Why The Difference?

2015 (November) – Day 1, Q1 (Compulsory)

Medical Leader	
Medical Expert	✓
Communicator	
Advocate	•
Scholar	•
Professional	
Collaborator	
Manager	

For family reasons you accept a position as Chief Medical Officer (Medical Administrator) in a non-metropolitan New Zealand District Health Board that has a large Maori population (~26%) in its catchment population. You have been appointed as the senior clinical leader on a new regional taskforce, established in response to a Ministerial directive to "make a measurable difference quickly" to Maori health disparities.

The next meeting of the taskforce is to focus on cancer. You have been provided with the attached tables, which display data from the recently released Tatau Kahukura Maori Health Chart Book 2015, on national cancer registration and mortality rates for Maori and non-Maori females and males.

(Please note that in the attached tables, ***prioritised ethnicity*** means that a person is classified as Maori if one of their recorded ethnicities is Maori).

Questions:

1. Summarise the information conveyed by this data

2. What diseases do the statistics suggest should be addressed as a priority and why?

3. What might explain the differences in your Health District?

4. What factors might influence the priority sequencing of actions the task force considers?

Data for Figure 8: Female cancer registration rates, by site, 25+ years, Māori and non-Māori, 2010–12

Indicator	Māori	Non-Māori	Rate ratios (Māori compared with non-Māori)
Breast cancer	189.7	135.2	1.40
	(178.9–200.9)	(132.3–138.2)	(1.32–1.50)
Lung cancer	99.5	23.4	4.26
	(92.1–107.3)	(22.4–24.4)	(3.89–4.66)
Colorectal cancer	35.8	44.7	0.80
	(31.5–40.6)	(43.4–46.0)	(0.70–0.92)
Uterine cancer	32.8	19.2	1.71
	(28.5–37.6)	(18.1–20.3)	(1.47–1.99)
Cervical cancer	20.4	9.9	2.06
	(16.7–24.7)	(8.9–10.9)	(1.64–2.58)

Notes:

Figures are age-standardised to the total Māori population as recorded in the 2001 Census.

Prioritised ethnicity has been used – see 'Ngā tapuae me ngā raraunga: Methods and data sources' for further information.

Source: New Zealand Cancer Registry (NZCR), Ministry of Health

Data for Figure 9: Female cancer mortality rates, by site, 25+ years, Māori and non-Māori, 2010–12

Indicator	Māori	Non-Māori	Rate ratios (Māori compared with non-Māori)
Lung cancer	74.1	17.2	4.30
	(67.9–80.9)	(16.4–18.1)	(3.88–4.77)
Breast cancer	34.8	22.0	1.59
	(30.5–39.6)	(20.9–23.0)	(1.37–1.83)
Colorectal cancer	12.5	14.8	0.84
	(10.0–15.4)	(14.1–15.5)	(0.67–1.05)
Stomach cancer	9.9	2.7	3.64
	(7.6–12.7)	(2.4–3.1)	(2.68–4.94)
Uterine cancer	7.0	2.9	2.44
	(5.1–9.2)	(2.5–3.2)	(1.77–3.36)

Notes:

Figures are age-standardised to the total Māori population as recorded in the 2001 Census.

Prioritised ethnicity has been used – see 'Ngā tapuae me ngā raraunga: Methods and data sources' for further information.

Source: Mortality Collection Data Set (MORT), Ministry of Health

Data for Figure 10: Male cancer registration rates, by site, 25+ years, Māori and non-Māori, 2010–12

Indicator	Māori	Non-Māori	Rate ratios (Māori compared with non-Māori)
Prostate cancer	88.2	109.9	0.80
	(80.8–96.1)	(107.6–112.3)	(0.73–0.88)
Lung cancer	84.2	29.6	2.84
	(77.0–91.9)	(28.5–30.8)	(2.58–3.13)
Colorectal cancer	44.5	55.7	0.80
	(39.2–50.4)	(54.1–57.3)	(0.70–0.91)
Liver cancer	24.1	7.0	3.43
	(20.3–28.5)	(6.4–7.7)	(2.83–4.17)
Stomach cancer	21.8	7.7	2.84
	(18.1–26.0)	(7.1–8.3)	(2.32–3.49)

Notes:

Figures are age-standardised to the total Māori population as recorded in the 2001 Census.

Prioritised ethnicity has been used – see 'Ngā tapuae me ngā raraunga: Methods and data sources' for further information.

Source: New Zealand Cancer Registry (NZCR), Ministry of Health

Data for Figure 11: Male cancer mortality rates, by site, 25+ years, Māori and non-Māori, 2010–12

Indicator	Māori	Non-Māori	Rate ratios (Māori compared with non-Māori)
Lung cancer	67.5	24.2	2.78
	(61.0–74.4)	(23.3–25.3)	(2.50–3.10)
Colorectal cancer	19.8	18.7	1.06
	(16.3–23.8)	(17.9–19.6)	(0.87–1.28)
Prostate cancer	19.1	12.6	1.51
	(15.7–22.9)	(12.0–13.2)	(1.25–1.83)
Liver cancer	15.9	4.6	3.43
	(12.8–19.4)	(4.2–5.1)	(2.71–4.33)
Stomach cancer	13.8	5.4	2.53
	(10.9–17.2)	(5.0–6.0)	(1.97–3.26)

Notes:

Figures are age-standardised to the total Māori population as recorded in the 2001 Census.

Prioritised ethnicity has been used – see 'Ngā tapuae me ngā raraunga: Methods and data sources' for further information.

Source: Mortality Collection Data Set (MORT), Ministry of Health

Guidance for Censors

		Knowledge	Skills	Attitude/Behaviour
Poor	1	Theoretical knowledge and ability to interpret basic health data below basic specialist level and poor ability to explain why the variances may be occurring	Does not communicate in a fluent and clear manner and/or has not understood the intent of the questions	Does not demonstrate an understanding of the cultural factors or an understanding of why external factors may influence health priority setting during planning and subsequent implementation of programs. Unable to answer simple follow-up questions
Limited	2	Can describe some of the statistical significance but can't effectively link key priority setting with the key issues.	Can only explain a few issues relating to priority setting and only explains the most basic of reasons why differences could be occurring and leading to the poor Maori health indicators.	Only demonstrates a basic understanding of how cultural and external factors may influence health priority setting during planning and subsequent implementation of programs. Only answers the most simple follow-up questions
Borderline	2.5	Only provides borderline understanding of the statistics and why they would be of concern to the Ministry of Health. Whilst knowing the basic issues, candidate doesn't present the observations in a simple and effective manner expected of a specialist medical administrator.	Attempts to provide the answers to the specific questions but leaves the censors with the impression that s/he would struggle to lead a team discussion on the topic.	With or without prompting, candidate only demonstrates a limited understanding of the factors that might influence the priority sequencing of actions for the task force Must at least mention that the local Maori people should be involved in some way with health service planning
Meets standard	3	Should be able to demonstrate the following • Correct data interpretation of the statistics – notes & explains why Maori rates may be higher or lower than non-Maori • Good understanding of the broad public health /Maori (indigenous) disease prevention actions	Can demonstrate: • Ability to set priorities • Understanding of why obvious health status differences may be occurring in the local District – not just the indigenous issues but also availability of resources and perhaps culturally insensitive services that discourage Maori acceptance • Understanding that	Able to demonstrate some of the more important factors that may influence priority setting of intervention actions such as: • Ministerial desire for quick results • Lack of available staff and resources to deliver services • May need to collect additional information to help plan initiatives • Mentions the need to involve local Maori in any planning initiatives

	that are needed • Indicates that such statistics are often 2 to 3 years behind other statistics • Mentions at least some of the reasons why Maori may not access prevention, detection, treatment and palliation services	disease interventions will have a 'lag phase' before substantive improvements occur	• NZ Candidates must know obligations under Treaty of Waitangi to ensure equity of access to services and outcomes for Maori
Good 4	• As well as providing the basic points listed above, additional information is provided about the statistical significance of the data. • Better explanation of cultural reasons why the differences may be occurring.	As well as demonstrating all of the above the candidate: • indicates extra reasons to support priority setting of actions • better understanding of reasons why Maori people may not use local current or future health initiatives	• Demonstrates additional understanding of why indigenous health services may not be used in a health service district e.g. not culturally acceptable, not sensitive or accessible to local needs • Mentions additional points about investigating and planning indigenous services involving the local people.
Outstanding 5	Excellent interpretation of statistics and ability to summarise the key observations and explain why the health disparity is occurring.	Excellent display of understanding the data, its significance and the future actions of a task force to plan new Maori health services	Demonstrates that they have an ability to understand all of the issues including why ministerial influence / imperatives, strength of local community expectations and local resourcing issues may influence the final priority setting and timing of suggested actions