SEQ FIRST NATIONS HEALTH EQUITY

IN ACTION CONFERENCE

Providing optimal cancer care for First Nations people in SEQ

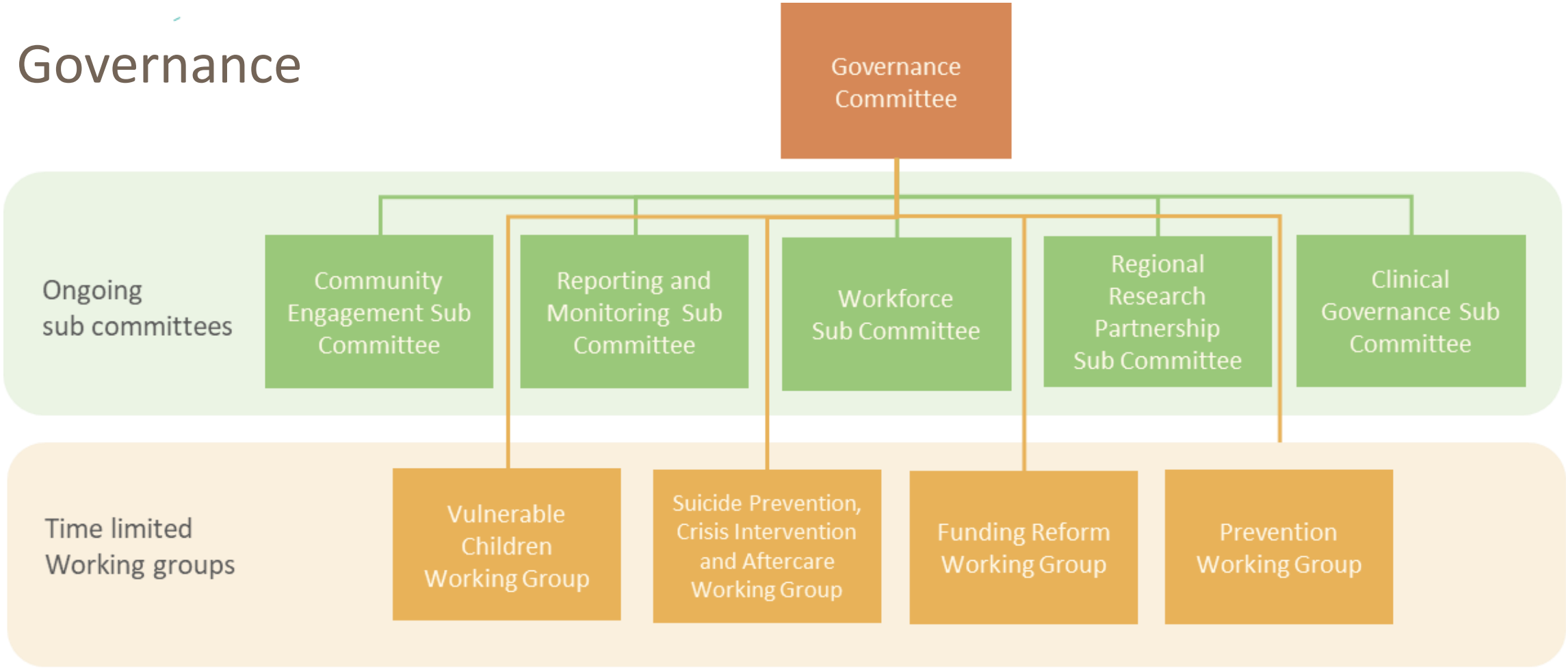
Presenters: Dawn Schofield

Key Priority Areas

SEQ First Nations Health Equity Strategy Key Priority Areas

- **KPA1 Cultural Safety:** Actively eliminating racial discrimination and institutional racism within services.
- **KPA2 Access:** Increasing access to healthcare services.
- **KPA3 Determinants:** Influencing the social, cultural, and economic determinants of health.
- **KPA4 Delivering Quality Healthcare:** Delivering sustainable, culturally safe, and responsive healthcare services.
- **KPA5 Service Delivery Partnerships:** Working with First Nations people, communities, and organisations to design, deliver, monitor, and review health services.
- **KPA6 A Strong and Capable Workforce:** Strengthening the First Nations health workforce.

Governance

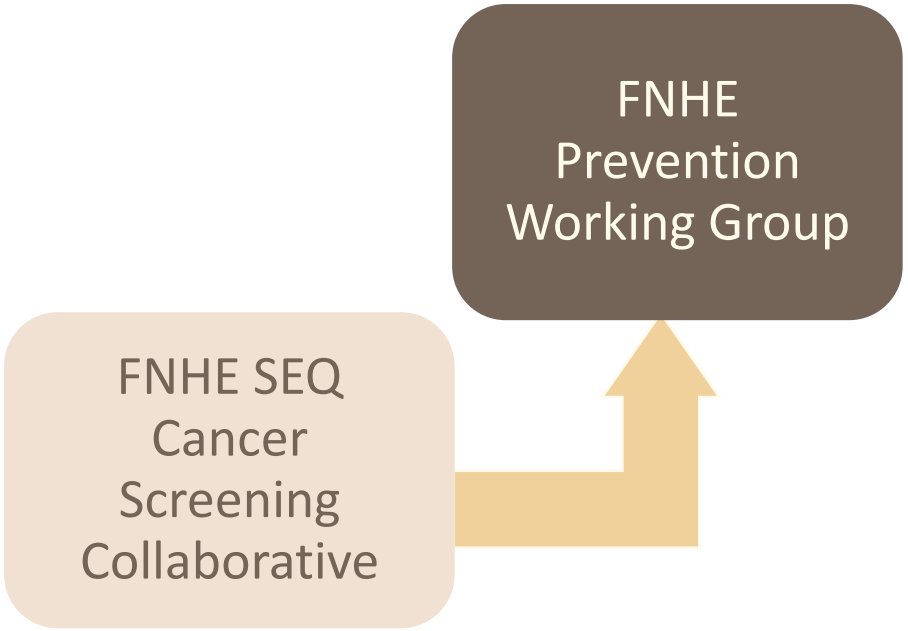


Local Implementation Groups

Cancer is a focus for the First Nations Health Equity Partners

Cancer is identified as a priority action within the First Nations Health Equity Strategy under KPA2: Increasing access to healthcare services:

- KRA: 2.8 Implement Cancer Australia's *Optimal Care Pathway for Aboriginal and Torres Strait Islander People with Cancer*



Cancer is a focus for the First Nations Health Equity Partners

- For First Nations people in SEQ:

The rate is **worsening** in SEQ: **1.6x as likely to die from cancer**	
Cancer contributes 9.3% to the burden of disease	Cancer hospitalisation rate increased **6.6%** since 2020-21
Cancer *mortality* rate **increased by 5.9%** since 2020	Mortality rates for non-Indigenous Australians are improving, whereas mortality rates for First Nations Australians are **worsening**
Cancer mortality rates are **higher** in SEQ compared to Major Cities nationally (ASMR 257.3 vs 255.5)	

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Overview of cancer trends for First Nations peoples in SEQ

Dr Carmel Nelson
Clinical Director, IUIH

These data represent the stories and journeys of health for many Aboriginal and Torres Strait Islander peoples across QLD. I acknowledge and pay my respects to the traditional custodians of these Lands.

Optimal care pathway

Step 1: Prevention and early detection

Step 2: Presentation, initial investigations, and referral

Step 3: Diagnosis, staging, and treatment planning

Step 4: Treatment

Step 5: Care after initial treatment and recovery

Step 6: Managing recurrent, residual or metastatic disease

Step 7: End-of-life care

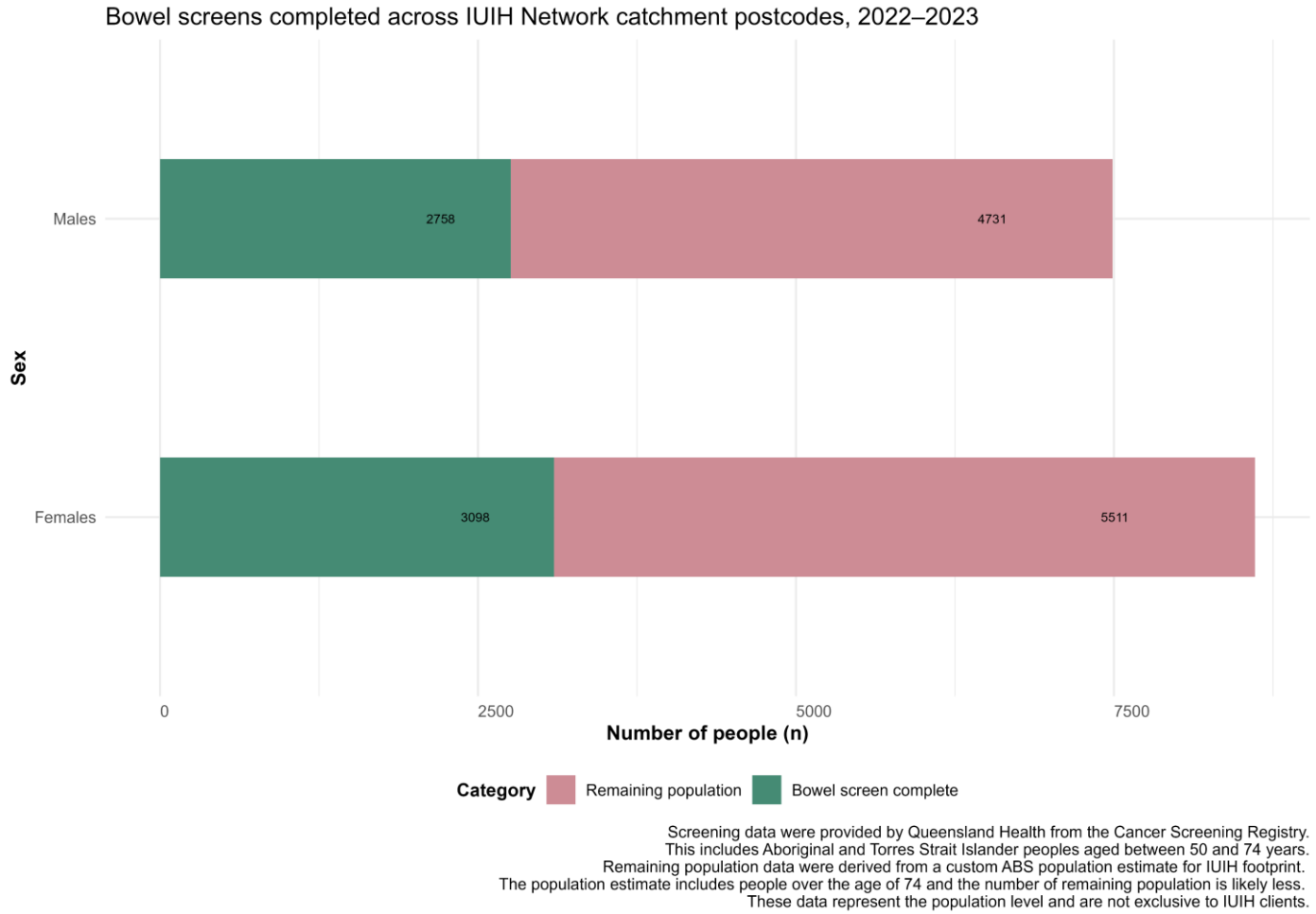
Bowel screening participation

SEQ Aboriginal and Torres Strait Islander people, 2022–23:

- Males: 36.8%
- Females: 35.9%
- Combined: 36.4%

In line with state-wide participation (Qld whole population, 2021–22):

- 36.9%



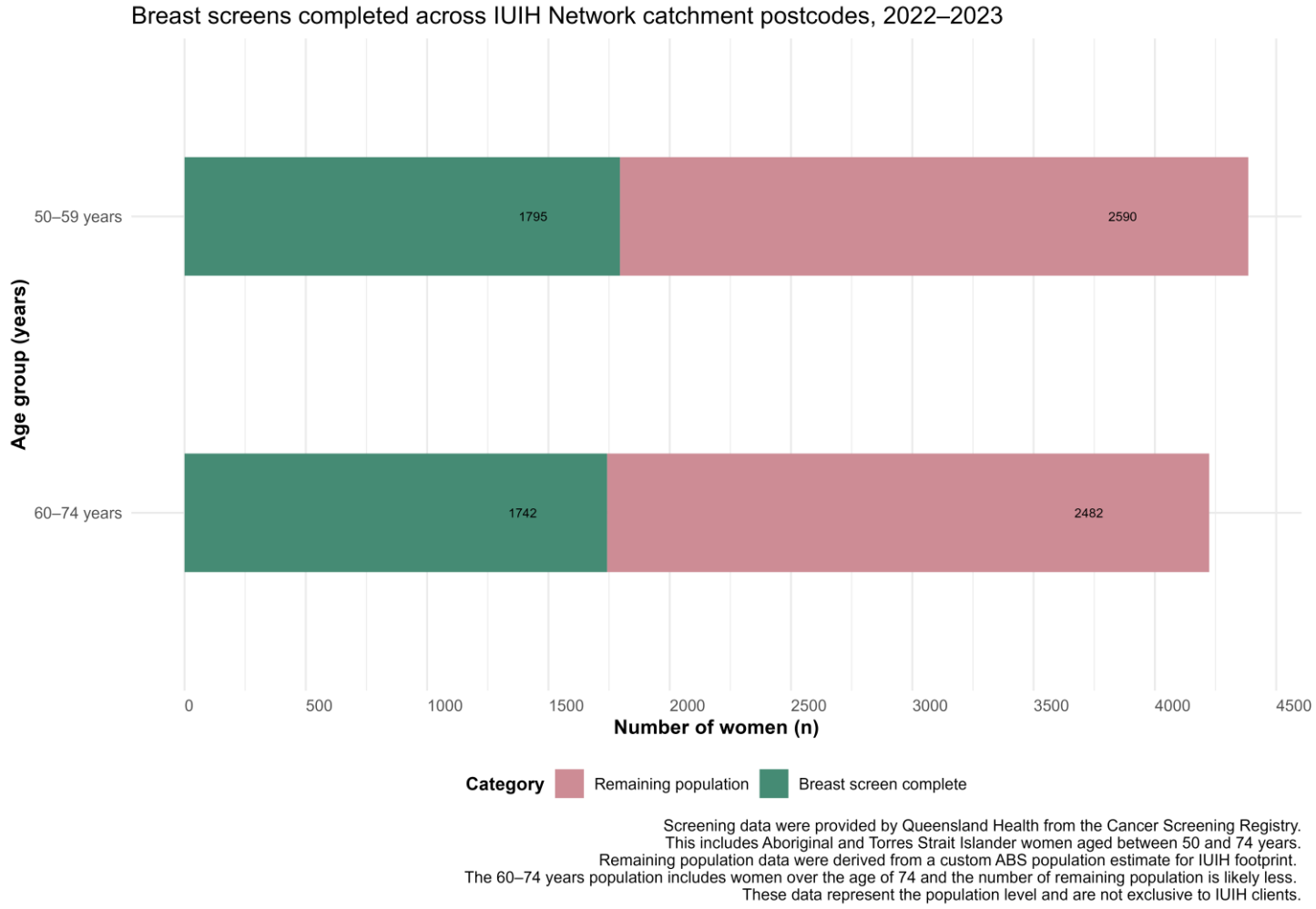
Breast screening participation

SEQ Aboriginal and Torres Strait Islander people 2022–23:

- 50–59 years: 40.9%
- 60–74 years: 41.2%
- All ages: 41.1%

Lower than state-wide participation (Qld whole population, 2021–2022):

- 50.8%



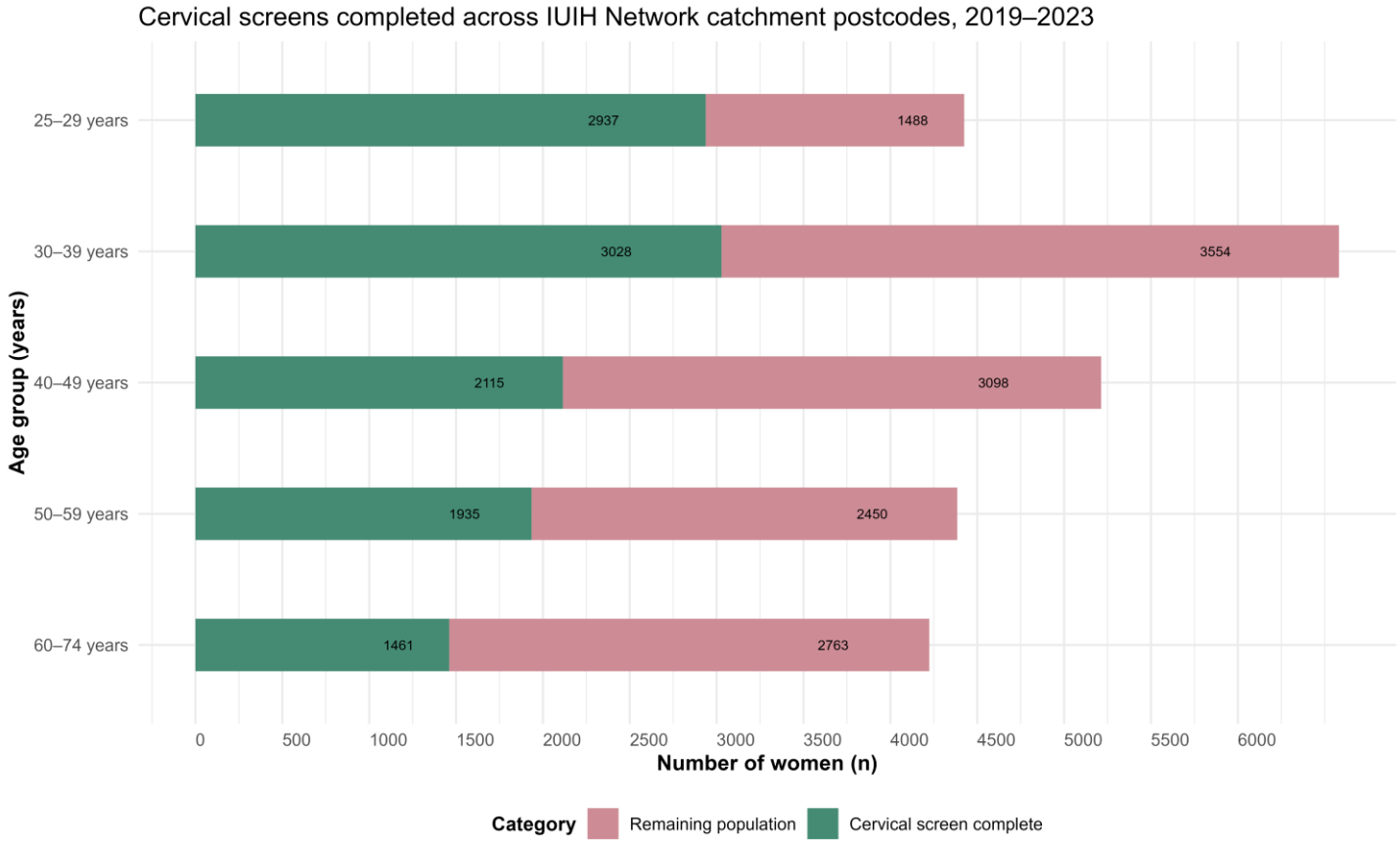
Cervical screening participation

SEQ Aboriginal and Torres Strait Islander people 2019–23:

- 25–29 years: 66.4%
- 30–39 years: 46%
- 40–49 years: 40.6%
- 50–59 years: 44.1%
- 60–74 years: 35.6%
- All Ages combined: 46.2%

Lower than state-wide participation (Qld whole population, 2018–2022):

- 25–29yrs: 81.5%
- All ages: 67.5%



Screening data were provided by Queensland Health from the Cancer Screening Registry.
This includes Aboriginal and Torres Strait Islander women aged between 25 and 74 years.
Remaining population data were derived from a custom ABS population estimate for IUIH footprint.
The 60–74 years population includes women over the age of 74 and the number of remaining population is likely less.
This does not account for women who may have had a hysterectomy.
These data represent the population level and are not exclusive to IUIH clients.

Cervical cancer screening by collection method

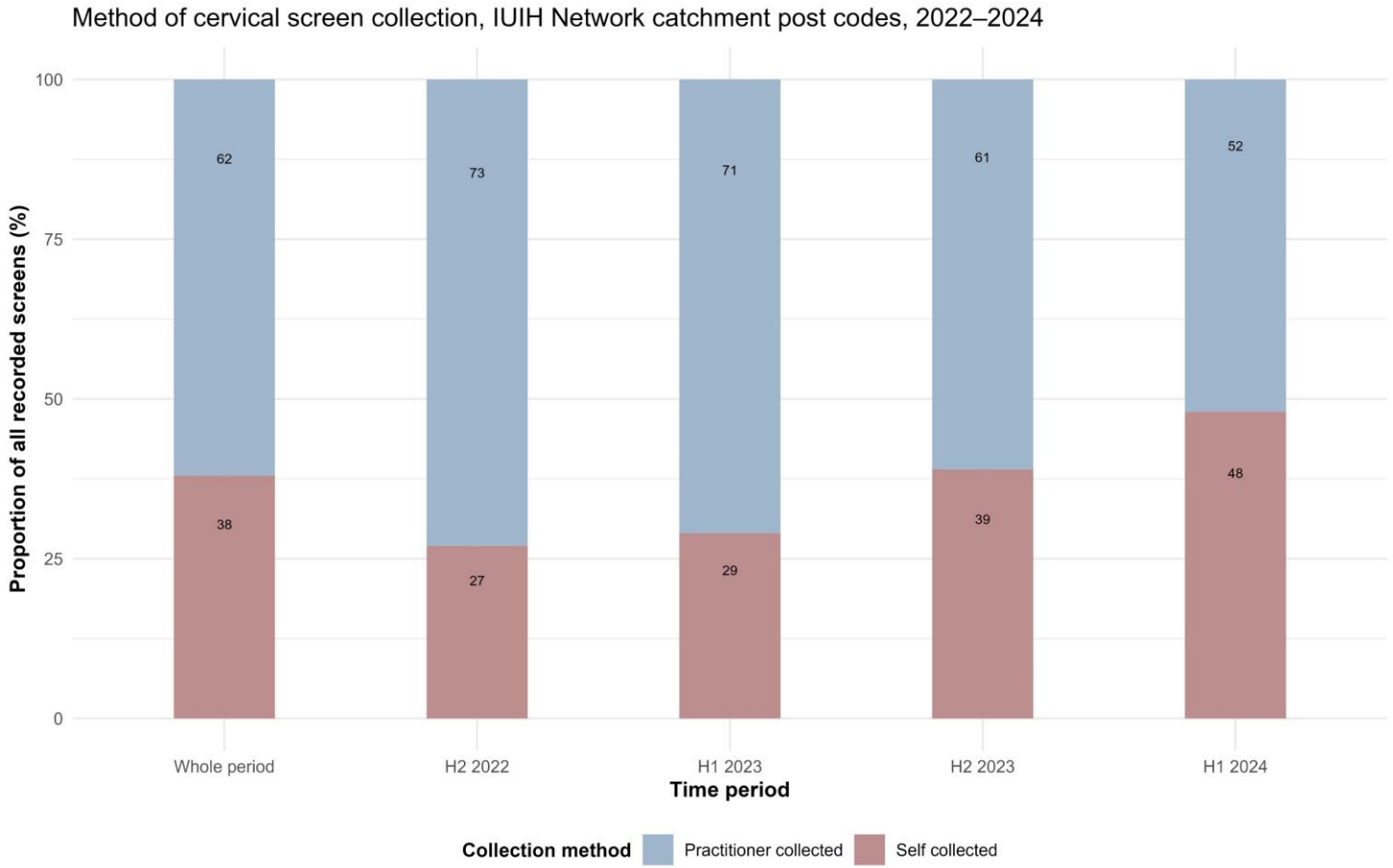
SEQ Aboriginal and Torres Strait Islander women 2022–24:

Over the last two years:

- 38% of all recorded cervical screens have been self-collected

Trends:

- In the first half of 2022, 27% of all recorded cervical screens were self-collected
- This has increased to 48% in the first half of 2024



These data were provided by Queensland Health from the Cancer Screening Registry.
This includes Aboriginal and Torres Strait Islander women aged between 25 and 74 years who are residents within the IUIH catchment post codes.
H1 = First half of a year. H2 = Second half of a year.

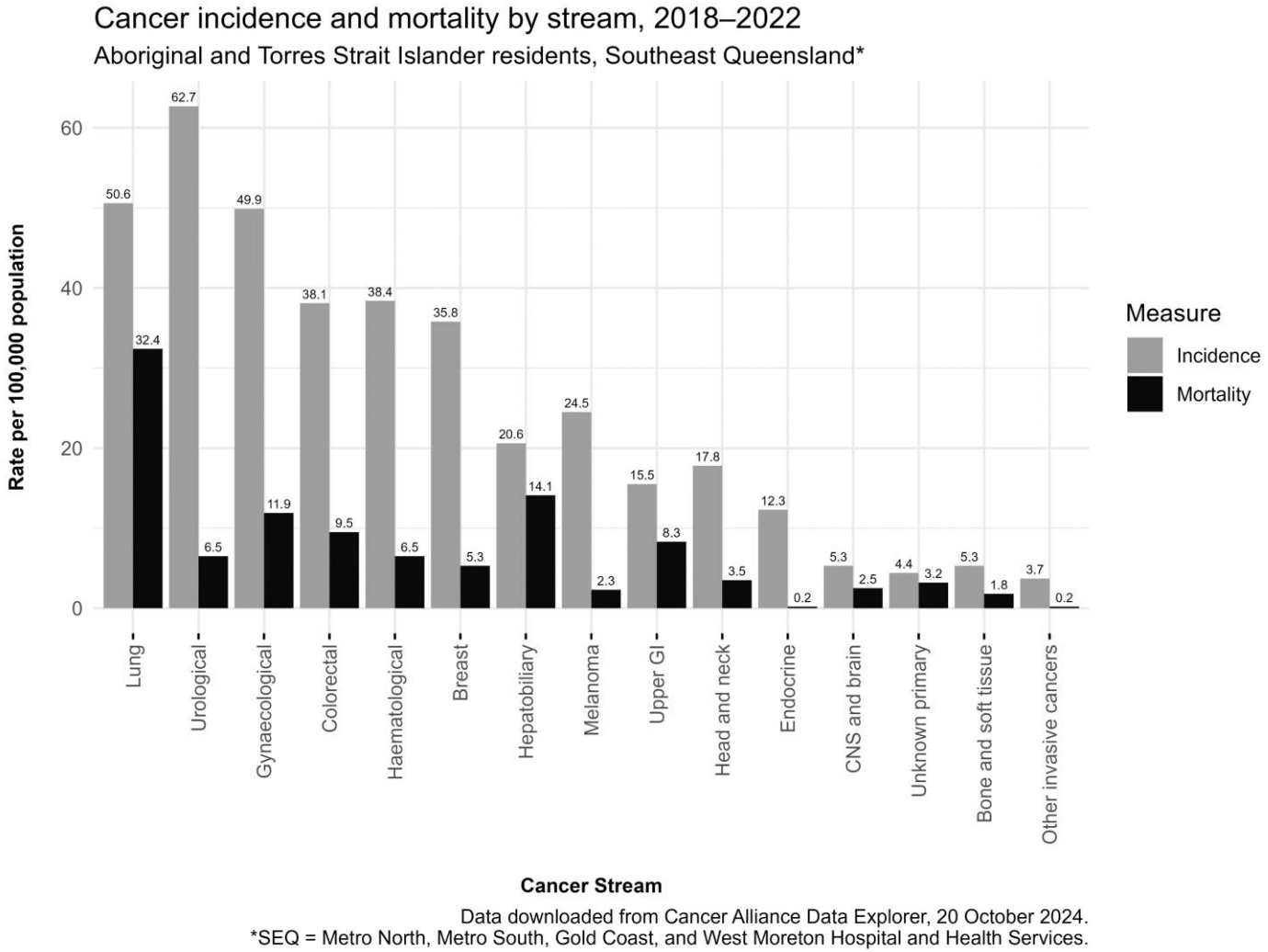
In summary - cancer screening participation among Aboriginal and Torres Strait Islander people in SEQ

- Breast screening rates are lower than reported participation rates for Qld population as a whole
- Bowel screening - similar participation between men and women, and rates are consistent with reported participation amongst Qld population as a whole
- Cervical screening rates are highest among 25–29 years age group and decrease with age. Screening rates are lower than reported participation rates for Qld population as a whole
- Uptake of cervical self-collect is increasing

Cancer incidence & mortality

Among Aboriginal and Torres Strait Islander residents across SEQ, 2018–2022:

- *Lung cancer poses the highest burden* when looking at incidence and mortality combined.
- For women; breast, lung, and gynaecological cancers contribute the most new cases, whereas lung, hepatobiliary, and gynaecological cancers cause the most deaths.
- For men; urological, lung, and haematological cancers contribute the most new cases, whereas most deaths are from lung and hepatobiliary cancers.



Data downloaded from Cancer Alliance Data Explorer, 20 October 2024.
*SEQ = Metro North, Metro South, Gold Coast, and West Moreton Hospital and Health Services.

Screening-related cancer incidence and mortality
Aboriginal and Torres Strait Islander residents, SEQ, 2022

	Lung	Breast*	Colorectal	Cervical*
Incidence per 100,000 population	49	60.2	42.5	17.2
Mortality per 100,000 population	41.4	12.9	12	2.1

**Cervical and Breast cancer rates are presented per 100,000 women*

Rates are not age-standardised and should not be used for comparison across populations

Data source: Cancer Alliance Queensland Data Explorer, 20/10/2024

Towards Cervical Cancer Elimination… a matter of equity

Australia's progress against the WHO 2030 cervical cancer elimination targets*

	Cervical cancer incidence[1]		HPV vaccination coverage (female by age 15; any doses/ complete course)		% screened at age 35, 45	
Target	<4 per 100,000		90% by age 15		70% by 2030[2]	
Performance	Indigenous	Overall	Indigenous	Overall	Indigenous	Overall
Australia	15.4	6.4	87.3–95.9/ 66.5–82.6	88.9/ 80.2	50.1	79.7

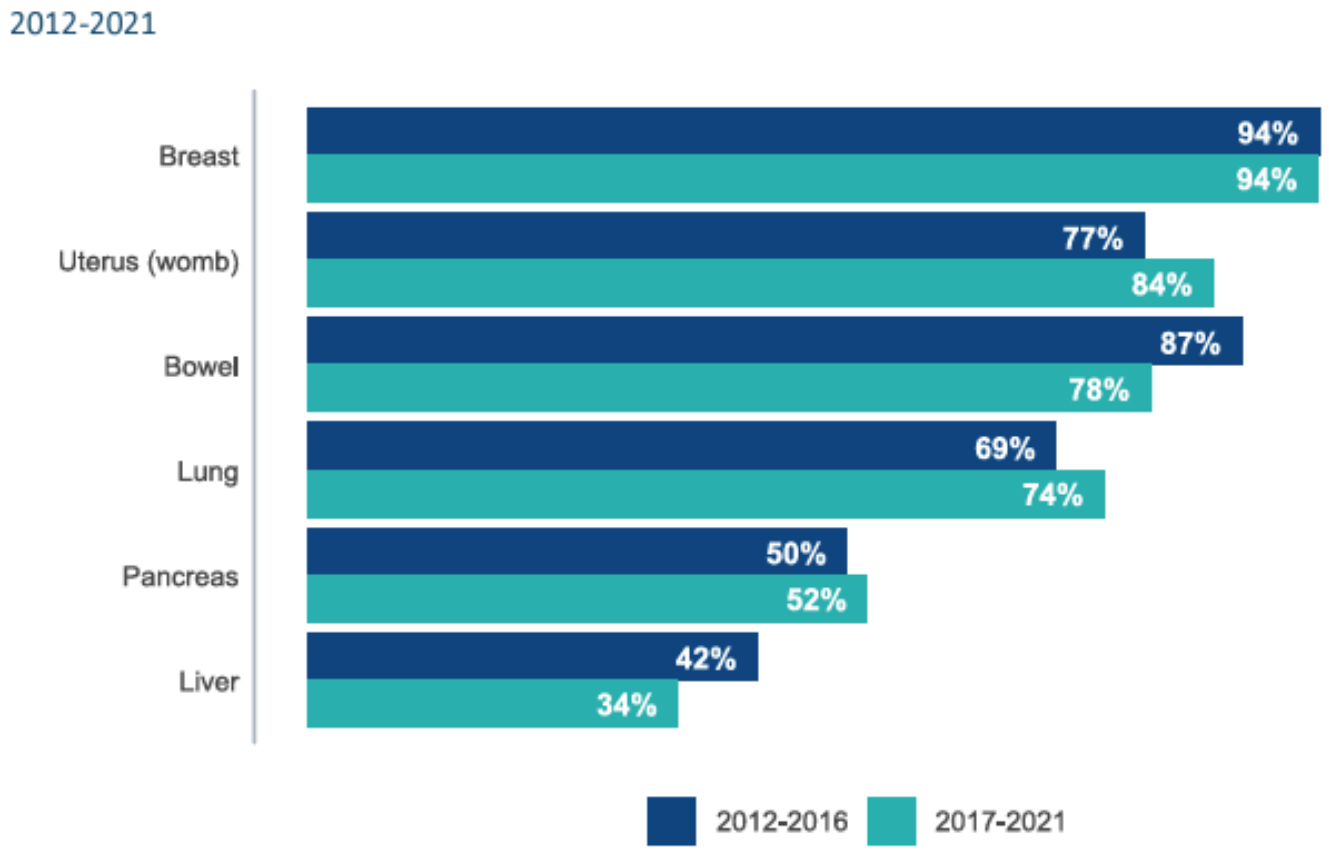
* Drawn from: Lisa J. Whop, et al. ***Achieving cervical cancer elimination among Indigenous women***. Journal of Preventive Medicine, Volume 144, 2021, 106314, ISSN 0091-7435. https://doi.org/10.1016/j.ypmed.2020.106314

Cancer Treatment

Among Aboriginal and Torres Strait Islander residents across Qld:

- Treatment uptake has improved for uterus, lung, and pancreatic cancers but declined for bowel and liver cancers.
- Breast cancer has the highest treatment uptake.

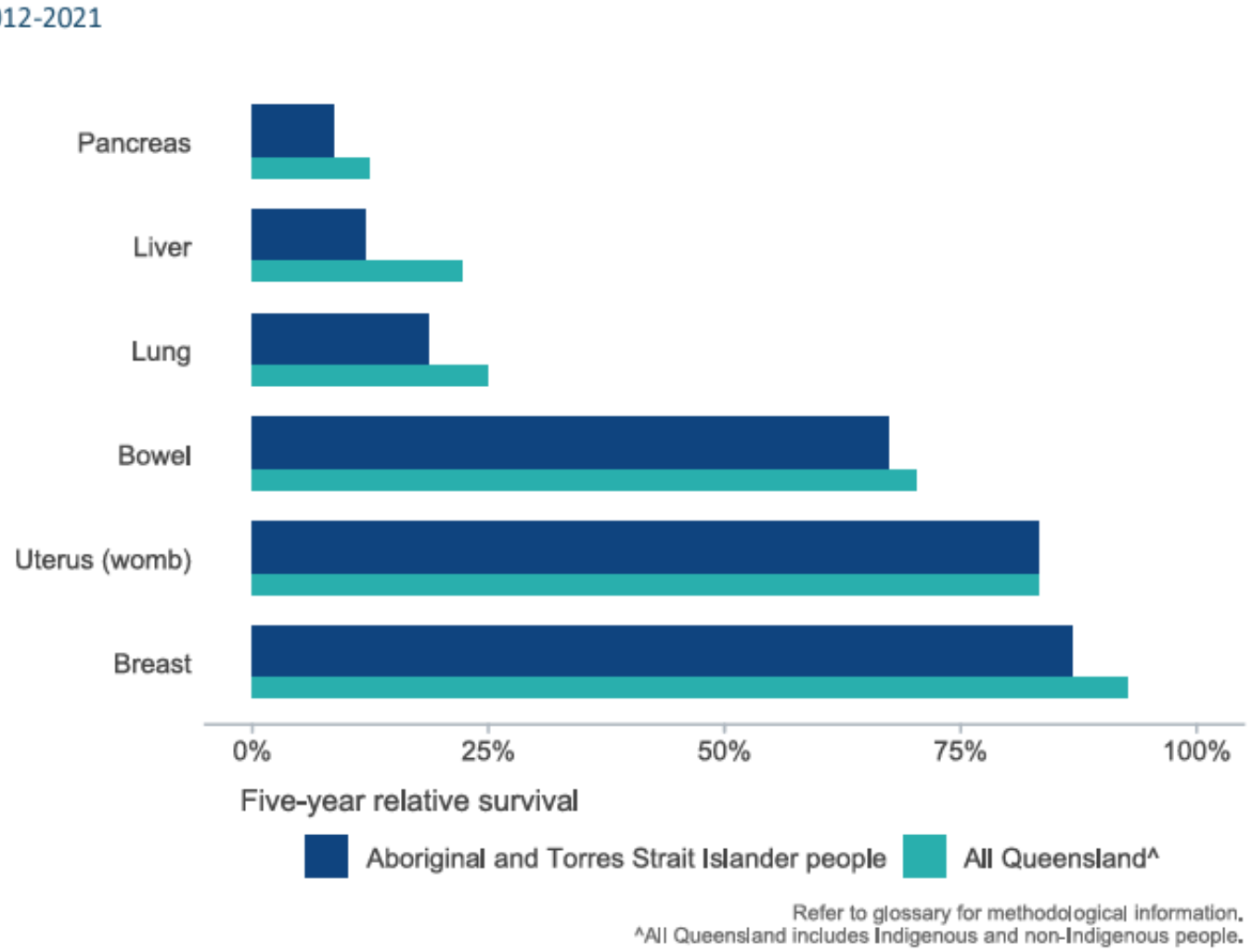
**Treatment = any surgery, radiation therapy, and/or chemotherapy received within one year of cancer diagnosis*



Source: Cancer Insights. A Focus on Queensland's Aboriginal and Torres Strait Islander Communities 2012-2021 1st edition

Five-year survival

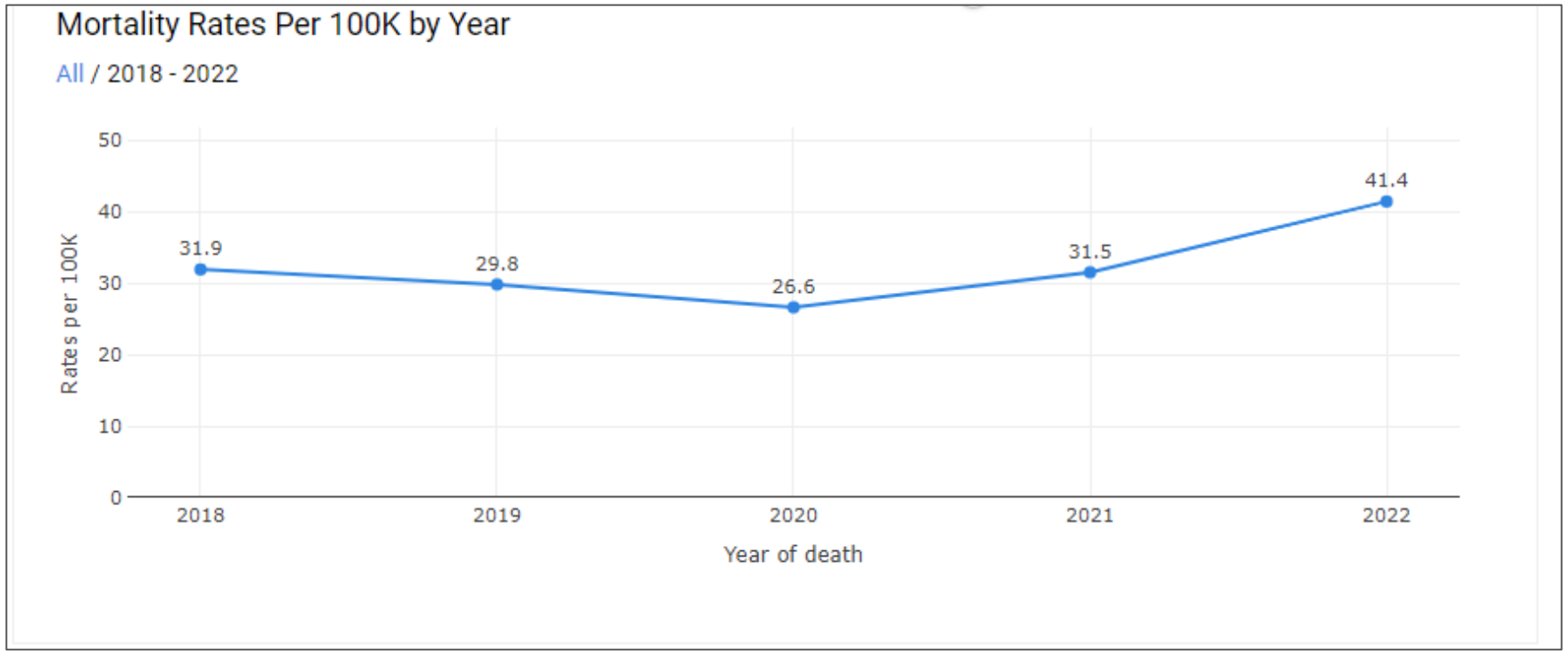
Five-year survival is poor for all Queenslanders diagnosed with liver, lung or pancreas cancers, and *Aboriginal and Torres Strait Islander people in Queensland with these cancers experience poorer survival than Queenslanders overall.*



Source: Cancer Insights. A Focus on Queensland's Aboriginal and Torres Strait Islander Communities 2012-2021 1st edition

Lung cancer

- Between 2017–2020, *lung cancer had the highest incidence and mortality rates* of the four screening-related cancers among Aboriginal and Torres Strait Islander residents of Southeast Queensland
- *Lung cancer mortality rates appear to be increasing* amongst Aboriginal and Torres Strait Islander people in SEQ*:



Cancer Alliance Queensland Data Explorer, 20/10/2024

Lung cancer

- National Lung Cancer Screening Program is set to roll out from mid-2025
- Eligibility Criteria:
  - Aged between 50 to 70 years with no signs or symptoms of lung cancer AND
  - Have a history of at least 30-pack years‡ of cigarette smoking and are still smoking OR
  - Have a history of at least 30-pack years of cigarette smoking and quit in the past ten years.

What can we be doing now to ensure we achieve high rates of participation in the NLCSP, and to secure a safe and equitable Optimal Lung Cancer Care Pathway for Aboriginal and Torres Strait Islander people in SEQ?

Current SEQ FNHE Cancer Initiatives

- Metro South – CCP-funded cancer screening and pathways to care (region-wide)
- Metro North (STARS) - Bowel Screen colonoscopy (new initiative)
- Metro North - Women's Business Shared Pathway - gynae services
- Gold Coast HHS - Nurse colposcopy
- BreastScreen Queensland - Supported screening days
- Palliative and end-of-life care services