maori morbidity for conditions that are more common in older populations. It is clear that the incidence of bowel cancer for Māori has increased and the non-Māori rate is dropping. The raising of the screening age as has occurred for the NBSP rollout will therefore exacerbate inequitable outcomes for Māori.



CRC registrations by sex, age, ethnicity, 2006-2017

Shows Māori incidence point estimates are now the same or higher for both sexes in the important 50-60 age group.

For males age 60-74 the non-Māori rate is marginally higher but the CI will overlap.

It is demonstrated that this is driven over time by falling CRC rates in non-Māori and increasing/static rates in Māori prior to the screening programme.

Source: Kerry Saxton, Māori Bowel Screening Hui

Conclusion

Whilst Māori coverage in the pilot and the national roll out has been lower than NZ European and strategies to increase participation are important, increasing participation will not sort out the issues relating to the age at diagnosis. This change of age range systematically discriminates against Māori and is inconsistent with good public health policy.

Lowering the age range for Māori is an equity positive move and can be marketed to the sector and the wider population in the context of the Minister’s bold equity statements and the frank admissions of New Zealand’s health institutions, at the Waitangi Tribunal hearings, that they have not made sufficient efforts to meet legislative and policy directives around equity.

We understand that extending the present age range back to 50 – 74 years for Māori will double the number of Māori cancers detected. It will result in a 13% increase in colonoscopies which is equivalent to 400 extra colonoscopies across the country per annum. This really must be funded - it is unconscionable that the New Zealand Ministry of Health should be rolling out a programme that produces new inequities when evidence exists to direct us otherwise.



This statement has been developed in association with Hei Āhuru Mōwai, Māori Cancer Leadership Aotearoa by Drs Sue Crengle, Nina Scott and David Tipene-Leach.