



Social and Cultural Determinants of Indigenous Health Consultation

Submission from Cancer Council Australia

5 May 2017

Cancer Council Australia is Australia's peak national non-government cancer control organisation and advises the Australian Government and other bodies on evidence-based practices and policies to help prevent, detect and treat cancer and also advocates for the rights of cancer patients for best treatment and supportive care.

Responsibility for content of this submission is taken by CEO Professor Sanchia Aranda.

Key messages and recommendations

The higher incidence rate of cancer in Indigenous people is related to the higher prevalence of risk factors such as tobacco smoking and chronic hepatitis infection. These risk factors have a direct relationship with social determinants. In order to address these risk factors and cancer in Indigenous populations, Cancer Council Australia recommends all governments in Australia develop an Indigenous cancer strategy based on outcomes:

- Targeted tobacco control initiatives to reduce the prevalence of smoking
- Universal vaccination of all Indigenous infants and adults to reduce
- Strategies to increase screening participation in Indigenous communities
- Work with Indigenous stakeholders to improve accessibility of primary, secondary and tertiary health services
- Improve data collection and availability, particularly to identify the impact of socioeconomic determinants on poorer survival
- Establish stronger and more measurable targets in relation to all of the above, and targeted funding.

Discussion

Aboriginal and Torres Strait Islander peoples, hereafter Indigenous, generally suffer poorer health outcomes than non-Indigenous people in Australia. The incidence rate and mortality rate for cancer is higher for Indigenous than non-Indigenous Australians¹. The higher incidence rate is related to the higher prevalence of risk factors for cancer such as tobacco smoking, alcohol consumption and chronic hepatitis infection. Much of this risk factor burden is driven by entrenched social and health inequalities. Research suggests that current healthcare services do not meet the needs of the Indigenous population. As a result,

¹ Australian Institute of Health and Welfare. Cancer in Indigenous Australians [website]. Available from: <http://www.aihw.gov.au/cancer/indigenous-australians/> (accessed 21 April 2017)

Indigenous people are less likely to participate in screening programs and more likely to receive delayed or incomplete treatment.

Lung cancer is the most commonly diagnosed cancer and the leading cause of death for Indigenous Australians¹. Indigenous people are also overrepresented in other smoking-related cancers such as head and neck cancers. Smoking rates in Australia have declined substantially in recent decades. However, 42% of Indigenous Australians are current smokers compared to 12.8% of other Australians². Tobacco smoking accounts for 23% of the health gap between Indigenous and non-Indigenous Australians³. Unless we address smoking disparities, health inequality will persist.

There are a number of social and cultural factors that contribute to maintaining high smoking rates in Indigenous communities including social acceptability and stress caused by poverty and racism. More funding is required for targeted tobacco control initiatives which recognise and address these factors.

Indigenous Australians have a five to 10 times higher population-based incidence rate of hepatocellular carcinoma (the most common liver cancer)⁴ and are 12 times more likely to die of liver cancer⁵. The higher rates of liver cancer are likely to be attributable to high hepatitis B infection rates, combined with risky alcohol consumption. Chronic hepatitis B virus (HBV) infection is considered endemic in Indigenous communities with an estimated 16% of Australians living with chronic HBV⁶. The single most important strategy to prevent liver cancer is to prevent infection with HBV and hepatitis C virus (HCV). Prevention of HBV- and HCV-related cancers is also possible through effective treatment of the viral infection. Targeted screening and detection programs can identify Indigenous people with chronic HBV and/or HCV infection such that they can be referred for treatment and/or monitoring to improve cancer outcomes. In addition to earlier referral to treatment, early identification of infected individuals enables opportunities to reduce transmission to others through education, controlling infectivity, reducing risk behaviours and offering vaccination to at risk contacts. Universal vaccination of all Indigenous infants and adults should be supported as the most effective preventive approach to lower rates of HBV infection in Indigenous communities.

Indigenous women are nearly three times more likely to develop and four times more likely to die from cervical cancer than non-Indigenous females⁷. Indigenous women are under-screened for cervical cancer which is likely to contribute to the higher mortality rates.

² Australian Bureau of Statistics. 4727.0.55.006 - Australian Aboriginal and Torres Strait Islander Health Survey: Updated Results, 2012–13. 2014. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4727.0.55.006~2012%E2%80%9313~Main%20Features~Tobacco%20smoking~13> (accessed 21 April 2017)

³ Australian Institute of Health and Welfare. Australian Burden of Disease Study. Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011. Available from: <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129557109> (accessed 21 April 2017)

⁴ Wan X, Mathews JD. Primary hepatocellular carcinoma in aboriginal Australians. *Aust J Public Health* 1994 Sep;18(3):286-90

⁵ Cunningham J, Paradies Y. Mortality of Aboriginal and Torres Strait Islander Australians 1997. Canberra: Australian Bureau of Statistics; 1998. Report No.: ABS Occasional Paper 3315.0. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/mediareleasesbytitle/83089DF98E4E6EE3CA2568C40004A466?OpenDocument>

⁶ O'Sullivan BG, Gidding HF, Law M, Kaldor JM, Gilbert GL, Dore GJ. Estimates of chronic hepatitis B virus infection in Australia, 2000. *Aust N Z J Public Health* 2004 Jun;28(3):212-6

⁷ Australian Institute of Health and Welfare. Cancer in Indigenous Australians [website]. Available from: <http://www.aihw.gov.au/cancer/indigenous-australians/> (accessed 21 April 2017)

Although data is limited, available evidence indicates that poorer survival outcomes for Indigenous cancer patients may be attributed to advanced disease at diagnosis, greater burden of comorbidity, and poor or limited access to culturally appropriate care than other Australian cancer patients^{8 9}. Socioeconomic factors are likely to influence treatment decisions, access and ability to complete treatment, and contribute to the overall poorer cancer survival outcomes. Capacity to pay upfront for travel and the need to travel away from their community for treatment are barriers to healthcare service utilisation that need to be addressed.

For Indigenous cancer patients, a combination of communication and cultural barriers drive feelings of mistrust, fear and isolation within the mainstream health care system. As a result, patients report unmet clinical and supportive care needs when the delivery of care does not align with cultural values^{10 11}. Mechanisms for improved recording of Indigenous status, reporting of Indigenous health outcomes and interactions with health services, would aid the provision of services to meet the unique cancer care needs of Indigenous cancer patients. Local delivery of care through telemedicine models will contribute to greater delivery of community based care and may reduce stressors associated with travel and removal from their community.

Most cancers in Indigenous Australians are largely preventable. Culturally appropriate services which foster trust and respect are critically important for driving health system reform to improve access to Indigenous people. Social and health inequalities must be addressed in order to improve cancer outcomes for Indigenous people.

⁸ Brown A, Rodger D, Yerrell P, Cargo M, Reilly R, Banham D, Micklem J, Morey K, Stewart H. Cancer data and Aboriginal Disparities Project (CanDAD) – an overdue cancer control initiative. *European Journal of Cancer Care*, 2016, 25, 208-213.

⁹ Condon JR, Garvey G, Whop LJ, Valery PC, Thomas D, Gruen R, Cunningham J. Aboriginal and Torres Strait Islander Australians and cancer. *Cancer Forum* 2013(Mar), 37, 27-30

¹⁰ Condon JR, Garvey G, Whop LJ, Valery PC, Thomas D, Gruen R, Cunningham J. Aboriginal and Torres Strait Islander Australians and cancer. *Cancer Forum* 2013(Mar), 37, 27-30

¹¹ Diaz A, Bernardes CM, Garvey G, Valery PC. Supportive care needs among Indigenous cancer patients in Queensland, Australia: less comorbidity is associated with greater practical and cultural unmet need. *European Journal of Cancer Care*, 2016, 25, 242-253.