The Economist INTELLIGENCE UNIT

BREAST CANCER PATIENTS AND SURVIVORS IN THE ASIA-PACIFIC WORKFORCE

New Zealand: Rising to a growing challenge

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About the report

Breast cancer patients and survivors in the Asia-Pacific workforce. New Zealand: Rising to a growing challenge is an Economist Intelligence Unit report, sponsored by Pfizer New Zealand Ltd, Auckland, New Zealand. This report draws upon interviews and research conducted in August-September 2018 on the topic of return-to-work for breast cancer survivors in New Zealand. Marianne Bray was the author and Michael Gold the editor. We would like to thank the following experts for contributing their time and insight:

- Sylvia Dixon, former senior analyst, New Zealand Treasury
- Richard Egan, senior lecturer, health promotion, University of Otago and co-director, Cancer Society Social and Behavioural Research Unit, Department of Preventive & Social Medicine, University of Otago, Dunedin
- Holly Hedley, senior associate, Buddle Findlay, Wellington
- Evangelia Henderson, chief executive, Breast Cancer Foundation New Zealand
- Esther Livingston, general manager, people and capability, Callaghan Innovation, Wellington

It also draws upon an advisory board of global authorities who provided context and background on this topic. We would like to thank the following individuals for contributing their time and insight:

- Ziv Amir, honorary professor, cancer rehabilitation, University of Salford, UK
- Bogda Koczwara, medical oncologist and senior staff specialist, Flinders Centre for Innovation in Cancer, Flinders University, Adelaide, Australia
- Anja Mehnert, head, psychosocial oncology, department of medical psychology and medical sociology, University of Leipzig Medical Center, Germany
- Rebecca V Nellis, executive director, Cancer and Careers, New York, US

New Zealand: key data

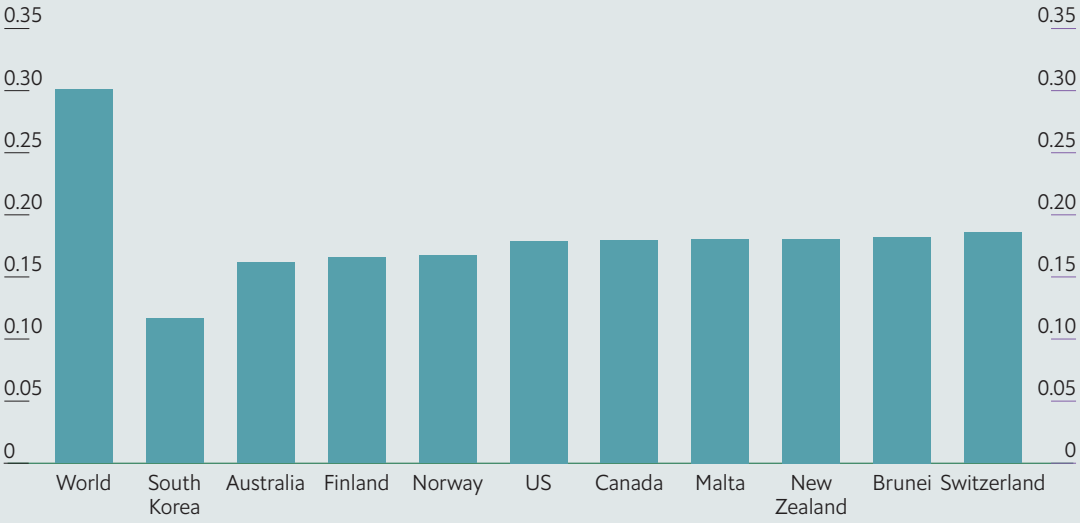
- Crude breast cancer incidence rate per 100,000 (2018): 145.1[1]
- Breast cancer prevalence (five year) per 100,000 (2018): 599.0[2]
- Labour force participation rate, general (2017): 80.9%[3]
- Labour force participation rate, women aged 40-64 (2017): 81.1%[4]
- Unemployment rate, general (2017): 4.9%[5]
- Unemployment rate, women aged 40-64 (2017): 2.5%[6]

The extent of the challenge: fresh thinking about survivorship

New Zealand has one of the highest breast cancer rates in the world, and more women are diagnosed every day. It ranks second in Asia-Pacific behind Australia, with a crude incidence rate of 145.1 per 100,000,[7] following closely behind its Western counterparts. European nations including the UK take the top ten spots, with New Zealand ranking 16th place globally.[8] One in nine New Zealand women will be diagnosed with the disease in their lifetime.[9] While the number of breast cancer cases jumped from 2,306 in 2000 to 3,266 in 2014,[10] the number of survivors jumped too—80% of people with breast cancer survive ten years or more (95% if detected early via a mammogram), with a five-year survival rate of 88%.[11,12] The country also has a relatively low mortality-to-incidence ratio by international standards, ranking in the top ten globally (see chart).

Chart I. Caring for the Kiwis

Breast cancer mortality-to-incidence ratio, global and top ten countries



Source: EIU calculations based on data from IARC/WHO Cancer Today

[1] Cancer Today database, IARC, accessed October 5th 2018

[2] Ibid

[3] OECD Datastat, LFS by sex and age - indicators, accessed September 24th 2018

[4] Economist Intelligence Unit calculations based on data from LFS by sex and age, OECD Datastat, accessed September 24th 2018

[5] LFS by sex and age – indicators, OECD Datastat

[6] Economist Intelligence Unit calculations based on data from LFS by sex and age, OECD Datastat

[7] Cancer Today database, IARC

[8] Cancer Today database, IARC

[9] Male breast cancer occurs but only rarely, with an age-adjusted incidence below one per 100,000 across Asia-Pacific (Diana Ly et al, "An International Comparison of Male and Female Breast Cancer Incidence Rates", *International Journal of Cancer*, 2012). This study therefore deals exclusively with female breast cancer

[10] New Zealand Breast Cancer Facts, Breast Cancer Foundation New Zealand

[11] Ibid

[12] "2500 more Kiwis would have survived cancer if they lived in Australia", Cancer Society, February 19th 2018

"As cancer has gone from what people used to unfairly think was a death sentence to a chronic disease, we're starting to think more about survivors, people living well with cancer and past cancer," says Richard Egan of the University of Otago. "That change affects individuals, public health and the economy. Survivorship is impacting the rest of society."

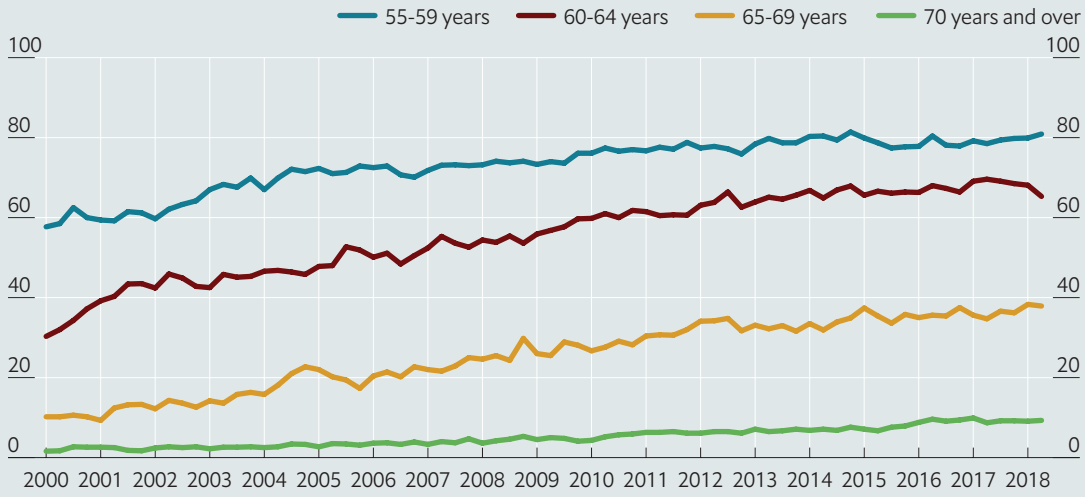
"[Cancer] survivorship is impacting the rest of society."

- Richard Egan, University of Otago

As survival rates improve thanks to earlier detection and improved treatment, there is a need to address the growing effects of breast cancer among the workforce. More women aged 40 to 64 years are working, with their participation surpassing 80%.[13] And the rate at which older women (those aged 55 and above) have joined the labour force has doubled from 2000 to 2018.[14] This is an age when risk grows markedly, with about 70-75% of women diagnosed with breast cancer 50 years and older.[15]

Chart II. Pink, grey and going for green

Workforce participation of older women in New Zealand, 2000-2018 (%)



Source: Household Labour Force Survey, Stats NZ

Yet New Zealand is marked by a paucity of research on breast cancer and return-to-work. One 2015 study shows diagnosis had a big impact on work rates and salary, with significant drops in employment rates and income earned, along with jumps in government income support in the four years after first diagnosis. At three months after diagnosis, women were 10.7 percentage points less likely to be employed than their counterparts. Their average monthly earnings were 18.7% lower in the first six months after diagnosis, and 7.3% lower four years after diagnosis.

[13] Economist Intelligence Unit calculations based on data from LFS by sex and age, OECD Datastat, accessed September 24th 2018

[14] Jamie Culling and Hayden Skilling, *How does New Zealand stack up? A comparison of labour supply across the OECD, 2018*, Reserve Bank of New Zealand Bulletin

[15] New Zealand Breast Cancer Facts, Breast Cancer Foundation New Zealand

The global context: no easy generalisations

Return-to-work is a difficult issue around the world. Rebecca V Nellis of Cancer and Careers, a US non-government organisation, says the issue "has been so under-discussed that you need to reach across all borders to see the full picture". Few diagnosed with breast cancer wish to leave the workforce permanently, as work is both an economic necessity and often psychologically beneficial. An examination of what research does exist internationally is therefore helpful for setting the context of this challenge in New Zealand.[17,18] It can be looked at via the following domains:

- *Medical outcomes and treatment.* Ongoing levels of pain, fatigue and depression, all frequent conditions among survivors, understandably impede resumption of employment. Treatment specifics are also important. Certain interventions, for example chemotherapy and radiotherapy, correlate with lower return-to-work rates. Clinicians should thus consider employment goals when discussing therapy choices. Traditionally they have been reluctant to do so, although experts indicate this may be changing.

- *Workplace relations.* Various studies support the central role that employers and co-workers play. Many employers are supportive but lack knowledge of what to do, probably because company policies need to be tailored to the individual organisation and, even then, require extensive flexibility. Both Anja Mehnert of the University of Leipzig Medical Center in Germany and Bogda Koczwara of Australia's Flinders Centre for Innovation in Cancer explain that what works in a given case depends on specific employee and employer circumstances. Big companies may be able to offer counsellors, employee assistance programmes, and retraining and upskilling opportunities, while small employers may lack these resources. Dr Mehnert explains that "it's very important that employee and employer have an open discussion" as early as possible after diagnosis.

- *Regulatory frameworks.* Laws can profoundly impact the success of return-to-work rates, but it is difficult to generalise beyond that. The rules governing return-to-work vary widely by jurisdiction and may involve the following:

  - constitutional rights;
  - human-rights law;
  - disability legislation and benefits; and
  - long-term sick leave rules and payments.

Lawmakers must remain aware that even well-meaning rules can create problems.[19] Granting disability pensions to cancer survivors, for example, may be appropriate, but if they are structured

[16] Sylvia Dixon, *The Employment and Income Effects of Eight Chronic and Acute Health Conditions*, The Treasury, December 8th 2015

[17] This section draws heavily from *The Road to A Better Normal: Breast cancer patients and survivors in the EU workforce*, The Economist Intelligence Unit, 2017

[18] The following paragraphs summarise and integrate findings from: Joanne Park and Mamdouh Shubair, "Returning to Work After Breast Cancer: A Critical Review", *International Journal of Disability Management*, 2013; Tania Islam et al, "Factors associated with return to work of breast cancer survivors: a systematic review", *BMC Public Health*, 2014; Régine Mbengi et al, "Barriers and opportunities for return-to-work of cancer survivors: time for action – rapid review and expert consultation", *Systematic Reviews*, 2016; and Institut National du Cancer, *La vie deux ans après un diagnostic de cancer - de l'annonce à l'après cancer, collection* études *et enquêtes*, 2014

to forbid any earned income by recipients then they may impede the kind of phased return-to-work that is often more successful than the immediate resumption of full-time duties.

● *Socio-economic considerations.* The nature of work and socio-economic status of the survivor are highly significant. In general, blue-collar, low-paid, manual workers are less likely to successfully continue with or resume employment. Low-paying jobs provide less incentive to overcome the difficulties of returning, while survivors' physical challenges make manual labour much harder.

Adding to the difficulties, all relevant issues overlap in a complex mesh. Progress, therefore, is likely to come from multi-faceted efforts. At the small scale, research into highly targeted interventions has shown little effect, but some evidence exists to support programmes that address patients' physical, psycho-social and vocational issues simultaneously.[20] Ziv Amir of the University of Salford in the UK cites "lack of communication between multiple stakeholders, including employees, employers, clinicians, regulators and trade union officials", as the single biggest obstacle, while Dr Koczwara says the key to progress is getting all stakeholders to support two principles: "work is valuable and everybody is different", so help needs to be flexible to succeed.

[19] See also Corine Tiedtke et al, "Supporting Return-to-Work in the Face of Legislation: Stakeholders' Experiences with Return-to-Work after Breast Cancer in Belgium", *Journal of Occupational Rehabilitation*, 2012

[20] Angela de Boer et al, "Interventions to enhance return-to-work for cancer patients", *Cochrane Database of Systematic Reviews*, 2015

Challenges of return-to-work in New Zealand: lack of leave and transparent information

The few studies in this field from New Zealand reveal that breast cancer survivors share the same barriers and opportunities in work as their overseas peers. One 2014 study of the work experiences of breast cancer survivors concluded that each patient's experiences with treatment and work was unique and it was "impossible to produce one finite set of guidelines for employers to follow."[21] Nonetheless, it is important to address the unique institutional and structural challenges around return-to-work in New Zealand.

One barrier may be the way that sick leave is structured—it is designed in an "off-or-on" fashion, similar to Australia. Breast cancer patients either have to work, or they are sick and receive leave, but they cannot do both simultaneously. If they continue to work they are entitled to very few sick days: Luxembourg and Norway, for example, provide 50 full-time equivalent working days of leave, while New Zealand is among the countries that provide the least, at five days.[22] While there are benefits and allowances that allow part-time employment through government agency Work and Income New Zealand,[23] for some of these, patients must prove they are getting treatment or looking for work, which can add extra strain in an already difficult time.[24,25]

In addition, there has been a lack of attention on how best to integrate cancer patients into the workforce. The current body of work on cancer survivorship in New Zealand is limited—for example, the Cancer Stories Project, released in January 2014, looked at factors that empower cancer patients as a whole and highlighted the need to further investigate employers' experience of return-to-work.[26] Treatment is usually given much more attention, yet this small nation of 4.8m people is limited in budgets and access to pharmaceuticals. It lags Australia so much that the Cancer Society said in a February press release that 285 more New Zealand women diagnosed between 2010 and 2014 would have survived breast cancer had they lived in Australia (see table).[27]

Table. Comparing Aussies and Kiwis

New Zealand v Australia cancer survival (2010-2014)

Cancer	Australia five-years net survival (%)	New Zealand five-years net survival (%)	Total number of observed cancer registrations in New Zealand	Approximate number of additional cancer patients who would have survived (if New Zealand had Australia's rates)
Colorectal	70.9	65	15,307	903
Lung	19.4	15.3	10,242	420
Melanoma	92.9	91.8	11,529	127
Breast (women)	89.5	87.6	14,975	285
Prostate	94.5	90.3	15,406	647

Source: Cancer Society (New Zealand)

[21] Katy Atkinson, "Work Experiences of Breast Cancer Survivors in New Zealand", University of Otago Library, 2014

[22] J Heymann et al, "Ensuring a healthy and productive workforce: comparing the generosity of paid sick day and sick leave policies in 22 countries", *International Journal of Health Services*, January 1st 2010

[23] Work and Income New Zealand website

[24] Benefits and entitlements, Cancer Society

[25] Alex Ashton, "Jobseeker benefit for cancer patients 'ludicrous'", Radio New Zealand, October 14th 2015

[26] Richard Egan et al, *Cancer Stories Project - Aotearoa/New Zealand narratives of encounters with cancer*, Cancer Society and the University of Otago, January 2014

[27] "2500 more Kiwis would have survived cancer if they lived in Australia", Cancer Society, February 19th 2018

Navigating what information and support are available, and doing that when unwell, is often an issue, according to Holly Hedley of law firm Buddle Findlay. While the Cancer Society and Breast Cancer Foundation New Zealand (BCFNZ) have online guidelines for cancer patients around work, they aren't as detailed or action-oriented as Australian toolkits, according to an Economist Intelligence Unit analysis, confirmed by experts. Indeed, the chief executive of BCFNZ, Evangelia Henderson, wrote in an email to The Economist Intelligence Unit that they would look at this area as they "continue to develop a suite of survivorship resources".

Ms Hedley suggests one option to improve access to information on entitlements could be to follow the American example of the Medical Legal Partnership model in care. The core idea revolves around putting lawyers into the clinical team to assist patients with access, according to Ms Hedley. "We often have good frameworks, but the challenge is actually understanding you've got them, and how to get them going," she says.

Health providers could also play a bigger role in supporting employers, according to Esther Livingston of government agency Callaghan Innovation. Employers need "more and better information" on what to expect and how best to support an employee with breast cancer, she says. This is particularly important since the BCFNZ's Ms Henderson says many patients "don't have a lot of time off work for breast cancer". Many patients work through radiation if employers are flexible and allow them to go to daily appointments over three to five weeks, and if they live close enough to a clinic, she says. But those who need chemotherapy and choose to work through it might need to take "two to three days off during each three-week cycle".

The prevalence of small businesses compounds the challenge. Employers, particularly in the public sector, are fairly supportive and well-versed in graduated return-to-work plans, says Ms Hedley. But most (97%)[28] of New Zealand businesses are small, and they may struggle to accommodate patients as they go through treatment and return to work, says Ms Livingston. This is "not as a result of a lack of willingness to be supportive, but more because their resources can become very stretched", she says.

Ethnic disparities are also of concern in New Zealand, where indigenous Māori people comprise 14.9% of the population and Pacific Islanders 7.4%.[29] Research shows Māori women are 76% more likely and Pacific Islander women twice as likely to die from breast cancer after five years as New Zealand European women.[30] One study suggested there were also larger impacts from breast cancer on the employment rates and income support for Māori and Pacific Islanders who survived the disease.[31]

Sylvia Dixon, author of that study, said further research was needed, as those findings weren't statistically significant, though she noted that women whose earnings fell in the bottom 25% before diagnosis were less likely to be working one year later. Given that Māori and Pacific Islander women earn less than other ethnic groups, "it seems reasonably likely there are ethnic differences in the employment effects of breast cancer as well," she says. Indeed, statistics show even without

[28] Small and Medium businesses in NZ, report of the Small Business Development Group, 2016, Small Business Development Group

[29] "Ethnic groups in New Zealand", Stats NZ, April 15th 2014

[30] "Meeting with decision makers to press for action to save and extend lives", Breast Cancer Aotearoa Coalition, July 8th 2018

[31] Sylvia Dixon, *The Employment and Income Effects of Eight Chronic and Acute Health Conditions*, The Treasury, December 8th 2015

being sick, Māori and Pacific Islander women are the lowest-paid and most likely to be in casual work of all ethnic groups in New Zealand.[32,33] And while inequalities in pay and work affect Māori and Pacific Islander women the most, they touch women of all ethnicities in New Zealand, with a gender pay gap of 9.2% as of August 2018.[34] Single mothers are particularly vulnerable.

"If women are solo parents, they are already typically earning less so the impact [of time off] is bigger," says Ms Hedley. "Other countries have required public reporting on pay rates between men and women and their companies"—something New Zealand does not do—"so you get that 'name and shame' idea."

[32] Iain Campbell, *On-call and related forms of casual work in New Zealand and Australia,* International Labour Organization, 2018

[33] "Pay gaps by ethnicity and gender, and equal value, equal pay for Maori and Pacific women", CEVEP, August 15th 2018

[34] Gender Pay Gap, Ministry for Women

Signs of progress: strong fundamentals and determination to tackle the issue

While New Zealand has many challenges, it has some inbuilt strengths compared with its Asia-Pacific neighbours, and is using them as a springboard to address barriers to return-to-work.

One of these is its strong regulatory environment. Akin to Australia, cancer is considered a lawfully protected disability. It is illegal to terminate employment purely for having cancer, and employers need to make reasonable accommodations to support workers who are unwell in carrying on in their role, says Ms Hedley.

On top of this, New Zealand offers free medical care via its public health system, and the incidence of private health insurance is low. New Zealand has 20 district health boards, a number of major oncology centres, 72 specialist cancer nurse co-ordinators, funding for at least 30 psychological and social support workers, and four regional cancer networks co-ordinating services across health providers at all levels.[35] Free mammograms are offered to women aged 45 to 69.[36] All this is coupled with strong advocacy groups like the BCFNZ and the Breast Cancer Aotearoa Coalition, a body run by survivors and representing around 30 breast cancer-related groups, all trying to dispel stigma around the disease.

Indeed, breast cancer appears to be one of the most well-understood and advocated areas of illness in New Zealand, says Ms Hedley, with the BCFNZ holding "Pink Ribbon" street outreach days and other schemes. As treatment regimes improve and become less invasive, it becomes easier for employers to accommodate the needs of employees. Ms Hedley notes that, from an employment perspective, breast cancer is probably more manageable than other diseases, which might take a less predictable course or cause one's health to fluctuate hugely without warning.

Flexibility with regard to hours and place of work, extended paid sick leave, the ability to work part-time, and thoughtful communication are all examples of good practice in New Zealand, says Ms Livingston. In addition, in September New Zealand started officially recognising survivorship as an important part of the cancer journey, under a national consensus statement on survivorship released jointly by the Cancer Society, Central Cancer Network and the Cancer Nurses College.[37] Supporting employment is among the areas of focus, as is rehabilitation and looking at the financial needs of patients, especially if they lose income.

Researchers are also embarking on a study looking at the needs and facilitators of, and barriers to, return-to-work, after the Cancer Stories Project highlighted the need for progress. The research, due June 2019, will look at the experiences of survivors and employers, and will review assistance available in New Zealand. The aim is to come up with a resource for Cancer Society supportive-care staff to use with patients, with tips on legal and financial issues, says Dr Egan.

[35] National Cancer Programme, New Zealand Government Ministry of Health, updated September 5th 2018

[36] BreastScreen Aotearoa, New Zealand Government National Screening Unit, updated August 28th 2018

[37] *Cancer Survivorship in New Zealand - Consensus Statement*, September 2018

Conclusion: a new direction

New Zealand has one of the highest breast cancer rates in the world, but with advances in medical care and screening, it has transformed the disease from what is seen as a death sentence into a chronic condition that affects all levels of society, including the workplace. With this has come a shift in thinking from a focus on treatment to survivorship. This is reflected in the consensus statement described previously, the aim of which is to improve outcomes for breast cancer patients and their families in a number of areas, including work, finance and rehabilitation.

"There is huge value on being a good employer."

- Holly Hedley, Buddle Findlay

Experts in New Zealand agree that communication between stakeholders is key to progress, as is awareness of entitlements, especially for disadvantaged groups, including indigenous women and those that work for small businesses. "You have to be your own advocate. And if your social capital or other capital is low, it's very difficult to [do that] within a very difficult, stressful situation," says Dr Egan.

But they are optimistic that stakeholders will work together to boost outcomes. "There is huge value on being a good employer," says Ms Hedley. "We always come back to that idea of good faith, that you are required to be reasonable and communicative and open, so that's fundamental. That intangible value of people seeing you treat your colleagues well is valuable."

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