



**CENTRAL CANCER NETWORK
ADDRESSING INEQUALITIES FOR
PACIFIC COMMUNITIES IN CANCER CONTROL
ENGAGEMENT PROCESSES, KEY ISSUES**

December 2009

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Executive Summary

For Pacific people in New Zealand, cancer is a major cause of mortality and morbidity, and there is evidence that the burden of cancer (especially lung and colo-rectal) is increasing in these ethnic groups and is making an increasing contribution to health inequalities¹. The Central Cancer Network (CCN) has identified the importance of engaging with Pacific communities in its region, and working together to reduce the inequalities that exist.

As an initial step in this process, CCN developed a Pacific Communities Workplan to determine appropriate steps to be taken to develop strong engagement processes, as well as identify key focus areas for reducing inequalities for Pacific communities. This is based on the premise that while engagement is important, it is more likely to be successful if it is based around specific issues of mutual interest to Pacific communities and to CCN.

This report contains the results of pre-engagement work undertaken for the following purposes:

- 1 To determine the make-up of Pacific communities within the Central region in order to identify potential groups, networks and specific communities to be engaged with
- 2 To identify the extent of current strategies, programmes and activities in place aimed at reducing inequalities specifically for Pacific communities within health and the cancer control continuum, in order to identify initiatives that could be supported , or where there are gaps
- 3 To identify research (completed or currently underway) on Pacific people and cancer that may provide information about Pacific people's cancer experiences that could be utilized to improve cancer services in this region
- 4 To identify specific information about Pacific peoples' cancer incidence as one factor for prioritising key issues for Pacific people and cancer in the Central region

The results of this work are presented as follows:

- A description of Pacific communities within the Central region; and
- An analysis of the Cancer Registration Trends for Pacific Peoples in the Central Region, supplied by Central Region's Technical Advisory Services (TAS)
- A stocktake of current strategies, programmes and activities aimed at reducing inequalities for Pacific communities within cancer control

It was intended to present a stocktake of research on Pacific communities and cancer, further work is required to provide a more comprehensive picture of completed and current research. While there has been little Pacific-focused cancer research in the past, there has been an increase in recent years particularly by the Centre for Public Health Research. There are a number of studies currently being conducted that could provide useful information on the nature, extent and causes of inequalities for Pacific peoples and cancer e.g Pacific breast cancer study. There is a potential opportunity for CCN to play a role in the dissemination of research findings to key stakeholders within the Central region.

The key characteristics of the Central region Pacific communities' cancer "picture" are:

- Large Pacific populations in the Capital and Coast and Hutt Valley areas with strong strategic focus on Pacific health by the local DHBs, well-connected to a network of Pacific health

¹ The New Zealand Cancer Control Strategy: Action Plan 2005-2010, page 5

providers. The established engagement processes with Pacific communities could be utilized for the purposes of reducing inequalities in cancer control.

- Medium-sized Pacific populations in the MidCentral and Hawkes Bay areas with some Pacific community strength but little Pacific health provider infrastructure. Potential opportunity for a collaborative engagement process for these two areas and their Pacific communities.
- Small Pacific populations in the four DHBs of Tairāwhiti, Taranaki, Whanganui and Wairarapa. A growing awareness of Pacific health issues and some potential 'champions' identified in these areas. A range of initiatives are in place across these areas; from small Pacific-focused projects underway on issues such as workforce development and healthy lifestyles, to a comprehensive Pacific Health Needs Assessment conducted in Tairāwhiti during 2009. Having small numbers could be seen as an advantage for raising awareness of cancer control issues and engaging with Pacific people. Potential opportunity for CCN to facilitate stronger linkages between health services and local, regional and national Pacific community groups.
- While there are some Pacific community focused activities around cancer issues in the health sectors in DHB areas with the larger Pacific populations, the plans, programmes and activities are more focused on prevention of ill health, generally through healthy lifestyles. There is an opportunity to facilitate raising awareness of cancers and cancer services, by establishing and strengthening linkages between cancer services, local cancer networks and Cancer Society branches and Pacific communities.
- There are inequalities that exist due to the incidence of particular cancers in Pacific peoples that is higher than other groups; namely cancer of the uterus and ovary for females, and liver for males.
- There are differences in incidences of cancer between specific Pacific ethnic groups. This information could form a useful and more relevant start to conversations with specific Pacific communities around cancer services.

From this work, recommendations have been made about:

- Engagement processes
- Key areas of inequality to be addressed

Summary of recommendations (detail on following pages):

Engagement processes

- Facilitation of discussion with key health sector and Pacific community stakeholders in the Capital and Coast and Hutt Valley areas to identify how their current engagement processes might be utilized to engage with their Pacific communities on cancer control issues, and to establish/strengthen linkages between Pacific communities, the local cancer network and the Cancer Society.
- Facilitation of discussion with key health sector and Pacific community stakeholders in the MidCentral and Hawkes Bay areas on the potential for a collaborative engagement approach across both areas, based on a number of common factors. In particular, the fact that a cancer patient's journey often spans both areas.
- Facilitation of linkages between the health sector in the four remaining DHB areas with Pacific community groups and potential champions utilizing information gathered for this report, and disseminating to local cancer networks and Cancer Societies.
- Dissemination of information on cancer and contact details for local cancer networks and Cancer Societies to Pacific providers and community organisations.

- Facilitation of discussion with DHBs across region on the desirability of regional coordination and support to approaches to reducing inequalities for Pacific people in cancer control.
- Strengthen relationships between CCN and Ministry of Health Pacific Teams to enable sharing of information and resources.

Areas of inequality

- Regular gathering and dissemination of quantitative information and research findings on Pacific people and cancer, to Pacific health providers and community groups.

Recommendations

Engagement processes

- 1 That CCN develop a list of the health services, Pacific community groups and individuals that have been identified in the development of this report, and contact them all to confirm their interest and role in being a stakeholder in the ongoing work on Pacific communities.
- 2 That CCN explores establishing appropriate processes for engagement with Pacific communities in the Capital and Coast and Hutt Valley DHB areas that could utilize current linkages between health services and Pacific communities, and build relationships with the local cancer network and Cancer Society branches. It is recommended that views be sought from the following key stakeholders:
 - a. The Director Pacific Health, Capital and Coast DHB (CCDHB), and the Pacific Advisor, Hutt Valley DHB (HVDHB) (also a member of the CCN Governance Group)
 - b. The CCDHB Pacific Strategic Advisory Group and the HVDHB Pacific Advisory Group
 - c. The local cancer network
 - d. Pacific health providers
 - e. The Cancer Society
- 3 That CCN discuss with MidCentral and Hawkes Bay DHBs and stakeholders the potential for collaborative development of engagement processes with Pacific communities, particularly as the patient journey often spans both areas.
- 4 That CCN discuss with Tairāwhiti DHB the possibility of coordinating with the work that has resulted from the Pacific Health Needs Report, particularly around the establishment of a Pacific Health Working Group, as a starting point for developing engagement processes.
- 5 That as a first step to determining appropriate engagement processes for Taranaki, Whanganui and Wairarapa DHB areas, information from this report on the Pacific communities and organisations be disseminated to CCN stakeholders to support the establishment and maintenance of relationships:
 - a. Local cancer networks and Cancer Society branches – lists of and contact details for Pacific health and social service providers and community groups, which could be utilized by them to:
 - i. establish linkages to the wider Pacific community
 - ii. start relationships with different parts of the Pacific community
 - iii. develop engagement processes
 - iv. identify champions for cancer control in Pacific communities
 - b. DHB and PHO planning functions:
 - i. the regional and ethnic-specific information on community demographics and cancer registration (if they do not already have this information) to assist with service planning
 - ii. lists of and contact details for Pacific health and social service providers and community groups, as possible avenues for sharing information on cancer control as well as assessing needs and gathering qualitative information on Pacific peoples' cancer experiences.
- 6 That CCN disseminates information to Pacific community groups, health providers and organisations in all eight areas, about the existence of CCN, local cancer networks and the Cancer Society, and provide contact details for local cancer networks and the Cancer

Society. This might also include some general information on the incidence of cancer in Pacific communities (of the type gathered in the TAS report) and encourage Pacific people to make contact with the local cancer network and Cancer Society, and share their views and experiences.

- 7 That CCN facilitates contact with key personnel within DHBs and PHOs in the region with responsibilities for Pacific health and cancer control, and primary health providers to discuss the potential benefits of coordinated approaches to reducing inequalities for Pacific people in cancer control. One example of such approach is that CCN could coordinate and disseminate 'best practice' information on effective strategies for reducing inequalities, starting with the results of the evaluation of the CCDHB and HVDHB reducing inequalities project on translation of cancer information into Pacific languages. Another example is that CCN could continue to work with TAS to further develop useful data on Pacific communities and cancer incidence in each DHB area.
- 8 That CCN further develops a relationship with the Chief Advisor Pacific Health and the Ministry of Health Pacific Teams to establish how we could collaboratively contribute to the reducing of inequalities for Pacific people in the cancer control continuum.

Areas of inequality

- 9 That CCN regularly gathers (with TAS and other sources) and disseminates quantitative information on incidence of cancer and leading cancers in specific Pacific ethnic groups in each DHB area to Pacific health providers and Pacific community organisations as a basis for beginning conversations with Pacific peoples on experiences, views and attitudes to cancer.
- 10 That CCN could play a role in disseminating the results of research on Pacific people and cancer issues to stakeholders across the region, to support planning and improvement of cancer services; particularly where the research provides insight into Pacific peoples' understanding, views, behavior and attitudes towards cancer.
- 11 That CCN identifies other areas in the addressing inequalities work programme where a focus on Pacific communities would enhance engagement processes.

Background

The CCN Workplan 09/10 Addressing Inequalities Programme has a focus on engagement and partnerships with respect of Pacific peoples in the CCN area. It is recognized that in order for engagement and partnerships to be successful work needs to be undertaken prior to engagement to ensure strong and appropriate engagement processes are in place.

The Pacific Communities Workplan was developed in April 2009 to describe what pre-engagement work could be undertaken to inform the development of appropriate engagement processes. This plan identified the need to gather the following information, which is contained in this report:

- A description of Pacific communities in the Central region and the incidence of cancer and other cancer-related information
- A stocktake of current strategies, programmes and activities being undertaken to address inequalities for Pacific communities (in cancer services and health services generally) in the Central region and nationally where relevant
- A stocktake of research on Pacific peoples and cancer

The Workplan established some key principles for CCN's work with Pacific communities. These principles underpin the work undertaken to write this report.

Key principles

- Understand the real diversities of Pacific communities - *ethnicities, age, "resident" status, location, extent of community development, extent of interaction with wider community, languages*
- Recognise the need for a multi-faceted, coordinated approach
- Identify Pacific community strengths and established networks *and utilise in addressing inequalities (within their capacity)*
- Facilitate linkages and opportunities to build relationships between Pacific communities and cancer services
- The voices of Pacific communities and those of cancer services are equally important
- Clearly identify the extent to which inequalities are impacted on by cultural issues vs "other" issues
- Develop key strategies with Pacific groups

In conjunction with this work, the CCN Health Needs Assessment (HNA) produced January 2009 by TAS was reviewed to identify information and trends for Pacific people in the Central Region. While the HNA provided some overall information for Pacific communities, it did not provide detail on specific characteristics related to each district, or specific ethnic groups within the Pacific communities. CCN made a request to TAS for more specific data on aspects of the HNA. As a result, TAS produced a report on Cancer Registration Trends for Pacific Peoples – Central Cancer Network (attached as Appendix 1).

From all this information, options for engagement processes have been identified, for consideration by the CCN Management Team and Governance on:

- future and ongoing engagement with Pacific communities
- facilitating relationships between Pacific communities and cancer services
- potential partnership models (at district and regional levels)

The information gathered also provided more detail as to the extent and nature of inequalities that exist in relation to Pacific communities and cancer control. As a result, this report also contains recommendations as to specific areas of inequality that CCN might consider in future Addressing Inequalities work, as well as in engagement with Pacific communities.

Methodology

The primary information in this report was gathered from the following sources:

- a review of key planning documents and reports of each of the eight DHBs in the CCN region to identify Pacific-specific strategies and programmes
- public information on Pacific health and community networks in place in each district
- internet and literature searches on Pacific communities, Pacific health and cancer in the CCN region
- information provided by the Sector Capability & Innovation Directorate of the Ministry of Health on Pacific providers of health services within the eight DHB areas in the Central region
- Central Technical Advisory Services (TAS) – Cancer Registration Trends for Pacific Peoples – Central Cancer Network – data specifically gathered and analysed for the purpose of this report. This data request was based on the contents of the Health Needs Assessment prepared by TAS for CCN, and sought to further analyse HNA information down to detailed data on Pacific communities (collectively and by ethnic-specific communities)

The information was analysed and used as a basis for determining:

- Suitable options for engagement processes
- Key areas of inequality

Limitations

The first limitation is the lack of qualitative data on Pacific peoples views, attitudes and behaviours with regards to cancer, as a basis for determining reasons for inequalities and then how they may be addressed.

The second limitation is that the analysis results of the quantitative data gathered by TAS are influenced by small number bias, as five of the eight DHB areas within the Central region have Pacific populations of between 849 and 4404 people. This means that a small change in numbers can still have a significant impact on percentage increases/decreases.

A third limitation is that the most recently available data gathered by TAS is from 2005 – 2006, though there is potential for 2007 information to be gathered and reported on.

A final limitation is that the information gathered on Pacific health and cancer strategies, programmes and activities and Pacific communities and organisations has been taken from publicly accessible documents and reports. No further work has been undertaken to verify their accuracy or currency.

However, it is the view of the writer that the information gathered still provides a useful indication for CCN about the incidence of cancer in Pacific peoples and specific Pacific communities, and potential solutions for building strong engagement between Pacific communities and cancer services.

Description of Pacific communities in the region

Appendix 1 contains the TAS report on the Cancer Registration Trends for Pacific peoples – Central Cancer Network. Key facts are highlighted below.

Population

As per the 2006 census, 48,312 Pacific people reside in the Central Cancer Network Region. This comprises 18% of the total Pacific population of New Zealand.

The estimated national increase in the Pacific population is to 420,000 (from 265,974) by the year 2021 – an increase of around 58%. If the population growth in the Central region stays in line with national growth, then the total number of Pacific peoples will rise to around 76,000.

While 67% of New Zealand's Pacific population reside in the Auckland regional DHBs, the next biggest populations reside in the Capital and Coast, Waikato, Hutt Valley and Canterbury regions.

In the Central region, 58% of Pacific people reside in the Capital and Coast, and Hutt Valley DHB areas, and the remaining 42% are spread across the other 6 DHBs .

Population of specific ethnic groups that make up Pacific communities

In the Central region the largest Pacific communities are Samoan people (27,180 - 56%) and Cook Islands Maori people (11,283 – 23%). This reflects the national population where Samoan and Cook Islands Maori are the largest Pacific communities.

The remaining 21% of Pacific people are Tongan, Tokelauan, Niuean, Fijian, Tuvaluan and from other smaller Pacific communities. The Tokelauan community (found mainly in the Capital and Coast and Hutt Valley areas) comprises 56% of the total Tokelauan population for New Zealand.

Age breakdown

In the Central region, 63% of Pacific people are aged 29 years and below. This also reflects the national trend of a young population. A further 32% are aged between 30 and 50 years, with the remaining 5% over the age of 50. It is reasonable to assume then at least 63% of Pacific people in this region are born here in New Zealand, as opposed to being born in other Pacific countries.

Cancer Registrations

The TAS report notes that between 1996 and 2005, there were 649 cancer registrations for Pacific peoples in this region (355 female, 294 male). The average number of registrations per year is 73 for the years 2001 – 2005; this is a 43% increase on the average of 51 for the years 1996 – 2000.

In line with the Pacific populations in each DHB area, the highest number of registrations are in the Capital and Coast DHB area, followed by Hutt Valley then Hawkes Bay. The remaining five DHBs have fairly similar, smaller numbers.

Also in line with the populations of specific Pacific ethnic groups, the highest number of registrations are from Samoan people (55%), Cook Islands Maori (17%) then Tokelauan people (7%). As noted in the HNA, the leading female cancers for Pacific women 1996 – 2005 combined were:

- Breast 30%
- Uterus 10%
- Colorectal 8%
- Lung 7%
- Ovary 5%
- Other 39%

Breast cancer is the leading cancer for all females in the Central region and in New Zealand. Cancer of the uterus has a higher incidence in Pacific females than other groups of women in the Central region and New Zealand. Cancer of the ovary does not feature in the leading female cancers for groups of women other than Pacific in the Central region or in New Zealand.

The leading cancers for Pacific men for the same period were:

- Prostate 22%
- Lung 15%
- Liver and intrahepatic bile ducts 8%
- Colorectal 7%
- Stomach 6%
- Other 43%

Prostate cancer is also the leading cancer for all non-Maori males in the Central region and New Zealand. Cancer of the liver is a leading cancer for Maori men in New Zealand but otherwise does not feature for groups of men in the Central region other than Pacific men.

For both Pacific women and men, there are number of specific Pacific ethnic groups whose registration numbers for certain types of cancer exceed the average for all Pacific peoples in the Central region by 3% or more (refer to Tables 3 and 4 in Appendix One). Examples of this are Samoan women with breast cancer, and Cook Islands Maori men with prostate cancer.

Summary comment

Pacific-specific information on health issues has not always been gathered in forms useful for planning, or for trying to determine the nature and extent of inequalities between Pacific peoples and other people in New Zealand. The level of detail provided in the TAS report (particularly the ethnic-specific data) is useful for beginning to determine the nature, extent and causes of inequalities that exist for Pacific peoples in the cancer control continuum.

At a basic level, the data highlights the following cancers which are particularly prevalent in Pacific people (and in some cases more prevalent than for other people in New Zealand), causing inequality:

- Female - breast, uterus and ovary
- Males - prostate, lung and liver

This information forms a basis for an initial conversation between cancer services and Pacific communities to highlight what types of cancers are more of an issue for Pacific people, and the key information that Pacific people could be made aware of to prevent, manage and treat such cancers. While there is already a strong focus on breast screening for Pacific women, and some public

awareness of prostate and lung cancers, it is fair to say that the other cancers are more unknown. Raising awareness of these types of cancer with Pacific peoples could contribute to a reduction in the inequality that exists in terms of higher numbers of registrations.

The data also highlights cancers for which specific Pacific ethnic groups have higher registrations than other Pacific and non-Pacific ethnic groups. While it is difficult to draw any particular conclusions in relation to specific Pacific ethnic groups, the data provides a basis for engagement between cancer services and those groups because the data is directly relevant to them (and not bundled in with all other Pacific ethnic groups).

CCN are working closely with TAS to develop a process for the regular supply of key data on Pacific peoples and cancer. This process will be aligned as much as possible to the information needs of Pacific communities, DHBs, cancer services and local cancer networks.

Strategies, programmes and activities

“Harnessing the resource inherent within Pacific communities is pivotal to achieving desired health outcomes for Pacific peoples”².

The purpose of this section of the report is to:

- identify potential groups, networks and specific communities to be engaged with; and
- identify the extent of current strategies, programmes and activities in place aimed at reducing inequalities specifically for Pacific communities within health and the cancer control continuum, in order to identify initiatives that could be supported, or where there are gaps

The following work was undertaken to gather relevant information:

- a review of key planning documents and reports of each of the eight DHBs in the CCN region to identify Pacific-specific strategies and programmes
- public information on Pacific health and community networks in place in each district
- internet and literature searches on Pacific communities, Pacific health and cancer in the CCN region
- Information provided by the Sector Capability & Innovation Directorate of the Ministry of Health on Pacific providers of health services within the eight DHB areas in the Central region

Information has been provided on the extent of activities identified in each of the eight DHB areas, and general comments made about activities for the Central region.

It should be noted that separate, more detailed lists of Pacific community groups and contacts and Pacific health providers are being compiled from information gathered, for use as a resource for CCN and stakeholders.

General comments

CCN has already played a role facilitating a number of engagement processes in different communities, services and organisations in the region, to encourage collaboration between communities, consumers and services. This has included support to establish local cancer network groups, engagement with

² Taken from the “Niu Pacific Health Plan for MidCentral District Health Board 2007 – 2009”

Maori, and support to Cancer Society in its engagement with Maori. CCN can play a role almost immediately to establish and strengthen connections between Pacific communities and local cancer networks as well as Cancer Society branches, through the dissemination of information in this report on Pacific health providers, community groups and health 'champions' who reside in each of the DHB areas.

There is an opportunity here for CCN to further develop a relationship with the Chief Advisor Pacific Health and the Ministry of Health's Pacific Teams that could be beneficial to all parties. CCN would be able to share information on practices and approaches used in the Central region to address inequalities in cancer control for Pacific people, to help inform health policy. The Pacific Teams have a wealth of information nationally on practices for addressing Pacific health issues, as well as strong networks nationally.

Similarly there are a range of national Pacific health organisations that could be approached to see if they would act as a conduit for sharing information on cancer control issues with their members and Pacific communities in the Central Region. Examples of such organisations include:

- The New Zealand Nurses Organisation (NZNO) – Pacific Nursing Section
- Pasifika Medical Association – forum for Pacific doctors, medical students and other health professionals
- The Cook Islands Health Network Association (CIHNA)
- The Samoan Nurses Association
- Tokelauan Nurses and Health Workers Association of New Zealand (TNHWANZ)
- PACIFICA Executive – as the Pacific Advisory Group to the National Screening Unit

Capital and Coast DHB (CCDHB)

Within the DHB

The CCDHB District Strategic Plan 2006 – 2013 identified the improvement in the health of Pacific people as a critical priority for the district. The Pacific Strategic Action Plan 2007 – 2012 has been put in place in response to this. This plan notes the following in relation to cancer:

- Pacific females have higher rates of cancer than males
- Significant disparities exist in cancer incidence, access to screening, diagnosis, treatment and outcomes for Pacific

The prevention and reduction of chronic disease (including cancer) in Pacific people has been identified as one of three priority action areas (goals) for CCDHB.

CCDHB has a Pacific Strategic Advisory Group whose purpose is to provide the DHB with advice from a Pacific perspective, and comment on the DHB's activities and impact on the health of Pacific people. Each member of the group represents one of the seven main Pacific Island groups and there is representation from Pacific health providers in the area.

CCDHB has a Pacific Directorate headed by the Director, Pacific Health. The role of the Directorate is to advise, plan and fund activities and initiatives for Pacific that will lead to change. There is a Pacific Health Unit within the hospital service, which provides support to Pacific patients throughout their journeys.

Pacific health providers

The CCDHB area has the largest number of Pacific health providers in the Central region, reflecting the relative size of their Pacific population. The following providers were identified and a general description of services provided is also noted:

- Pacific Health Service, Wellington – community support, nursing service, medical centre
- Pacific Health Service, Porirua - screening, health promotion, community support (including transport, advocacy, translation), immunization
- Maninoa Community Care Trust Inc – mental health services (residential rehabilitation, respite, peer support and advocacy)
- Taeaomanino Trust, Porirua – health and social service provider (welfare support services, social worker support, youth services, child and adolescent mental health services, Family Start, Alcohol and Drug, parents and First Teachers, Social Workers in Schools)
- Vakaola, Porirua - community mental health service provider
- Health Pasifika – mental health support to Pasifika patients, Porirua Hospital
- Vaka Tautua – disability, mental health, older peoples and other support services for Pacific people

Pacific community groups

Due to the large and long-established Pacific communities in the CCDHB area, there are numerous Pacific community groups, many of them ethnic-specific. Community groups of the following types are in place:

- Church groups - there are many Pacific church groups (Pacific-wide and specific ethnic groups) in the Wellington area across a wide range of denominations in all the major Pacific ethnic groups
- Ethnic specific associations, normally by suburb/district in the Wellington region e.g. Porirua Cook Islands Association, Wellington Niue Islands Association, Tuvalu for All

- Cultural groups by ethnicity
- Pacific-wide womens groups – PACIFICA (branches in Newtown, Wellington Central and Porirua), Pacific Islands Womens Project
- Sporting groups by ethnicity
- Education-focused groups – NZ Institute of Sport (specific focus on Pacific), Pacifically Wellington
- Communications and media – Samoan Capital Radio, Access Radio (with a number of specific Pacific ethnic radio programmes), Niu FM (a national radio network focused on Pacific communities)
- Local government focus on Pacific communities – Wellington City Council Pacific Advisory Group, who, during 2008, organized Wellington's first ever Pasifika Festival

The Capital and Coast DHB area has strong community networks and strong linkages between the DHB, Pacific health providers and communities. Because of the presence of government organisations in Wellington, there is generally a higher level of consultation with Pacific communities on issues than in other parts of the region.

Focus on cancer and Pacific communities

The CCDHB Cancer Control Plan 2010 - 2015 is in draft form at the time of writing this report. This Plan was influenced by the Pacific Strategic Action Plan. The Cancer Control Action Plan includes the following strategies and actions in respect of Pacific peoples:

- Increase participation of Pacific peoples in screening programmes through securing agreements for local Pacific groups to incorporate regular screening and early detection activities into programmes
- Provide supportive environments during diagnosis, treatment and follow-up by refining relationships with Pacific Care Services to benefit the holistic care of patients with cancer
- Promote healthy lifestyles through establishing relationships with Pacific youth events for the purposes of introducing health and wellbeing themes
- Evaluation – evaluating whether CCDHB is reaching the people who need their services, including tracking access of Pacific peoples who have historically had poorer access to services as a population
- Continuing to support Pacific Care Services and Pacific health providers
- Maintaining a Pacific focus in the Planning and Funding Directorate, through the Pacific Health Directorate
- Using statistical, demographic and cancer incidence statistics to inform cancer services

CCDHB was successful in its joint proposal with Hutt Valley DHB for funding from CCN's Addressing Inequalities Pilot Funding 08/09 pool: The joint proposal focuses on the development of a cancer services directory across the two DHBs and the translation of critical treatment resources into Pacific languages.

The Mary Potter Hospice this year developed its first Pacific Service Strategic Plan to improve access to quality palliative care for Pacific peoples, families and communities in CCDHB region. Also, this organisation was successful in obtaining funding in 2009 from CCN's Addressing Inequalities Pilot Funding 08/09 project fund to adapt a United Kingdom palliative care model to apply to Maori and Pacific peoples.

Hutt Valley DHB (HVDHB)

Within the DHB

The Hutt Valley Strategic Plan 2006 – 2011 acknowledges the inequity in health for Pacific people and seeks to address this through a strategy priority to improve health equity. The plan acknowledges work already being undertaken under the Hutt Valley Pacific Action Plan³ to contribute to addressing inequity.

HVDHB has a Pacific Health Unit whose goals are:

- Improving Pacific child and youth health
- Establishing Healthy Pacific communities
- Improving access for Pacific people to primary health care and preventative services
- Further developing the capacity of Pacific People to enter the health workforce

The Pacific Health Unit's role is to advise District Health Board's Executive Management Team on the development and implementation of funding and provider strategies to improve health outcomes for Pacific People in the Hutt Valley. The Unit also supports Pacific hospital patients by providing a link for them to hospital staff and Pacific Health Providers. The Pacific Advisor for HVDHB is a member of CCN's Governance Group.

The Pacific Health Unit is supported by Pacific networks including the HVDHB Pacific Advisory Board which comprises local Pacific community leaders and health professionals recognised for their expertise in local community and Pacific health development. Pacific health fono and Pacific media provide a communication channel to and from Pacific communities, and the HVDHB Pacific Staff Network provides support to Pacific staff by sharing information and providing linkages to hospital and Pacific health providers.

Pacific health providers

The HVDHB area has a number of Pacific health providers in the Central region. Like CCDHB, this reflects the relative size of their Pacific population. The following providers were identified and a general description of services provided (where known) is also noted

- Pacific Health Service, Hutt Valley - WellChild services, community based primary nursing, healthy lifestyles programme, needs assessment and disability support
- Pacific Community Health Inc – Pacific peoples community mental health service
- Vakaola, Hutt Valley - community mental health service provider
- Naku Enei Tamariki Pacific – WellChild services
- Folau Alofa Charitable Trust
- Mapusaga o Aiga mo Tagata Pasefika (MOA) Trust – analysis of needs of Pacific elders in the Hutt Valley
- Lavea'i Trust

Pacific community groups

Similar to the CCDHB area, the Hutt Valley has a number of Pacific community groups, many of them ethnic-specific, and many of them of the same type as listed for CCDHB. Many of the community groups belong to the wider Wellington region so are 'shared' with CCDHB.

³ The most recent Pacific Health Action Plan sighted was for the period 2004 – 2007. It is not clear whether this has since been reviewed/updated; however it is acknowledged in the Strategic Plan as a driver for priorities for the health of Pacific communities in the Hutt Valley.

The HVDHB has strong Pacific community networks and strong linkages between the DHB, Pacific health providers and communities, facilitated by the Pacific Health Unit.

Focus on cancer and Pacific communities

The Hutt Valley Cancer Action Plan 2007 – 2012⁴ acknowledges that 'management of cancer is complex and evidence suggests that we need to address multiple factors to improve health gain, in particular for deprived communities. This can only be managed through partnership with communities and with other government agencies and key stakeholders'. The Plan acknowledges the Pacific Health Action Plan as a principle driver. The Plan has a strong focus on reducing inequalities for Pacific people in the Hutt Valley area. The Plan also notes work completed on Te Huarahi o Nga Tangata Katoa - the Cancer Journey project, in 2006. This project investigated patient journeys through their cancer experience. There was a particular focus on seeking feedback from those groups of people who experienced the impact of cancer disproportionately from the rest of the population, including Pacific people.

HVDHB was successful in its joint proposal with CCDHB for funding from CCN's Addressing Inequalities Pilot Funding 08/09 pool. The joint proposal focuses on the development of a cancer services directory across the two DHBs and the translation of critical treatment resources into Pacific languages.

Hawkes Bay DHB area (HBDHB)

Within the DHB

In 2009 HBDHB appointed a Senior Localities Manager to its Funding and Planning Team. He has responsibility for completing the Pacific Island Health Action Plan for Hawkes Bay. Initial community consultation commenced mid - 2009.

HBDHB has two dedicated Pacific positions. One is a Pacific Liaison Nurse (Paediatrics), the other is a Pacific Breast and Cervical Screening Health Promoter (this is a 0.4FTE position where 0.2 is cervical screening and 0.2 is breast screening, funded by BreastScreen Coast to Coast).

Pacific health providers

Hawkes Bay Pacific Health Services is the sole Pacific health and social service provider in Hawkes Bay. The range of services provided is not clear but some health promotion is provided as are social services such as immigration support. Hawkes Bay Pacific Health Services is a member of Tumeke PHO, one of three PHOs in Hawkes Bay.

Hawkes Bay PHO, the largest PHO, obtains Pacific community input to its decision-making on services to improve access, through Pacific representation on its Priority Population Committee. One such service is the Maori and Pacific Health Service provided by one of its practices, Hastings Health Centre. They employ a coordinator whose role is to navigate Maori and Pacific patients through the health system.

There are a small but growing number of Pacific health professionals in Hawkes Bay. Initial meetings to establish a Pacific Health Network were held late 2008. Further discussions will be held this year, in conjunction with the development of the DHB's Pacific Islands Health Action Plan. The Pacific health professionals work in the following disciplines and services (across the DHB and NGOs):

⁴ Hutt Valley Cancer Action Plan 2007 – 2012. June 2009. Hutt Valley District Health Board. Pg 6.

- Clinical psychology
- Smoking cessation
- Public health nursing
- Health promotion
- Mental health

Pacific community groups

Pacific community groups in Hawkes Bay have traditionally been church-based, particularly for Cook Islands Maori and Samoan communities, and more recently, Tongan. The Pacific population swells during the year due to the large number of seasonal workers who come from the Pacific (mainly Samoa, Vanuatu, Kiribas and Solomon Islands) through the Recognised Seasonal Employer Scheme. The likelihood of these workers needing cancer services (or indeed being eligible for cancer services) is not high.

The establishment of the Specifically Pacific Hawkes Bay Charitable Trust in 2006 marked the beginning of increased Pacific community activity around the annual Specifically Pacific careers expo and associated activities targeted at Pacific secondary school students and their families. HBDHB and Hawkes Bay PHO have played strong supporting roles in these activities.

PACIFICA is well represented in Hawkes Bay with three branches in Hastings and Flaxmere and one in Napier.

Focus on cancer and Pacific communities

The Hawkes Bay DHB Cancer Plan (August 2006)⁵ notes the higher cancer incidence in Pacific people but also notes that 'rates of cancer incidence and mortality among Pacific peoples are more difficult to describe than those of Maori because classification of Pacific ethnicity at registration and/or death has been poorly recorded. Analyses that have been undertaken suggest that Pacific peoples also have higher cancer incidence and mortality than European/Pakeha New Zealanders'.

The plan also notes the importance of developing and implementing effective and culturally appropriate strategies for screening groups with a higher incidence of cancer of the cervix. This would assist in increasing overall participation in the national screening programme. The plan recognises the prioritization of Pacific women (as well as Maori women) is crucial if health gains from this screening programme are to be optimized.

HBDHB facilitate a Breast and Cervical Screening Steering Group which comprises representatives from organisations who play a role in the breast and cervical screening pathways, including the local Pacific provider. As Pacific women are a priority group for both screening programmes, there is a focus on how to improve access for Pacific women to screening.

The Hawkes Bay Local Cancer Network is convened by HBDHB and comprises representatives from other cancer-related DHB services, as well as primary health and NGOs, including the Cancer Society. The network does not have a specific focus on Pacific peoples though members have good linkages with Pacific groups, and the Cancer Society has had initial discussions with members of the Pacific community about how to increase awareness of cancer services.

MidCentral DHB (MDHB)

⁵ Hawke's Bay District Health Board Cancer Plan. August 2006. *A Plan to Promote Improvements to Cancer Service Delivery*. HBDHB. P9.

Within the DHB

MDHB has developed the “Niu” Pacific Health Plan (2007). This document focuses on priorities identified by Pacific people in the region and outlines plans and strategies for the period 2007 - 2010. Its focus is on advancing the health of Pacific people in this region. MDHB has a Pacific Island Portfolio Manager within the Funding Division, who has been a key driver in the development and implementation of the Niu Pacific Health Plan, along with the MidCentral Pasifika Health Development Group, which comprises around 30 Pasifika professionals in health and related fields in the MidCentral region.

MidCentral’s Public Health Service works collaboratively with the community and other organisations to improve the health of Pacific communities in the region. MidCentral has a Pacific Health Promotion Advisor working with the region’s Pacific people. Work is done in collaboration with government and non – government organizations and the target groups are children, young people, women, adults and the elderly.

BreastScreen Coast to Coast (BSCC) is part of MDHB’s Hospital Services, and is one of eight lead providers of breast screening services in NZ. As mentioned in the Hawkes Bay section above, BSCC has funded a Pacific Health Promoter in Hawkes Bay (0.2FTE) to provide health promotion to and enrol Pacific women to breast screening. BSCC also has a 0.5FTE contracted position to develop strategies for increasing the coverage and participation of both Maori and Pacific women.

Pacific health providers

No information could be found on any Pacific health providers within the MDHB region. However, the development of a community-based Pacific health service for Palmerston North and Horowhenua is a key objective of the Niu Pacific Health Plan.

Pacific community groups

As for other areas with large and medium sized Pacific populations, ethnic-specific groups and associations have been established in this area, particularly for Samoan, Tongan, Cook Islands and Fijian communities. Groups are formed around churches, sports and more recently, early childhood centres.

Massey University, based in Palmerston North (with other campuses around NZ), has a strong focus on Pacific community development, driven by strong Pacific academic staff. As a result, Massey has developed specific courses around Pacific health and Pacific community development, designed to enhance peoples’ understanding of the dynamics of Pacific development here in New Zealand.

Focus on cancer and Pacific communities

The MidCentral Cancer Service Plan (August 2005)⁶ notes that ‘MidCentral District’s colorectal cancer mortality rate is declining but remains 2% higher than the national rate. Male and Pacific peoples rates are of concern being 6% and 25% respectively higher than the national rate. While the Pacific rate is high the population numbers are very small – a change of one person presents as a substantive burden’.

There are no specific Pacific actions noted in this Plan though there is a general focus on groups with high incidence of specific cancers.

Taranaki DHB (TDHB)

Within the DHB

⁶ [MidCentral District Health Board. August 2005. Cancer Service Plan. MDHB. P 43.](#)

Taranaki DHB's District Strategic Plan 2005 – 2015 notes the small Pacific population in Taranaki. There is no specific strategic focus on Pacific peoples. The Annual Report 2008 – 2009 notes the following in respect of Pacific peoples:

- A slight increase in population (from 1% to 1.3%) with more growth projected to 2021
- Five Pacific Islanders employed at the DHB as at 30 June 2009
- Targets and results for Pacific peoples in respect of improving diabetes services

A Health Needs Assessment conducted in 2007 again noted the small Pacific population but no particular health needs.

Minutes from the DHB Community and Public Health/Disability Support Advisory Committee meeting on 28 April 2009 included reference to an opportunity being developed as part of the work of the Chief Advisor Maori Health to develop a workforce to participate in the health sector. Funding has been available for 3 years but the DHB was at a point of discussing and negotiating a contract with a group in Taranaki that has signalled strong interest in entering the provider landscape. It was also noted that the Pacific population in Taranaki is approximately 1% (1,600 people) but growing.

The District Annual Plan 2009/2010 notes targets for Pacific people in respect of cardiovascular and diabetes services. This plan does not continue the focus that was in the plans for the two previous years around consultation and collaboration with Pacific communities.

Pacific health providers, community groups

One Pacific organisation was identified during the stocktake. This is the Taranaki Pasifika Service Trust which was established to focus on the needs of Pasifika communities within the health and social service area. Further information is required on the role and responsibilities of this organisation.

Focus on cancer and Pacific communities

The Taranaki DHB Cancer Services Mapping, Workforce Stocktake and Gaps Analysis for the Taranaki Region: a consultation report (January 2008), identifies the following in respect of Pacific communities:

- That the Ministry of Health's national cancer workforce stocktake (2006) identifies:
 - the development of Pacific community-based services as a key workforce challenge confronting general practices
 - a need to improve the quality of data specific to the Māori and Pacific cancer workforces, build these groups' workforce capabilities and develop workforce plans for their respective communities
- There is a shortage of female Pacific smear takers, which is a workforce challenge for the National Cervical Screening Programme
- A specific question was asked during the consultation as to whether people were aware of any issues impacting on any particular group of cancer patients (e.g. Pacific) that have impacted on their access to cancer services

A draft Cancer Services Action Plan for Taranaki DHB was reviewed during the stocktake. There is no specific focus on Pacific communities.

Tairāwhiti DHB (TDH)

Within the DHB

Tairāwhiti DHB has recently (September 2009) completed a comprehensive Pacific Health Needs Report to inform their understanding of the primary health needs of Pacific peoples in Tairāwhiti. The

report was commissioned in partnership with the Tairāwhiti Pacific Islands Community Trust (PICT). The main themes resulting from the report were barriers to access, community vision, and community and stakeholder action. The report provided a number of recommendations to help drive future Pacific health gain including:

- Establishment of a Pacific Health Working Group
- Reviewing the Memorandum of Understanding between TDH and PICT
- Enhancement of PICT's governance and management
- Collaboration between PICT and health stakeholders to improve communication with Pacific communities
- Building a Pacific health workforce

The Pacific Health Needs Report highlights the current strategic focus of TDH (as reflected in the Strategic Health Plan for the Tairāwhiti District 2005 - 2010) and a number of priorities, actions and indicators that relate to Pacific health gain.

The process undertaken to develop the Pacific Health Needs Report, and the resulting findings and recommendations provide some useful information for other DHBs on effective means to identify and address Pacific health needs, and build Pacific health gain.

Pacific health providers, community groups

The Tairāwhiti Pacific Islands Community Trust is the primary community group for Pacific people in the Tairāwhiti area. It currently has a Memorandum of Understanding with TDH (referred to above) which was put in place to formalize a working partnership to support the health of Pacific peoples in the region.

Focus on cancer and Pacific communities

The Tairāwhiti Cancer Control Plan (March 2007) notes the following in respect of Pacific communities:

- The Pacific population has more than doubled over ten years (from 1.1% to 2.9%) with further increases indicated, though the overall population of the region is forecasted to decrease
- 86% of Pacific people in the region live in deciles 9 or 10 areas
- Pacific Peoples are at greater risk of getting cancer than other New Zealanders. Nationally, Pacific men have higher rates of lung cancer and primary liver cancer, and Pacific women have higher rates of breast and cervical cancer than other New Zealand women
- Work is being carried out to improve the coverage and participation of Pacific women in cervical screening

Whanganui DHB (WDHB)

Within the DHB

Whanganui DHB conducted a health needs assessment in 2008 that identified the following in respect of Pacific communities and health issues:

- Areas of concern included:
 - Pacific access to primary care services
 - Diabetes in Pacific people
 - Pacific people having poorer health status than others
- A small but increasing Pacific population, including large increases in the population over 55 years of age (195% by 2026)
- Pacific peoples living mainly in deciles 9 and 10 areas

- High unemployment rates (9.8% overall compared to a national average of 7.8%)
- Over-representation in crowded houses
- Increases in avoidable hospitalization rates since 2005
- Higher than average stroke rates
- Diabetes, obesity and nutrition are issues, smoking is not
- Pacific nurses make up 3% of the Whanganui workforce

Pacific health providers, community groups

During the stocktake, the Whanganui Pacific Health Trust was identified as an organisation working in partnership with the Whanganui PHO on Pacific health issues. Further information on the Trust is being gathered through the MidCentral Pasifika Health Development Group.

Whanganui PHO currently employs a Pasifika Health Coordinator whose role is to support Tagata Pasifika and their families, church communities, etc., to achieve the best outcomes for their health. This includes providing support and advocacy with health related issues; working with referred patients and their families; liaising with other allied health agencies; one-on-one health support and health education sessions; coordination and/or facilitation of Pasifika lifestyle programmes; implementing culturally appropriate health promotion activities; and promoting and encouraging Pasifika people to participate in early intervention strategies, i.e. diabetes check, retinopathy screening, cervical screening and cardiovascular disease screening.

Focus on cancer and Pacific communities

The Whanganui DHB Local Cancer Control Action Plan 2007 – 2012 (March 2007) notes the national focus on Pacific people and cancer but does not have a particular focus on Pacific people in Whanganui. It notes the need to increase access to screening services for priority populations whilst these populations are not specified, Pacific women are a priority group for both breast and cervical screening.

Wairarapa DHB (WaiDHB)

Within the DHB

The Wairarapa Health Needs Assessment 2008 included a comprehensive section on Pacific People's Health and included the following key information:

- Definition of Pacific people
- Population changes (showing that while the population is small – 849, there has been a 5.7% increase over 5 years with more increase forecasted)
- Population breakdown showing that the bulk of the population are under 39 years old
- Key reasons for hospitalization were respiratory conditions and other factors affecting health
- Circulatory system diseases and cancer are the two main causes of death
- The following issues noted from the Health Needs Assessment Questionnaire used in the assessment:
 - “Specific issues related to Pacific peoples - small numbers here but high burden”
 - “Pacific Island people often English not 1st language. Often not aware of having to collect repeat prescription from chemists. Often don't understand - you can't just present at ED for everything”

Wairarapa DHB has a Pacific Community Health Worker, a recently established position within the Public Health Unit.

Pacific health providers, community groups

There was no information gathered on Pacific health providers or community groups in the Wairarapa region. However it was noted that Wairarapa held its first ever Pacific Festival in March 2008, organized by the Public Unit.

Focus on cancer and Pacific communities

Reducing the impact and incidence of cancer is a current health priority of Wairarapa DHB. The Wairarapa DHB Cancer Plan (March 2007) identifies the following in respect of Pacific people:

- Goal 1 is to reduce the incidence of cancer through primary prevention with a focus on specific high risk groups including Pacific
- Goal 2 Screening and Early Detection – increasing uptake of breast and cervical screening by Pacific women
- A small but increasing Pacific population
- The small number of Pacific people makes it difficult to interpret their health needs from local data. The DHB Strategic Plan priority for the immediate future is to establish a Pacific people's advisory group.
- Goal 3 Diagnosis and Treatment – improve access to cancer diagnostic and treatment services for all people, with a focus on specific groups including Pacific
- Goal 4 Support and Rehabilitation – improve services for Pacific people with cancer

Further work needs to be done to establish the extent to which these goals have been achieved, and if there are lessons that can be shared with other DHBs.

Summary of information gathered

Make-up of Pacific communities within the Central region

The difference in population sizes between the two largest areas (Capital and Coast and Hutt Valley), the two 'medium-sized' areas (MidCentral and Hawkes Bay) and the small areas (Tairāwhiti, Taranaki, Whanganui and Wairarapa) is a key factor in the extent and strength of the Pacific health provider capacity and Pacific communities infrastructure in these areas.

In the process of writing this report, a number of Pacific community and health organisations have been identified. These organisations are potential stakeholders in engagement with Pacific communities moving forward. This report, and the information gathered, provides a starting point for conversations with those organisations about their possible involvement in engagement with their Pacific communities.

From this information, the following points could be considered in the development of engagement processes between cancer services and Pacific communities in the Central region.

Capital and Coast, Hutt Valley DHB areas

As the majority of the Central region Pacific population reside in the Capital and Coast and Hutt Valley DHB areas, it would be appropriate to have an engagement process specifically for these two areas. The large number of Pacific health and social service providers and Pacific community groups, as well as the CCDHB Pacific Strategic Advisory Group and HVDHB Pacific Advisory Group in place provides some already-established linkages to Pacific communities. As both DHBs already have a strong strategic focus on Pacific health issues and there are initiatives already in place to work with Pacific communities (in Pacific health plans as well as cancer service plans), it would make sense for CCN to identify where it could provide support to any cancer-focused work, as well as identify any gaps and facilitate linkages to the work of the local cancer network where required. The fact that both DHB areas have combined into one local cancer network group makes it easier to have discussions about joint engagement processes. In addition, the joint HVDHB - CCDHB translation project provides a good opportunity to get Pacific communities engaged around cancer issues.

MidCentral and Hawkes Bay areas

These two areas have similarities in size of Pacific populations and Pacific community infrastructure. While MidCentral has a current strategic focus on Pacific health issues and is engaged with Pacific communities, it is in the process of developing Pacific provider capacity. Hawkes Bay on the other hand does have one Pacific health provider but are really just beginning the process of engagement with Pacific communities. There are already strong linkages between these two DHBs given that many Hawkes Bay cancer patients received treatment at MidCentral. From these factors (particularly the latter), there is merit in considering collaborative development of engagement processes with Pacific communities given that in many cases the patient journey spans both areas, and that there is opportunity for both DHBs to share experiences and support each other.

Tairāwhiti, Taranaki, Wairarapa and Whanganui areas

These areas have Pacific populations that are significantly smaller than the rest, ranging from 849 in Wairarapa through to 1365 in Taranaki. The health needs assessments conducted in Wairarapa, Whanganui, and Tairāwhiti provide robust information on Pacific health needs, with some information on cancer control issues (and more in cancer control plans). The process used by Tairāwhiti to assess the health needs of their Pacific communities provides some useful learnings for engagement processes that could be applied in other DHB areas. Similarly, the Pacific workforce development being undertaken in Taranaki could also provide some lessons. There are Pacific health providers, and

Pacific community groups and contacts where linkages with cancer services could be established and/or strengthened. There is potential to facilitate linkages between health services in these areas and regional and national Pacific health groups.

Extent of current strategies, programmes and activities with Pacific and cancer focus

There are a range of different levels of emphasis on Pacific health and Pacific and cancer across the eight DHBs, ranging from very little through to one or two target areas (diabetes, cardiovascular), and on to a comprehensive focus on Pacific health issues. The focus of the activities tends to be on prevention through healthy lifestyle initiatives.

In line with previous discussions in this report, CCN is well-placed to coordinate the sharing of information on Pacific and cancer focused activities as a basis for assisting DHBs, NGOs and Pacific communities to apply a range of approaches for working together to build Pacific health gain, particularly in terms of cancer services.

Appendix One Cancer Registration Trends for Pacific Peoples - Central Cancer Network



Cancer Registration Trends for Pacific Peoples - Central Cancer Network

**Central Region's Technical Advisory Services (TAS)
SEPTEMBER 2009**

Cancer Registration Trends for Pacific Peoples - Central Cancer Network

Prepared for Caren Rangi, Service Improvement Facilitator, Pacific Communities, Central Cancer Network (CCN).

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Introduction

This report summarises cancer registrations for Pacific Peoples in the CCN Region, primarily for the years 1996 to 2005. If the analysis is deemed suitable for the needs of the CCN, the same analysis can be performed for cancer deaths.

Eight DHBs are included in the CCN Region; Capital & Coast, Hawke's Bay, Hutt Valley, MidCentral, Tairāwhiti, Taranaki, Wairarapa and Whanganui.

Cancer registration data has been sourced from the New Zealand Cancer Registry. Analysis is based on malignant cancers only (ICD 10 codes C00-C96). Benign cancers have been excluded and readers should also be aware that from 2005 some bladder cancers are no longer counted as malignant and are therefore excluded from this analysis.

The latest year of cancer registration data included in this report is 2005. This is consistent with that presented in the CCN health needs assessment report. It is anticipated that TAS will have data up to 2007 by the end of September 2009.

When cancer registrations for Pacific Peoples in the CCN Region are broken down (e.g. by specific Pacific ethnic group, DHB or age), numbers get quite small. Therefore throughout this analysis results are influenced by small number bias which the reader needs to bear in mind. For example, when dealing with small numbers a small change in volume can result in a large change in percentages.

At this point in time population rates have not been calculated. This is due both to time limitations and the issue of small numbers. If desired, TAS may be able to look into the feasibility of calculating age standardised rates using indirect standardisation methodology.

Next steps

If desired by the CCN, TAS can look into the following:

- Updating the analysis with data for the years 2006 and 2007
- Inclusion of population rates
- A similar type of analysis for cancer deaths.

Population characteristics

The following two tables ([Table 1](#) and [Table 2](#)) present population data for Pacific Peoples in the CCN Region. Data has been sourced from the Statistics New Zealand Table Builder tool for the 2006 Census and figures do differ slightly to those presented in the CCN health needs assessment report.

Although not presented in this report, the Statistic New Zealand Table Builder has available 2006 Census data broken down by specific ethnic group, age groups and territorial local authority (which TAS can group up into DHBs).

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Table 1: Population Distribution by Volume* and Percentage for Specific Pacific Ethnic Groups across CCN DHBs (2006)**

DHB	Specific Pacific Ethnic Group								
	Samoaan	Cook Islands Maori	Tongan	Tokelauan	Niuean	Fijian	Tuvaluan	Other Pacific Peoples	All Pacific Peoples
Capital & Coast	13,677 (50%)	4,809 (43%)	1,119 (26%)	2,283 (60%)	942 (44%)	657 (38%)	276 (74%)	561 (44%)	22,161 (47%)
Hawke's Bay	2,442 (9%)	2,151 (19%)	456 (10%)	90 (2%)	129 (6%)	105 (6%)	15 (4%)	120 (9%)	5,271 (11%)
Hutt Valley	7,383 (27%)	1,950 (17%)	1,131 (26%)	1,149 (30%)	459 (21%)	321 (19%)	45 (12%)	186 (15%)	11,745 (24%)
MidCentral	1,788 (7%)	1,050 (9%)	936 (22%)	141 (4%)	261 (12%)	285 (16%)	18 (5%)	198 (15%)	4,404 (9%)
Tairāwhiti	375 (1%)	360 (3%)	420 (10%)	30 (1%)	69 (3%)	51 (3%)	3 (1%)	39 (3%)	1,299 (3%)
Taranaki	573 (2%)	345 (3%)	144 (3%)	33 (1%)	156 (7%)	96 (6%)	3 (1%)	105 (8%)	1,365 (3%)
Wairarapa	429 (2%)	219 (2%)	66 (2%)	30 (1%)	63 (3%)	57 (3%)	6 (2%)	42 (3%)	849 (2%)
Whanganui	513 (2%)	399 (4%)	72 (2%)	36 (1%)	57 (3%)	156 (9%)	9 (2%)	30 (2%)	1,218 (2%)
CCN Region	27,180 (100%)	11,283 (100%)	4,344 (100%)	3,792 (100%)	2,136 (100%)	1,728 (100%)	375 (100%)	1,281 (100%)	48,312 (100%)

* Volumes sourced from Statistics New Zealand Table Builder and include all of the people who stated each Pacific Peoples ethnic group, whether as their only Pacific Peoples ethnic group or as one of several Pacific Peoples ethnic groups. Where a person reported more than one Pacific Peoples ethnic group, they have been counted in each applicable group. Hence the sum of all the specific ethnic groups is greater than the total for all Pacific Peoples.

** Percentages have been calculated to show the contribution that each DHB makes to the total Pacific population for the CCN Region. Therefore the sum of the percentages across DHBs for a specific ethnic group adds up to 100%.

Table 2: Population Distribution by Volume* and Percentage of Pacific Peoples by Age Group across the CCN DHBs (2006)**

DHB	Age group (years)								Total
	<10	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	>70	
Capital & Coast	5,199 (23%)	4,746 (21%)	3,498 (16%)	3,186 (14%)	2,445 (11%)	1,617 (7%)	966 (4%)	498 (2%)	22,161 (8%)
Hawke's Bay	1,536 (29%)	1,200 (23%)	732 (14%)	669 (13%)	582 (11%)	309 (6%)	147 (3%)	102 (2%)	5,271 (4%)
Hutt Valley	3,009 (26%)	2,487 (21%)	1,815 (15%)	1,650 (14%)	1,242 (11%)	861 (7%)	465 (4%)	213 (2%)	11,745 (9%)
MidCentral	1,257 (29%)	1,053 (24%)	711 (16%)	549 (12%)	405 (9%)	255 (6%)	108 (2%)	57 (1%)	4,404 (3%)
Tairāwhiti	417 (32%)	303 (23%)	153 (12%)	171 (13%)	132 (10%)	81 (6%)	27 (2%)	15 (1%)	1,299 (3%)
Taranaki	405 (30%)	345 (25%)	192 (14%)	159 (12%)	138 (10%)	75 (5%)	36 (3%)	24 (2%)	1,365 (1%)
Wairarapa	246 (29%)	198 (23%)	102 (12%)	117 (14%)	84 (10%)	63 (7%)	21 (2%)	18 (2%)	849 (2%)
Whanganui	324 (27%)	318 (26%)	141 (12%)	135 (11%)	153 (13%)	75 (6%)	42 (3%)	27 (2%)	1,218 (2%)
CCN Region	12,393 (26%)	10,650 (22%)	7,344 (15%)	6,636 (14%)	5,181 (11%)	3,336 (7%)	1,812 (4%)	954 (2%)	48,312 (5%)
New Zealand	68,445 (26%)	59,586 (22%)	39,639 (15%)	36,204 (14%)	28,779 (11%)	17,661 (7%)	9,867 (4%)	4,434 (2%)	1,359 (5%)

* Volumes sourced from Statistics New Zealand Table Builder.

** Percentages have been calculated to show the contribution that each age group makes to the total Pacific population for each DHB. Therefore the sum of the percentages across age groups for a DHB adds up to 100%. The percentages in the total column represent the contribution that Pacific Peoples make to the total population (all ethnicities) for each DHB.

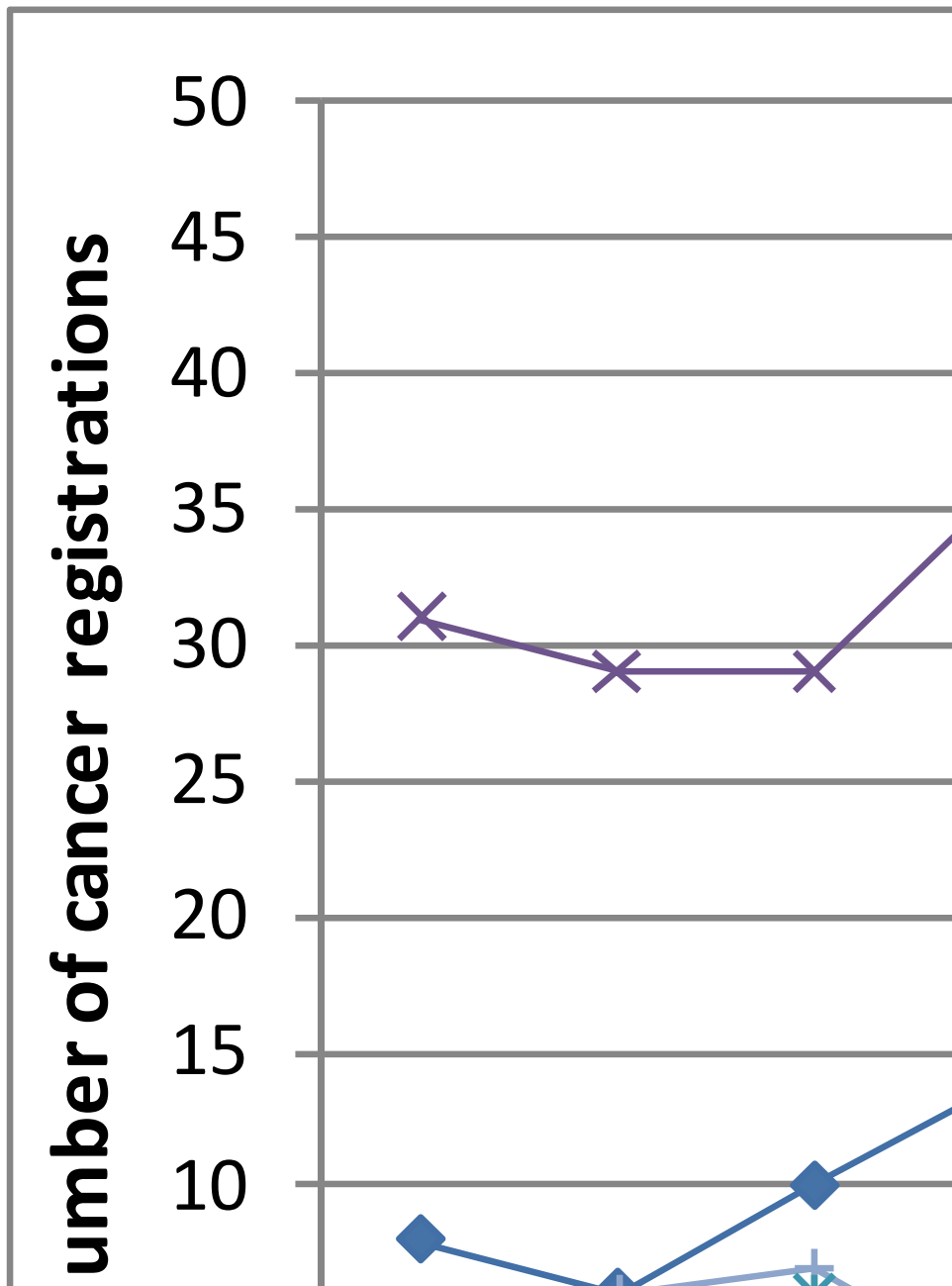
Cancer registration

Number of registrations

Over the ten years between 1996 and 2005, the number of cancer registrations in the CCN Region ranged from 68 to 82 (see Appendix 1). The average number of registrations per annum was 73.5; an average of 73.5 registrations per annum. Between 1996 and 2005

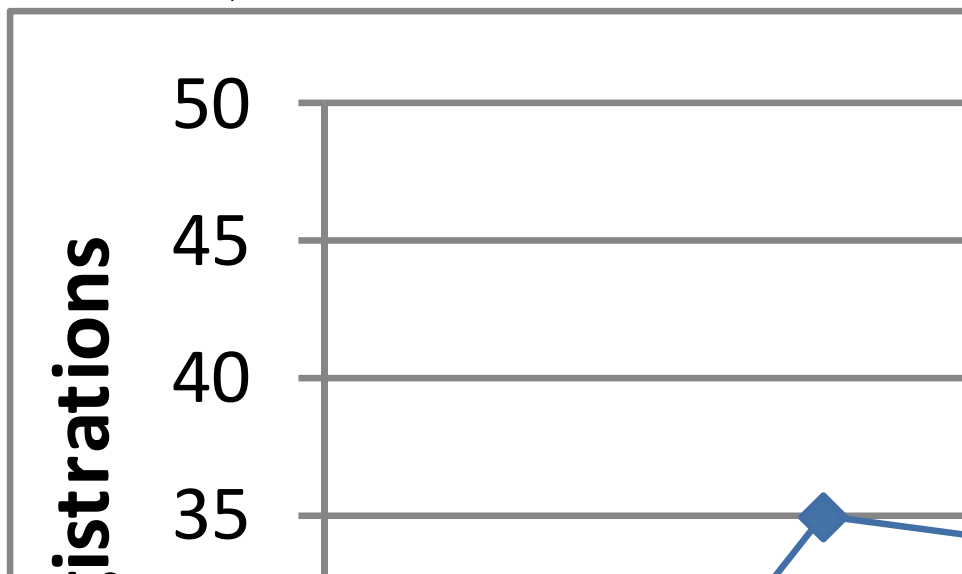
umber of cancer registrations

50
45
40
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30
25
20
15
10



Number of registrations

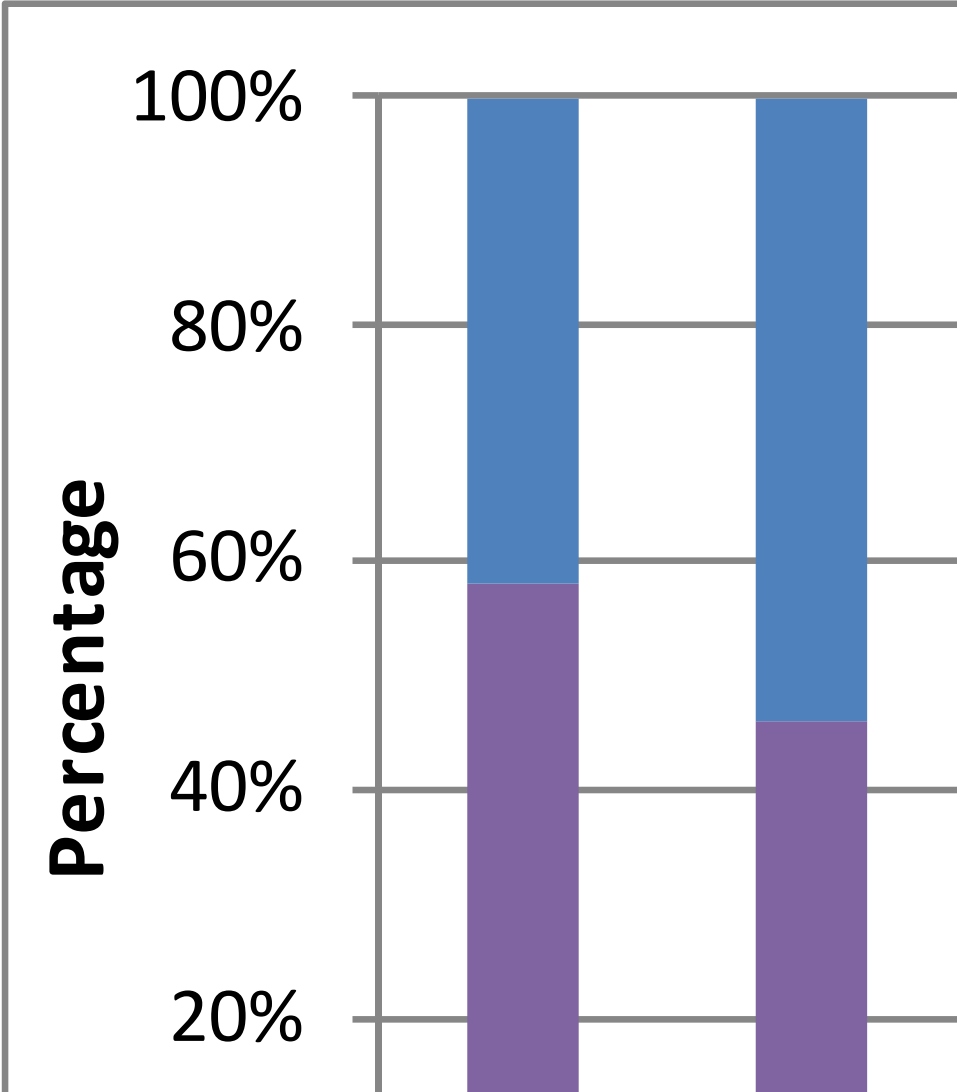
The following graph (E) shows the number of registrations in the CCN DHB (see also A) from 1996 to 2005. **Figure 3: Number of Cancer Registrations in CCN DHBs, 1996-2005**



Distribution of reg

On average for Pacific
Region, 55% of cancer
aged over 65 years. By
ethnicity over the same
59% were aged over 65
This highlights the early
| groups are presented in
registrations for those o

Figure 6: Gender Distribution in the CCN Region, 1996-2005



Leading female cancers

| The first column of the following table shows the leading cancer in each Region for the combined years 1990-1999. A weighting factor has been applied:

- If a percentage contribution is 3% or more, this cell in the table is shaded.
- If a percentage contribution is 1% or more, this cell in the table is shaded.

Leading male cancers

| The following table ([Table 4](#)) u
cancer diagnosis).

Prostate cancer was the most co
of registrations across the spec
most commonly registered can

Appendix 1

Table 5: Number of Cancer Reg

Specific Ethnic Group	
	1996
Samoan	31
Cook Islands Maori	8
Oceania Pacific Island	10