TE AHO O TE KAHU CANCER CONTROL AGENCY

Briefing on report release: The Disability and Cancer Reports

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To:	Hon Simeon Brown, Minister of Health Hon Louise Upston, Minister for Disability Issues		

Contact for telephone discussion

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Minister's office to complete:

☐ Approved	☐ Decline	☐ Noted
☐ Needs change	☐ Seen	☐ Overtaken by events
☐ See Minister's Notes	☐ Withdrawn	

Comment:

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To:	Hon Simeon Brown, Minister of Health Hon Louise Upston, Minister of Disability Issues		

Purpose

1. This briefing provides information about the intended release of two reports: *Disabled people and cancer literature review* and *The burden of cancer among disabled people: Diagnosis insights*. Together these two reports are referred to as the disability and cancer reports.
2. The reports provide new insights on disabled people with cancer in New Zealand. They address a current gap in knowledge and highlight inequities in access, care, and outcomes. The new data and insights will inform improvements in cancer services and support the goals of the refreshed *New Zealand Cancer Action Plan 2026–2029*.

Background

3. Overall, cancer services in New Zealand provide high quality care. However, there are opportunities for improvement and better consistency across all regions and population groups. The disability and cancer reports form part of the Cancer Control Agency – Te Aho o Te Kahu (the Agency) population insights programme. This programme identifies differences in cancer outcomes between key population groups and provides evidence-based insights to support improvement in health services.
4. International and local evidence shows that disabled people have poorer health and wellbeing outcomes. The Agency has identified a lack of specific research on cancer incidence and outcomes for disabled New Zealanders.
5. Given that 17% of New Zealanders identified as disabled in the Stats NZ 2023 Household Disability Survey, the disability and cancer reports aim to generate new insights into the experiences of disabled people with cancer in New Zealand.

Summary

6. The *disabled people and cancer literature review* (the literature review) presents evidence on disabled people's experiences of cancer and cancer services, including barriers to care and opportunities for service improvement. The *burden of cancer among disabled people:*

diagnosis insights (the diagnosis insights report) analyses cancer diagnosis rates among disabled people in New Zealand compared with the total population.

7. The literature review outlines evidence-based approaches to reducing barriers to care and identifies research gaps. It includes New Zealand and international research.

8. The diagnosis insights report analyses cancer diagnoses between 2018 and 2022 for adults aged over 15 years. It shows that disabled people experience higher overall rates of cancer diagnosis compared with the total population. Notably, lung, bowel and breast cancers were more commonly diagnosed among disabled people. Lung cancer diagnosis rates for disabled people are significantly higher than those of the total population.

9. The diagnosis insights report notes that, in the majority of cases, cancer is unlikely caused by the same factors that contributed to the disability. The higher rates that disabled people experience are more likely to be due to differences in exposure to cancer risk factors (such as smoking) and other determinants of health.

10. s 9(2)(g)(i)

11. The disability and cancer reports are scheduled for publication on the Agency website on 27 November 2025. Their publication will be supported by communications to key stakeholders, focusing on key findings and next steps for improvement.

Key findings

Disabled people and cancer literature review

12. The literature review summarises peer-reviewed research on disabled people and cancer outcomes. It found that there is limited information available about the experiences and cancer outcomes for disabled people, both in New Zealand and internationally. The limited existing research is heavily focused on cancer screening, with few insights into treatment, outcomes, palliative care, and end-of-life support for disabled people with cancer.

13. Globally, some studies have shown screening rates to be lower amongst disabled people compared to non-disabled people, especially for breast and cervical cancer. This increases the risk of delayed diagnosis and poorer outcomes. Some studies also report that disabled people experience higher cancer mortality and lower survival rates for certain cancers compared to non-disabled people. Disabled people, particularly those with learning (intellectual) disabilities, are reported in some studies to be less likely to receive timely or curative treatment.

14. Evidence highlights screening and treatment barriers including:

    a. appointments and facilities that do not accommodate impairments

    b. lack of support for navigating services

    c. inadequate patient information

    d. insufficient staff training.

15. Service improvements outlined in the literature review include health professional education and ensuring support services are available for disabled people. International and New Zealand research highlights the importance of disabled people working alongside cancer services in the design, delivery and improvement of health services. This partnership helps ensure services are relevant and effective.

16. Several studies emphasise the need for accurate and consistent data collection about disabled people. The literature shows wide variation in how disability is defined and categorised, which complicates comparisons and analysis. Robust and standardised data collection is essential to identify equity gaps and inform policy and service design.

The burden of cancer among disabled people: diagnosis insights

17. The diagnosis insights report analyses cancer diagnoses between 2018 and 2022 for adults aged over 15 years. It is a retrospective cohort analysis of New Zealand's population, comparing disabled people with the total population. During this period, 85,692 people were diagnosed with cancer from a total population of 4,204,524. Of the 85,692 diagnosed with cancer, there were 12,354 people (approximately 1 in 7) who were identified as disabled.

18. When reading the diagnosis insights report, it is important to note three key points:

    a. Disability status is inconsistently collected across many official datasets, making it difficult to identify disabled people in the wider population. This is a systemic issue affecting disabled health data beyond cancer. To address this, the report used a disability indicator developed by the former Social Wellbeing Agency and endorsed by expert stakeholders. Although more comprehensive than other methods, one limitation of this method is that it may incorporate people with temporary disabilities (short-term impairment), and is more likely to identify people with sensory or physical impairments than those with psychosocial, intellectual (learning), or neurological impairments.

    b. This limitation also means it is not possible to accurately identify a non-disabled population as a comparison group. For these analyses, the total population has been used as a comparison group. However, this means any differences between disabled and non-disabled people may be greater than those shown in this report.

    c. The analysis was designed to focus on people who were disabled prior to their cancer diagnosis, rather than those who became disabled after (or as a result of) their cancer diagnosis. However, due to analysis methods and linkages between disability and cancer, some people who became disabled as a result of their cancer may be included in the disabled group.

19. With these caveats in mind, the results of the analysis are summarised as follows:

    a. Disabled people had a 22% higher rate of cancer diagnosis than the total population. The overall age-standardised rate of cancer diagnosis for disabled people was 1,312 per 100,000 person-years, compared to 1,073 per 100,000 person years for the total population.

    b. The Agency looked at the impact of individual demographic factors (such as ethnicity, rurality and deprivation) on rates of diagnosis within the disabled

population. Tāngata whaikaha Māori (disabled Māori) had the highest rate of cancer diagnosis within the disabled population.

c. The report also examined four common cancer types: lung cancer, bowel cancer, breast cancer, and prostate cancer. Disabled people had a 71% higher rate of lung cancer diagnosis, a 12% higher rate of bowel cancer diagnosis, and an 11% higher rate of breast cancer diagnosis compared with the total population.

d. Conversely, disabled people were less likely to be diagnosed with prostate cancer than the total population. Although this data analysis does not explain why, it is likely due to overdiagnosis of prostate cancer in the total population, underdiagnosis in the disabled population, or a combination of both. Therefore, it is less likely to mean that disabled people have less prostate cancer than the total population.

20. In most cases, cancer is unlikely caused by the same factors that contributed to the disability. It is more likely to reflect disabled people having greater exposure to modifiable cancer risk factors (such as smoking), systemic barriers to determinants of health (such as income and housing), and barriers to screening and access to primary care.

21. This analysis highlights the importance of incorporating the requirements of disabled people within cancer services, considering the high overall rates of cancer diagnosis among the disabled population across all demographic groups. It also reinforces the need for consistent collection of disability status across health data sets.

Strategic alignment

22. Some of the findings of the disability and cancer reports are likely to be broadly applicable across the wider health sector. A number of government policies and strategies are set to enhance care for disabled people, including:

a. The *Government Policy Statement on Health 2024–2027*, which prioritises improved health outcomes for high-need groups, including disabled people.

b. The *New Zealand Health Strategy 2016–2026*, which highlights the need for a responsive health system for disabled communities.

c. The *Health of Disabled People Strategy 2023*, which sets long-term priorities for the health system to achieve equity in disabled people's health by embedding disabled people's self-determination, ensuring inclusive design and care, strengthening workforce capability, integrating cross-government action, and enhancing visibility in data and research.

d. The *New Zealand Health Plan 2024–2027*, which includes actions to strengthen disability responsiveness through improved data, consumer and whānau voice, and designing and implementing the disability model of care.

e. The Agency's refresh of the *Cancer Action Plan 2026–2029* (the draft plan was shared with Minister Brown on 6 October 2025, refer H2025073429), which highlights how disabled people currently experience inequities at multiple points of the cancer continuum.

f. The *New Zealand Disability Strategy 2016–2026* (currently being refreshed – see below), with health as one of five priority outcome areas. The refreshed strategy is due to be launched by the end of the 2025.

Improving disabled people's experiences of the health system

Refresh of the New Zealand Disability Strategy 2026–2030

23. The refresh of the *New Zealand Disability Strategy 2026–2030* is currently underway. Five health actions are proposed:

    a. review and improve policies and practices for accessibility and inclusiveness

    b. build health workforce capability

    c. create opportunities for disabled people to develop skills and knowledge to take up health system roles

    d. identify disabled people in national health data

    e. implement systems to enable disabled people to record their accessibility needs against their National Health Index.

24. Specific actions already underway within Health New Zealand to improve the health of disabled people include:

    a. The Patient Profile and National Health Index Project, which will provide a mechanism for disabled people to communicate their access requirements to health services.

    b. Work is progressing to identify disabled people in health administrative data. Currently, national health administrative data links a person's health information at both individual and population levels, and can be separated by demographics such as age, gender, ethnicity and deprivation. However, it is unable to identify disability status, which limits the health system's understanding of health inequities for disabled people at a population level (refer to H202502507224).

    c. The Disability Health team in Health New Zealand has an extensive work programme aimed at lifting the organisation's capability in providing services to disabled people. This includes a focus on implementing the Disability Model of Care, which includes building workforce capacity and capability, and creating policies, processes and practices that enable access and inclusion.

s 9(2)(f)(iv)

25. While these reports focus specifically on disabled people and cancer, they can also inform policy, planning and practice across the wider health system.

s 9(2)(g)(i)

29. The reports will not be proactively released to media at his time.

30. To ensure the appropriate expertise has been involved, the Agency engaged several sector stakeholders throughout the design and development of the reports. This included:

    a. Ministry of Disabled People – Whaikaha
    b. Ministry of Health – Manatū Hauora
    c. Health New Zealand – Te Whatu Ora
    d. Disability and Cancer Lived Experience Advisors
    e. Specialist epidemiologist support and peer review of the Data Insights Report.

Next steps

31. The disability and cancer reports are scheduled for publication on our website on 27 November 2025. Their publication will be supported by communications to key stakeholders, focusing on key findings and next steps for improvement.

32. The Agency will continue to work with health entities and the disability sector to build a shared understanding of unmet health needs in cancer outcomes for disabled people and their whānau, and to identify changes to improve cancer outcomes for disabled people.

ENDS.

Recommendations

It is recommended that you:

a) **Note** the key findings of the *Disabled people and cancer literature review* and *the Burden of cancer among disabled people: Diagnosis insights report*. **Yes/No**

b) **Note** the engagement undertaken with stakeholders that has contributed to the production of the disability and cancer reports. **Yes/No**

c) **Note** the low risk of releasing the reports and the mitigations that have been identified. **Yes/No**

d) **Agree** to the publication of the disability and cancer reports scheduled for 27 November 2025. **Yes/No**

Rami Rahal		
Chief Executive	Hon Simeon Brown	Hon Louise Upston
Cancer Control Agency, Te Aho o Te Kahu	**Minister of Health**	**Minister for Disability Issues**
Date:	Date:	Date: