



WAI RANGAHAU

**MAURI TŪ MAURI ORA
PROGRAMME EVALUATION**

JULY 2023–MARCH 2024



TE WHĀNAU O WAIPAREIRA
KŌKIRITIA I ROTO I TE KOTA HITANGA

CONTENTS

- ACKNOWLEDGEMENTS..... 4**
- EXECUTIVE SUMMARY 5**
 - Does the M2MO programme address barriers to cancer screening for whānau? 5
 - Has M2MO been successful in engagement with whānau who are overdue for breast, bowel and cervical cancer screening and if so, how?..... 6
 - Report Structure 7
 - Recommendations..... 7
- 1. INTRODUCTION 8**
 - Evaluation Aims and Methods 8
 - Logic Model & Theory of Change..... 9
- 2. OVERVIEW – INEQUITIES IN CANCER SCREENING FOR WHĀNAU MĀORI 12**
 - Facilitators to Cancer Screening for Indigenous Communities..... 13
 - Accessibility/Convenience*..... 13
 - Community Connection* 14
 - Whanaungatanga*..... 14
 - Kotahitanga*..... 15
 - Shared Culture* 15
- 3. MAURI TŪ MAURI ORA – DELIVERY OF A SUPPORT TO SCREENING PROGRAMME 16**
 - Kaimahi and Stakeholder Feedback..... 18
 - Accessibility of M2MO – “Because they’re too busy doing mahi.”* 18
 - Community embedded – “Somebody in their kumara vine at Waipareira will know where they are.”* 18
 - Kaupapa Māori engagement – “When they see Māori women ... people who look like them.”*19
 - Kotahitanga – “Really excited for collaboration in 2024, it’s going to be amazing!”* 21
 - Barriers to the M2MO Kaupapa* 22
- 4. M2MO OUTPUTS – MAKING A DIFFERENCE TO EARLY DETECTION IN WEST AUCKLAND 26**
 - Referrals 26
 - Screening 29
 - Improvement in Screening in Te Whatu Ora – Waitematā 29
 - Results from Whānau Surveys 31
 - Initial Survey* 31
 - Research Team Survey*..... 31
 - Discussion of Referral and Survey Data 37
 - ‘Keep doing what you’re doing ... ’* 38

5. WHĀNAU EXPERIENCES OF M2MO	41
Cancer Mamae.....	41
Limitations of Mainstream Screening Services.....	42
Creating a safe space through kaupapa Māori engagement.....	43
M2MO is mana-enhancing	44
Changes in attitude to cancer screening	45
Ripple effects of M2MO programme.....	45
Hesitancy about HPV self-testing	46
6. SUMMARY AND RECOMMENDATIONS	47
Does the M2MO programme address the key barriers to cancer screening?.....	47
Has M2MO been successful in its intention to engage with whānau, and if so, how?	48
Recommendations.....	49
GLOSSARY	51
BIBLIOGRAPHY	53
APPENDICES	56
Appendix A: Compiled Screening Data, July 2023–March 2024	56
Appendix B: Survey	58
Appendix C: Outcome Indicators and Evaluation Rubric	63

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EXECUTIVE SUMMARY

Mauri Tū Mauri Ora (M2MO) is a health promotion and support to cancer screening programme for whānau in West Auckland. Run by Wai Puna, the clinical services arm of Te Whānau o Waipareira, the programme aims to improve rates of cervical, breast and bowel screening by engaging with whānau and identifying those who are overdue for screening. The intention is to support early detection and improve whānau knowledge of cancer prevention. By doing so, M2MO aims to address the substantial inequities for Māori in terms of cancer morbidity and mortality. In addition, the programme takes the opportunity to engage with whānau on wider aspects of their health and hauora.

M2MO is rooted in a kaupapa Māori approach to engagement with whānau, which leverages off the 40 years of knowledge and experience Te Whānau o Waipareira has with whānau in West Auckland. Wai Puna collaborates closely with other organisations to deliver M2MO, particularly BreastScreen Aotearoa, Well Women and Family, the National Bowel Screening Programme and Te Whatu Ora – Waitematā. The programme has been running since July 2023. An important part of the programme kaupapa has been the introduction of human papillomavirus (HPV) self-testing for whānau in place of cervical smears as the preferred method of screening for cervical cancer.

This evaluation of M2MO covers the first nine months of the programme from July 2023–March 2024. The evaluation set out to answer two key questions:

- Does the M2MO programme address key barriers to cancer screening for whānau?
- Has M2MO been successful in its intention to engage with whānau who are overdue for breast, bowel and cervical cancer screening and, if so, how?

To answer these questions, qualitative and quantitative data was collected from interviews with key external stakeholders, interviews and focus groups with M2MO kaimahi and whānau, and surveys of whānau who attended cervical screening clinics. A logic model and theory of change were developed from consultation with kaimahi, and key outcomes for the programme were identified.

DOES THE M2MO PROGRAMME ADDRESS BARRIERS TO CANCER SCREENING FOR WHĀNAU?

The programme's approach to engagement reflects local and international research into the barriers to cancer screening, particularly for minority ethnic groups and indigenous people. The feedback from external stakeholders, kaimahi and whānau indicates that the M2MO programme does address the key barriers to cancer screening, such as difficulty of access, mistrust of mainstream health providers and lack of culturally appropriate service provision.

In addition, feedback from external stakeholders and whānau indicates that the provision of other services by Wai Puna, such as cancer navigators, means that whānau who received abnormal results from their screening have access to wraparound supports that facilitate positive outcomes for their journey through the health system. This indicates that M2MO not only addresses barriers to initial cancer screening for whānau, but also provides support to overcome obstacles at subsequent key stages of the post-screening referral process.

HAS M2MO BEEN SUCCESSFUL IN ENGAGEMENT WITH WHĀNAU WHO ARE OVERDUE FOR BREAST, BOWEL AND CERVICAL CANCER SCREENING AND IF SO, HOW?

So far, the programme has been achieving promising results in terms of its engagement with whānau who are overdue for breast and cervical cancer screening. Over the nine months of the programme, 308 whānau have been registered, 50 cervical screenings and 79 breast screenings have been carried out.

However, results for bowel screening have so far been less successful, with only three whānau registered with M2MO participating in bowel screening over the period. The reasons for this are discussed in detail below, but can be broadly attributed to initial issues in collaboration with the National Bowel Screening Programme, which has meant this aspect of M2MO has been less successful in terms of outputs.

These figures do not include the many hundreds more whānau who have had conversations with kaimahi regarding cancer screening and who may still be considering screening in the future, or who may have chosen other avenues for cancer screening. Nor do these figures include the wider whānau of those who have been screened, who may now be considering screening in the future. Engagement with whānau is an ongoing process and often requires time and persistence from kaimahi before whānau make the decision to screen.

Whānau also indicated that the M2MO programme provided an opportunity to discuss other health issues with kaimahi apart from cancer screening and prevention. This indicates the success of the programme in engaging with whānau about their wider health and hauora.

Feedback from kaimahi, stakeholders and whānau indicates the following key points about how M2MO engages with whānau and why this is successful:

- Accessibility/convenience of services.
- Waipareira kaimahi are embedded in the West Auckland community.
- Kaupapa Māori engagement creates safe spaces for whānau.
- Kotahitanga encourages collaboration and holistic approaches.
- Mana-enhancing engagement leaves whānau feeling empowered.

Feedback about the programme from whānau through surveys and focus groups sessions has been overwhelmingly positive. Whānau have reported improvements in their knowledge of cancer screening and its importance, and have also reported changes in attitudes towards cancer screening, with many indicating that they are now more likely to stay up-to-date with screening as a result of the programme. Significantly, whānau have also reported that they have encouraged others in their whānau and hāpori to go for screening, suggesting that the programme is already having potential flow-on effects for the wider community.

Overall, this evaluation has found evidence that the M2MO programme is already achieving excellent results for its intended short-term outcomes and some of its medium-term outcomes.

REPORT STRUCTURE

Section 1 introduces the M2MO programme, presents the evaluation methodology, the logic model and theory of change.

Section 2 provides a brief literature review, summarising the current inequities in cancer screening for whānau Māori and presenting key insights from the literature in overcoming barriers to cancer screening.

Section 3 outlines the specifics of M2MO, describing how the kaimahi deliver the programme. Insights from interviews with kaimahi and external stakeholders about the key elements of the programme are presented.

Section 4 presents the quantitative data collected as part of the evaluation, including the numbers of whānau that have been screened and feedback from whānau surveys.

Section 5 provides a thematic summary of the feedback collected from whānau focus group sessions about their experience of the programme.

RECOMMENDATIONS

This report makes the following recommendations to support the M2MO kaupapa:

- Stability and longevity of funding – funding should be confirmed and extended to maintain the momentum of the cancer screening kaupapa in West Auckland;
- Additional transport and staff resources – feedback from kaimahi and whānau indicates more resourcing required to support whānau access to screening clinics and to reduce waiting times at clinics;
- Educational resources – the design and production of kaupapa Māori resources drawing on pūrākau methods to support the cancer screening and prevention kaupapa;
- Enhanced data-gathering – gathering more information about the wider engagement that is occurring with whānau in the community as part of the M2MO mahi;
- More Māori medical kaimahi – Māori practitioners to actually carry out screening;
- Improved collaboration – focus on further building relationship with the National Bowel Screening Programme and provide kaimahi with bowel screening self-test kits to distribute to whānau to improve uptake of bowel screening;
- Improved communication and data sharing – develop system so that Wai Puna is notified of abnormal results, to enhance pathway from cancer screening to cancer navigation services for whānau;
- Expand the M2MO kaupapa to other screening programmes – engage with kaupapa Māori providers on the design and implementation of support to screening programmes for other cancers as screening programmes are developed.

1. INTRODUCTION

Te Whānau o Waipareira (Waipareira) is a kaupapa Māori health and social services provider based in West Auckland. Waipareira was established in 1984 as a response to the needs of whānau Māori grappling with the social and cultural changes resulting from the post-WWII Māori urban migration. Key to the inception of Waipareira was the desire for mana motuhake over health and social services for urban Māori. Over its forty-year history, Waipareira has established itself as a key advocate for urban Māori and as a leading exponent of kaupapa Māori approaches to the delivery of health and social services – to Māori, by Māori, for Māori. Wraparound services and whānau-centred care that enable whānau to achieve their aspirations for hauora are key to the services that Waipareira provides. Waipareira kaimahi are deeply embedded in the West Auckland community, with, in some cases, several generations of whānau working at Waipareira to tautoko and whakamana their hapori.

Wai Puna is the clinical services delivery arm of Waipareira, delivering a range of community-based health services that advocate for and support whānau on their hauora journey. A key kaupapa is the delivery of integrated services which can nimbly respond to the complex health needs of Waipareira whānau. In 2022, Ngā Hua o Mataora Integrated Services Contract was signed between Waipareira and Te Whatu Ora, heralding a new direction in the provision of health services, enabling funding streams to be better directed towards whānau needs and moving away from siloed approaches to developing services and delivering outcomes.

The M2MO kaupapa has therefore been developed within the wider context of the Waipareira commitment to whānau-centred, wraparound, mana-enhancing services and the Wai Puna focus upon integrated health services which are responsive to whānau needs, proactive in their engagement and flexible in their delivery.

EVALUATION AIMS AND METHODS

The evaluation of M2MO involved developing a formative evaluation framework based on input gathered through initial discussion with kaimahi to determine the key outcomes of the programme, assessing whether the programme is making progress towards achieving these outcomes and suggesting possible improvements.

The evaluation set out to answer two key questions:

- Does the M2MO programme address key barriers to cancer screening for whānau?
- Has M2MO been successful in its intention to engage with whānau who are overdue for breast, bowel and cervical cancer screening and if so, how?

A mixed methods approach was used, with qualitative and quantitative sources of data, including in-depth interviews, focus groups, surveys and analysis of M2MO data:

- Three stakeholder interviews;
- One Wai Puna kaimahi interview;
- One M2MO kaimahi focus group with seven participants;
- Five whānau focus group sessions with 19 participants;
- Twenty-seven whānau surveys gathered from attendees of the cervical cancer screening clinics.

Ethics approval from the Waipareira Ethics Committee for the research was granted in December 2023.

The evaluation design and analysis was informed by a kaupapa Māori lens. In practice, this meant the evaluation was informed by tikanga Māori, or Māori ways of doing things. Kaupapa Māori research places great value on qualitative and participatory modes of inquiry (Smith, L.T., 1999; Smith, G.H., 2003; 2017; Wilson et al., 2021). This included, involving M2MO kaimahi in the review of the data collection tools such as focus group pātai schedules and surveys, as well as embedding their knowledge and expertise in the analysis of findings. This helped to ensure that the evaluation process was inclusive, culturally safe and reflective of local contexts. Similarly, our approach to whānau engagement was underpinned by the following kaupapa Māori principles:

- Whanaungatanga – developing and maintaining relationships.
- Manaakitanga – caring for and supporting others.
- Kotahitanga – working together as one.
- Aroha – empathy, compassion, and kindness.
- Rangatiratanga – self-determination and empowerment.
- Wairuatanga – spirituality.

To help support these principles, M2MO kaimahi supported Wai Rangahau kaimahi in recruitment of whānau and were present in the whānau focus groups. Having familiar and trusted faces helped to create a safe space for whānau and enabled them to feel more confident in sharing what were often very personal details about their experiences within the health system.

The interviews and focus group sessions were transcribed before being returned to participants to amend, add, or delete information prior to analysis. The transcripts were read and re-read to develop a conceptual framework and analysed using thematic analysis techniques, as outlined by Braun and Clarke (2006). Analysis of the data was also informed by a literature review highlighting the key barriers to cancer screening for whānau and the evidence presented in the literature regarding solutions to these barriers. This literature review is presented in Section 2. Analysis of the themes from the qualitative data is presented in Section 3 and 5 below, while the quantitative data collected from M2MO programme data and the whānau surveys is presented in Section 4 below.

LOGIC MODEL & THEORY OF CHANGE

As part of the evaluation, a logic model and theory of change was developed. An intervention logic model is a representation of the different components needed to operate a programme, service, or organisation: the resources or inputs required to operate services; the activities involved in implementing services; outputs, or the countable results of activities such as number of whānau that have been referred; and the outcomes, the benefits for whānau of engaging with services.

A theory of change is a statement that provides an explanation of ‘why’ and ‘how’ the services and activities being evaluated support positive changes for whānau.

An evaluation rubric was also developed as part of the evaluation (Appendix C). Evaluation rubrics provide a more systematic approach to evaluating if a service or intervention is achieving its intended

outcomes, by specifying the outcomes and describing what good performance and success looks like in regard to the outcomes. Due to time constraints in socialising the evaluation rubric with kaimahi, it was not used as part of this evaluation, but rather is envisioned as an ongoing assessment tool for M2MO kaimahi.

The M2MO logic model (Figure 1) helped to inform the pātai schedule for the interviews and focus group sessions, as well as the survey pātai. These were developed following initial discussions with M2MO kaimahi about the programme and their mahi. The logic model was then revised based on the themes developed from the analysis of the interviews and focus groups.

The logic model was also informed by the Waipareira/Wai Puna Mataora Outcomes Framework. This framework was developed in 2015 by Professor Tā Mason Durie to help determine the impact of the multiple activities Waipareira engages in to further Māori development in West Auckland (Durie, 2015). The Wai Puna Mataora Outcomes Framework consists of three high-level aims:

- **Kōrure whānau** – Whānau transformation
- **Hapori momoho** – Thriving communities
- **Mana Māori** – Urban Māori advancement

These high-level aims are achieved through five outcome domains:

Rangatiratanga: Self-determination and self-management

Mātauranga: Access to knowledge and information

Tikanga: Cultural integrity

Oranga: Healthy people, healthy environments

Ōhanga: Sustainable economies

These outcome domains form the framework for the activities Wai Puna engages in to support the hauora of whānau, including the M2MO programme. They have therefore been included in the logic model, along with other outcome domains that were identified through kōrero with kaimahi, stakeholders and whānau.

RESOURCES / INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	MEDIUM-TERM OUTCOMES	LONG-TERM OUTCOMES
<ul style="list-style-type: none"> • Wai Puna Kaimahi • Kōrure Whānau Kaimahi • Waipareira reputation/trust from community • Whānau Ora approach – whānau centered/ wraparound • Mobile Vans • Technology – HPV self-testing • Databases – MedTech, National Registers 	<ul style="list-style-type: none"> • Contacting whānau for screening reminders • Booking screening appointments for whānau • Support for whānau to access services, e.g. transport • Engaging whānau in community – mobile vans, community events, opportunistic engagement • Social media campaign • Liaising with external stakeholders – BSA, NCSP, NBSP, WONS • Staff training • Wāhine Wellness Clinics 	<ul style="list-style-type: none"> • Whānau attend cervical cancer screening clinics • Whānau attend breast cancer screening clinics • Whānau referred to receive Bowel Screening Kits via mail 	<p>Oranga</p> <ul style="list-style-type: none"> • Whānau are referred for further screening if required • Whānau are referred to other health and social services if required • Kaiarahi support whānau through treatment journey if required <p>Matauranga</p> <ul style="list-style-type: none"> • Whānau knowledge of health and social services available is enhanced • Whānau knowledge of importance of cancer prevention/early intervention is enhanced • Whānau learn about importance of self-care • Whānau details within the health system are updated • Whānau have opportunity to discuss other health issues • Whanaungatanga • Relationships with whānau are strengthened 	<p>Oranga</p> <ul style="list-style-type: none"> • Whānau are alert to early signs/symptoms of cancer • Whānau make lifestyle changes to help prevent cancer <p>Rangatiratanga</p> <ul style="list-style-type: none"> • Whānau can choose option for screening that best suits their needs • Whānau are empowered to make decisions about health and hauora • Whānau overcome fear/mistrust of cancer screening • Whānau become champions for cancer screening within wider whānau/hapori <p>Manaakitanga</p> <ul style="list-style-type: none"> • Whānau feel cared for, practice self-care and care for others 	<ul style="list-style-type: none"> • Whānau maintain up-to-date screening • Decrease in cancer morbidity and mortality for whānau • Increase in life expectancy for whānau • Oranga contributes to whānau economic sustainability • Whānau cultural integrity is strengthened through kaupapa Māori engagement

Figure 1: M2MO Logic Model

From the logic model, the following theory of change for the M2MO programme can be established:

M2MO aims to improve cancer outcomes for whānau by addressing the barriers that prevent whānau from maintaining regular breast, bowel and cervical cancer screening. Through a wraparound, whānau-centred approach, rooted in kaupapa Māori and the extensive experience and community networks of the kaimahi at Waipareira, whānau are supported to attend screening programmes and any further treatment required within the health system. Their positive experience of cancer screening means that whānau trust and engagement with health services is improved and their knowledge of hauora is enhanced. This has a flow-on effect for their wider whānau and hapori as whānau become champions of early cancer intervention.

2. OVERVIEW – INEQUITIES IN CANCER SCREENING FOR WHĀNAU MĀORI

“To put it simply, there is no point solving someone’s transport barrier by giving them a taxi chit if the taxi drives them towards a racist health service.”¹

Screening programmes for cancer prevention have been a focus in Aotearoa-New Zealand’s health system for the past 34 years. Although not all cancers can be screened for, technological developments have allowed for effective screening for cervical, breast, and bowel cancer since 1990, 1998, and 2017, respectively (Ministry of Health, 2014; National Screening Unit, 2018; National Screening Unit, 2023a; HealthEd, 2022). All three programmes aim to specifically improve screening for Māori people throughout New Zealand, recognising the much lower screening rates compared to Pākehā in all programmes (Gurney et al., 2020a; National Screening Unit, 2023b; Sherman et al., 2022; Te Aho o Te Kahu, 2021; Te Whatu Ora, 2023c). Currently, the screening goal for Māori for bowel, breast, and cervical sits at 60%, 70% and 80%, respectively; but the live rates sit at only 49%, 61.2%, and 58.4% (Cancer Society NZ, 2022; Te Whatu Ora, 2024a; Te Whatu Ora, 2024b; Ingamells et al., 2024). This lower screening rate for indigenous peoples is also reflected internationally (Christie et al., 2023; Crow et al., 2020; Biederman, Champion, & Zimet, 2020; Butler et al., 2020; Marinucci et al., 2023; Bakhai et al., 2024).

Inequities in cancer screening for indigenous people can be attributed to a variety of causes. These include cultural concepts of shame and privacy around intimate parts of the body; lack of practical supports in the health system, such as transport; individual disengagement from the medical system due to experiences of racism, discrimination or trauma; and systemic racism in the health system due to its origins in colonial policy (Powell et al., 2021; Marinucci et al., 2023; Biederman et al., 2020; Crow et al., 2020). Similarly, in Aotearoa-New Zealand lower screening rates for whānau Māori have been attributed to negative experiences during screening, particularly cervical screening; lack of culturally-appropriate education and resources on screening; lack of culturally-safe screening environments; lack of Māori health practitioners; lack of kaupapa Māori approaches to health in the mainstream health system; lack of appropriate funding and funding streams for kaupapa Māori providers; practical barriers such as the cost of GPs; and embarrassment around the intimacy of screening programmes (Adcock et al., 2021; Powell et al., 2021; Te Aho o Te Kahu, 2020; Sherman et al., 2022). Despite active attempts by the health system to improve screening rates for Māori, they continue to lag significantly.

Lower screening rates for whānau Māori have significant impacts on morbidity and mortality. Whānau Māori are consistently more likely to experience late diagnosis, higher mortality rates, comorbidities and disadvantage in access to cancer treatment compared to non-Māori (Te Aho o Te Kahu, 2021; Bromhead et al., 2021; Gurney et al., 2020a). Māori rates of cancer sit between 12–156% higher than Pākehā for the cancers in Aotearoa-New Zealand which have the highest mortality (Gurney et al., 2020b). Whānau Māori are 37% more likely to die of breast cancer, 46% more likely to die from colon cancer, and 2.7x more likely to die from cervical cancer than non-Māori (Gurney et al., 2020b; Sherman et al., 2022; Bartholomew et al., 2023). Although it is evident that the mainstream health system has improved in its treatment towards whānau Māori over time – in a recent study, Bartholomew et al. (2023) surveyed wāhine Māori in 2016 and 2021 on their experiences with

¹ Espiner et al., 2021:54

colposcopy, indicating a 10–15% increase in quality of care from mainstream health services – there are still several key issues in reaching cancer and cancer screening equity for Māori.

At the core of inequity are the intergenerational effects of colonisation on Aotearoa-New Zealand society, and the material ways in which this leads to improper care and treatment of Māori in society and by health systems (Te Aho o Te Kahu, 2021; Espiner et al., 2021; Kerrison, 2022; Crow et al., 2020; Powell et al., 2021; Dew et al., 2024). For example, Paterson et al. (2023) recently looked at the rate in which whānau Māori are removed from the colonoscopy waitlist for being ‘unable to contact’ after an abnormal bowel screening result. This study found that whānau Māori are removed from waitlists at a much higher rate than Pākehā, despite Māori and Pākehā patients exhibiting the exact same behaviours (Paterson et al., 2023). Namely, Māori patients are removed from the waitlist on average 48 days since first contact, but Pākehā were removed after 56 days, a full 8-day difference (Paterson et al., 2023). Additionally, it was found in this study that people who live in more economically deprived areas are more likely to be removed from this waitlist (Paterson et al., 2023). This is reflected in national and international literature, which speaks to the difficulties those with lower wages have in physically accessing health services – through the cost of appointments, inflexible appointment hours, cost of transport, and a lack of access to information on the health system (Biederman et al., 2020; Paterson et al., 2023; Marinucci et al., 2023; Te Aho o Te Kahu, 2021; Espiner et al., 2021; Kerrison, 2022; Butler et al., 2020). These factors contribute to the ongoing inequity in cancer screening rates for whānau Māori.

FACILITATORS TO CANCER SCREENING FOR INDIGENOUS COMMUNITIES

There are several factors that have been shown in national and international literature to increase indigenous engagement with cancer screening programmes.

ACCESSIBILITY/CONVENIENCE

Much of the literature suggests that an important component of improving indigenous communities’ engagement in screening programmes is removing practical barriers to screening. This can involve strategies such as encouraging cancer screening during all health encounters, as well as going into the community via mobile services or via the attendance of popular community events (Bakhai et al., 2024; Biederman, Champion & Zimet, 2020). Extended hours, beyond the standard 9am–5pm of most health centres, encouraged greater participation by fitting around participants’ schedules (Paterson et al., 2023; Bakhai et al., 2024; Biederman, Champion, & Zimet, 2020). Providing transport to appointments, prescription delivery, flexible to no-cost appointments, non-clinical screening providers, and financial incentives for screening is also seen to increase uptake (Bakhai et al., 2024; Biederman, Champion & Zimet, 2020; Bromhead et al., 2021; Paterson et al., 2023; Espiner et al., 2021; Creagh et al., 2023). The introduction of self-testing opportunities for both HPV and bowel screening also offers the opportunity for a decrease in practical barriers and increase in uptake of cancer screening for minority communities (Sherman et al., 2022; Carrasquillo et al., 2018; Ingamells et al., 2024). In a study completed on HPV self-testing for black women in Indiana, it was found that 99% of women preferred receiving their self-sampling kit in the mail and predominantly preferred returning to a pharmacy, due to the limited hours of clinics and limited availability of postage boxes (Biederman, Champion & Zimet, 2020). These findings are reflected in Bromhead et al. (2021), which surveyed the views of Māori, Pasifika, and Asian women in Auckland on HPV self-testing. The majority of respondents preferred to have the kit posted, reflecting a preference for the lack of

embarrassment and ease of this process (Bromhead et al., 2021). Kerrison (2022) completed a review of bowel screening kits for Māori and Pasifika and found that return rates for bowel kits increased 2.88% when drop-off was offered for a location of their choice, such as a pharmacy. The creation of accessible, convenient, and whānau-centric infrastructure for screening is significant in increasing screening rates for minoritised communities.

COMMUNITY CONNECTION

Related to the creation of accessible and convenient programmes is the creation of cancer screening programmes by and for the local community. Increases in local community uptake of cancer screening services has often been attributed to the inclusion of community elders in health programmes and the ways in which local community knowledge contributes to the capacity to build appropriate services (Christie et al., 2023; Powell et al., 2021; Chow et al., 2020). Dissemination of information through local community groups also provided for increased trust and interest in screening programmes (Bartholomew et al., 2023). Alongside this, having staff that were born and raised in the local community creates the opportunity for them to use their community connections to encourage locals to take part in cancer screening (Christie et al., 2023). Christie et al. (2023: 7), in their study of Aboriginal women's experiences with screening in New South Wales, argued that the local community saw mainstream services as having "resources, but they can't get out into the community because it doesn't allow them to do that". Knowledge and trusted engagement with the local community is key to the success of screening programmes.

WHANAUNGATANGA

Like community connection, the screening process should go hand-in-hand with ongoing relationship-building with whānau who are in cancer screening and care programmes. This is fundamentally related to the lack of knowledge and trust felt in Māori communities towards the healthcare system and the obligation to continually build this relationship (Kerrison, 2022; Espiner et al., 2021). In Bromhead et al. (2021) and the review of the positive support among Māori, Pasifika, and Asian communities towards HPV self-testing mentioned above, the author stresses that this testing must be facilitated by health practitioners who provide tautoko, kotahitanga, and comfort, and the integral nature of this practice for an empowering experience. Similarly, Paterson et al. (2023), Kerrison (2022), and Adcock et al. (2021) highlighted the need for the ongoing building of a relationship with whānau to prevent them falling out of the system or to keep them in the system, including escalation processes if whānau are not contactable, whanaungatanga appointments before follow-up cancer screening like endoscopy, and post-result support. It has been found that Māori patients rate support and warmth from healthcare providers as much more important than clinical skill and that the patient-healthcare relationship is key to willingness to screen (Espiner et al., 2021; National Screening Unit, 2023). Connection and trust between screening provider and patient also provides the opportunity to overcome issues in jargonistic language use and lack of appropriate information (Kerrison, 2022; Espiner et al., 2021). This whanaungatanga should extend into the fundamental inclusion of whānau and tūpuna in all stages and aspects of the screening and cancer care system, recognising that having them on board with screening and follow-up care processes heavily increases uptake (Espiner et al., 2021; Kerrison, 2022). Whanaungatanga and connection-building has been fundamental to increasing cancer screening rates for Māori.

KOTAHITANGA

Alongside whanaungatanga is the need for health systems to provide seamless and integrated movement for whānau through the cancer screening and care pathway. It has been found that the New Zealand health system has a disjointed and difficult cancer pathway, which requires patients themselves to take on the role of advocacy for their own health treatment (Dew et al., 2024; Te Aho o Te Kahu, 2021). This process of wrangling with the system becomes increasingly more difficult if one lacks social or economic power, such as being Māori (Dew et al., 2024). The integration of different health services has been found to foster more positive relationships between whānau Māori and the health system (Espiner et al., 2021). Creating long-term funding structures also leads to the sustainable success and steady rise in trust and screening among indigenous populations, as seen in the United States with the Hopi Cancer Support Services and the National Breast and Cervical Cancer Early Detection Program funding for tribes (Crow et al., 2020; Lantz et al., 2003; Brown et al., 2015). Often, this kotahitanga can be further fostered through the creation or use of patient navigators, who sit beside the cancer pathway and provide wraparound support – financial, transport, explanations of diagnosis and terminology, and advocacy – for whānau who have received abnormal screening results (Bakhai et al., 2024; Espiner et al., 2021). Although very successful when used, it has been found that there is limited access to patient navigators in the health system and that many whānau do not know these services exist (Bartholomew et al., 2021). Additionally, this system currently relies on individual patient navigators going beyond their paid role in order to provide this level of care to communities (Christie et al., 2023). Kotahitanga is widely attributed to increased uptake in cancer screening and retention in cancer care pathways, but there is ongoing integration required in this system.

SHARED CULTURE

Although whanaungatanga and kotahitanga can be established within mainstream health systems, it has been found nationally and internationally that the most important influence on screening uptake is having a shared culture. The efficiency of trust building increases when indigenous people are presented with “one of [their] own mob” (Butler et al., 2020:25). Studies in New Zealand have found that trust building increased for Māori when their health practitioner was also Māori (Espiner et al., 2021; Pitama et al., 2021; Rahiri et al., 2020; Kerrison, 2022). In a review of bariatric care for Māori, one whānau stated, “You know if you speak to a Māori doctor or a Māori nurse, you get to be whānau and it’s a better feeling” (Rahiri et al., 2020). A study by Bartholomew et al. (2023) which compared treatment of Māori women during colposcopy in the Waitematā DHB between 2016 and 2021 found that despite improvements in staff friendliness and care, wāhine still ultimately had a preference for Māori staff. Alongside this, fostering a shared culture not only requires increases in Māori staff but also the creation of culturally-informed screening environments, use of the same language, culturally-informed techniques for information dissemination, and kaupapa Māori-informed practice (Bartholomew et al., 2023; Marinucci et al., 2023; Espiner et al., 2020). Namely, the environment provided by kaupapa Māori health campaigns, such as Smear Your Mea, offers a comfort and warmth that mainstream health services do not currently possess, and creates opportunities to advocate for screening for specifically Māori reasons, such as protecting your whakapapa (Powell et al., 2021). Fundamental to improvements in cancer screening rates is the increase in culturally-informed screening programmes and services.

3. MAURI TŪ MAURI ORA – DELIVERY OF A SUPPORT TO SCREENING PROGRAMME

The M2MO programme addresses the barriers to cancer screening through its whānau-centred and community-based approach to whānau engagement and health education. M2MO was developed by Wai Puna in response to the perceived need for a change in approach to engaging with whānau for cancer screening. The inequities in cancer outcomes for whānau Māori in West Auckland meant that this was a priority area once the integrated services contract was in place:

We'd actually already started developing ideas across those areas, and cancer had been a strong one for a long time, because it's a huge equity issue ... there have been multiple approaches to target it, but none of them have really been that successful, because over the 10 years, we've hardly seen that much growth in equity in that area, particularly for cervical screening, which is particularly inequitable. (Wai Puna kaimahi)

The Wai Puna Integrated Services approach was regarded as an ideal opportunity to develop a cancer screening kaupapa, because it could be combined with the existing whānau outreach and engagement mahi that Waipareira does in the West Auckland community. It was recognised that taking a holistic approach to engagement, which focused on taking opportunities to kōrero with whānau about their general health and wellbeing, could yield better results than simply focusing on informing whānau that they were overdue for screening:

With the rollout of the integrated services, it was such a great opportunity, because what we looked at was an 'And-And' approach. So whānau are approaching you for services for things that they want, and then it's like, "By the way, have you had your cervical screening? Have you had your mammogram?" So you have a really good opportunity. Whereas if you're just out there, you know, providing breast screening, you don't always get as many whānau engaging. (Wai Puna kaimahi)

The M2MO team was therefore established as a group of non-clinical kaimahi, led by a registered nurse, and supported by the Wai Puna cancer navigation team. Collaboration with Well Women and Family for cervical cancer screening, BreastScreen Aotearoa and the National Bowel Screening Programme was established to provide cancer screening services to meet the specific needs of Waipareira whānau.

The main focus of the M2MO kaimahi is on whānau engagement. The kaimahi engage with whānau kanohi ki te kanohi through a number of avenues, including on the Waipareira mobile vans that set up at community sites such as parks and community centres several times a week, at community events such as Waitangi@Waititi, and through the extensive whānau and community networks held by kaimahi. Through these engagement routes, whānau contact details are collected and cross-checked against the breast, bowel and cancer screening registers to make sure they are correct and to see if whānau are overdue for screening. Whānau who are overdue are then invited to take part in screening.

For cervical screening, eligible wāhine are invited to Wāhine Wellness clinics, held at the Wai Puna Clinic in Henderson in collaboration with staff from Well Women and Family. Kaimahi "work the phones", using phone calls, texts and social media to encourage wāhine to attend, which often requires repeated contacts. Support with transport is offered for those that need it. The focus of

M2MO kaimahi is on providing a warm, welcoming, “safe” whānau-centred environment, including kai and gift bags for wāhine. Trained cervical test sample takers from Well Women and Family talk wāhine through the testing process and explain the significance of regular cervical cancer screening. This expertise is particularly important, because most of the wāhine are using the HPV self-test for the first time. Wāhine also have the opportunity to discuss other health issues while they are at the clinic. Well Women and Family later contact wāhine to inform them of their results, which are also sent to the health provider that the wāhine are registered with. However, Wai Puna are not informed of abnormal results and wāhine have to make contact themselves if they require further support.

For breast screening, M2MO kaimahi liaise with BreastScreen Aotearoa staff to identify overdue whānau and make block bookings for groups of wāhine at the BreastScreen clinic at Westgate. Wāhine are then invited to attend and transport support is offered for those who require it. As with cervical screening, repeated contact is often required to get wāhine to attend. M2MO kaimahi support wāhine by accompanying them to their appointment – in some cases, kaimahi have undergone screening alongside whānau. BreastScreen Aotearoa later inform wāhine of their results. Those wāhine that receive abnormal results are referred back by BreastScreen Aotearoa to Wai Puna cancer navigators for support.

For bowel cancer screening, the details of eligible whānau are passed back to the National Bowel Screening Programme who then arrange for bowel screening packs to be sent out in the mail. Whānau then send samples back to the National Bowel Screening Programme via mail, who then inform whānau of their results. As with cervical screening, Wai Puna are not informed of abnormal results and whānau have to make contact themselves if they wish for support from the Wai Puna cancer navigation team.

KAIMAHI AND STAKEHOLDER FEEDBACK

Analysis of interviews and focus group discussion with stakeholders and kaimahi revealed several key themes about the M2MO approach to address barriers to cancer screening. These closely corresponded with the key components identified in the literature review as facilitators for cancer screening.

ACCESSIBILITY OF M2MO – “BECAUSE THEY’RE TOO BUSY DOING MAHI.”

Kōrero with kaimahi and stakeholders stressed the importance of M2MO in breaking down barriers of accessibility for whānau. The M2MO kaupapa came to whānau at their mahi, at community events, at sports clubs etc., rather than waiting for whānau to come to them. Kaimahi and stakeholders emphasised the busyness of whānau lives, particularly for Māori and Pasifika whānau who are often working at the times when mainstream screening providers are available. For whānau who are time-poor with work or childcare commitments, cancer screening is low down on the list of priorities. M2MO addresses this by offering options that are more whānau friendly for those with tamariki, closer to work, and more flexible in terms of scheduling. Transport to screening for whānau who required it is also regarded as an important factor, as is free cervical cancer screening, as opposed to the cost of a visit to a GP:

The family feels, so childcare, having someone just to mind a couple of kids in the wait room with some toys can make all the difference, that they're not worrying, “Oh, I've got the kids in the room while I'm trying to get my knickers off”. (M2MO Stakeholder 1)

And that is actually a barrier, the cost. And getting there for a lot of our whānau, especially if they live in a low income area. (M2MO kaimahi)

I think why it's worked really well here, is because this whole building, everyone is so busy, we're really good at not thinking of ourselves. So, bringing it here for me personally for kaimahi, because it brought it right to the building ... So, it just identified that because it's right here, they actually came and got it done. Because by the time you finish work, and you're family and that, you just go away. (M2MO kaimahi)

Traditionally, whānau have always been expected to come to wherever the services are, whether that's coming to a hospital setting or somewhere that's a little bit less comfortable for them – so we saw in COVID services having to go out and be a little more mobile and so I think some other stuff followed that trend, which I think is a step in the right direction. (M2MO Stakeholder 2)

COMMUNITY EMBEDDED – “SOMEBODY IN THEIR KŪMARA VINE AT WAIPAREIRA WILL KNOW WHERE THEY ARE.”

As the literature review highlights, building upon community connections and trust is recognised as a key element in successful cancer screening programmes, and this was a strong theme in the M2MO feedback as well. A major strength of the success of the programme so far, in the eyes of both kaimahi and stakeholders, has been the ability to call upon the 40 years of experience Waipareira has in serving the communities of West Auckland. As noted above, some of the Waipareira kaimahi, including some in the M2MO team, are the second and third generation of whānau to work at Waipareira. This means their community knowledge and networks are unparalleled in West Auckland and offer a huge advantage when engaging with whānau in the community. Stakeholders

acknowledged that Waipareira expertise and the networks and whānau connections of the kaimahi were crucial to bringing whānau in for screening and for follow-up care and allowed them to leverage off the engagement foundation that had already been established:

It's like a shortcut or an easier way in, because those doors are open with having that foundation already laid. (M2MO Stakeholder 1)

They really understand their preferences and they do a good job of building up that trust to be able to say, when whānau, when they notice that they potentially need some other support, or linked into other services that they can give them advice, and that's taken onboard. So, I think it's just a little bit different than being called up out of the blue by a receptionist or a nurse or a doctor who just doesn't have that relationship. (M2MO Stakeholder 2)

But what their strengths are, and why I see them as light years ahead, is that they know their community. So I've had women diagnosed with breast cancer ... I couldn't find my lady, it took a long time for her to come back for her results, because she knew that she'd had this, it had metastasised. And their team were able to find this woman for me. I'd had so many attempts, home visited, went to the neighbour next door, went to her daughter at another address. And so they have a network that we won't have access to, and are able to share in a professional way, that "oh so and so has come into the clinic for the meds, you may catch them on this particular day." Those things are precious when you're trying to save a woman's life. (M2MO Stakeholder 3)

Living in West Auckland, we already have that whanaunga with the people here and our team will know a lot of the people coming through, to support whānau. That also builds up confidence for the whānau to feel more comfortable to access this service. (M2MO Kaimahi)

The persistence from the kaimahi that is required to get whānau into screening stems from their embeddedness within these communities; these people are not numbers on a spreadsheet to them, but literally their whānau – nieces, aunts, workmates, neighbours – and they are willing to go the extra mile for the early detection kaupapa:

The passion for me is giving my kaimahi in this whole building a hard time about it. And I know that I shouldn't but I do, and I will hunt and I will turn up ... [laughs] (M2MO kaimahi)

This adds up to an experience that stakeholders recognise as uniquely Waipareira:

But we have that kind of wraparound, holistic, family feel that is Waipareira. So to have the kai and the goodie bags, and the engagement with the kids and the wait room and things and be in that safe space was really amazing in terms of the engagement that we had. (M2MO Stakeholder 1)

KAUPAPA MĀORI ENGAGEMENT – “WHEN THEY SEE MĀORI WOMEN ... PEOPLE WHO LOOK LIKE THEM.”

Entwined with the community-embedded approach, engagement based in kaupapa Māori values was recognised by stakeholders and kaimahi as a crucial component of M2MO. Engagement was characterised by kupu such as whanaungatanga, manaakitanga, awhi, tikanga and whakapapa. Reflecting the insights of the literature review, shared culture was identified as a component in creating trust and making whānau feel comfortable, as whānau Māori responded positively to seeing other Māori faces when they came for screening:

I feel like when they see Māori women, that's one thing.... So for whānau, when they come, they're not feeling alone because we're there, they're not by themselves. (M2MO kaimahi)

I think the clinics, in a nutshell, reflect that. You know, whanaungatanga, manaakitanga that's from the initial greeting when they first come in, the manaakitanga, you know we have a nice little table set up with kai and for them to take back with them and share. (M2MO kaimahi)

These elements all combined to creating an environment that was described as safe and whānau-centred by the kaimahi and stakeholders, a contrast to the clinical environment that screening was usually conducted in. Stakeholders recognised the unique cultural skillsets that Waipareira kaimahi possessed in being able to engage whānau Māori in ways that mainstream organisations cannot:

You have in the team of Waipareira, the assurance that they're going to reach that wahine, or that whānau, in only a Māori way. The hard to reach would be done in a Māori way.... That's why I've gone to them and said, "Yes, well, I'm going to leave that one with you. And whatever the outcome may be, we may have to exit them from the programme, if she doesn't re-engage", and then, next minute, they're in. And so I couldn't give that to a social worker at the hospital. I couldn't give that to a call centre operator at our call centre. They've got a pool of skillsets that we wouldn't have access to. (M2MO Stakeholder 3)

I think having that really, by Māori, for Māori approach, that they have on hand really well. It really makes such a difference, because they're able to come with that lived experience of the barriers and the difficulties that women have, particularly speaking to women with my specialty. That they can go out there in the community, look at what the barriers are, and essentially make it happen so that there isn't any barriers there. (M2MO Stakeholder 1)

One of the stakeholders referred to the importance of needing to create a "heart connection" with whānau, in order for them to be comfortable to share such a tapu part of themselves. This required kaimahi with special skills to be able to create a space where this connection could happen:

We're really wanting to engage wāhine Māori in a safe space for them, and so having that kaupapa Māori environment and whare that they are comfortable in, really makes such a difference when they're going in, particularly for something like cervical screening when they're feeling quite whakamā, there's a lot of feelings and thoughts that go behind that as well. (M2MO Stakeholder 1)

Kaimahi described their approach to engagement in the community, emphasising whakawhanaungatanga and manaakitanga as the key goal, with engagement in the cancer screening kaupapa flowing as a natural progression from that foundation:

I think when we're navigating to our whānau, it's like a conversation. It's like a normal flowing conversation. That's not really "you're overdue, blah blah blah". It's like "how are you" (M2MO Kaimahi)

I think our approach is different. Like, it's more — how do you explain — it's like a family environment, it's more comfortable I feel, because they can relate to us and we have an automatic connection with them, being out in the community. (M2MO Kaimahi)

Because really we just naturally get up and do it because whanaungatanga and stuff like that, it's like to whānau "Oh come and have a cup of tea, let's do this and let's do that" and chat away

and before they know it, they've been educated. They've had their swab or they've been to have their mammogram and have a cup of tea and now they're going home. (M2MO Kaimahi)

The M2MO programme is also significant because several of the kaimahi supporting the mahi are from the Waipareira Rangatahi Roopū. This means the unique Waipareira engagement mātauranga is being passed on to the next generation of kaimahi, as well as adding to the whānau-centred environment:

When they come into the clinic they're like, "Oh you're like my daughter's age." Yeah, they're real happy to see young faces and see us getting involved. (M2MO kaimahi)

KOTAHITANGA – “REALLY EXCITED FOR COLLABORATION IN 2024, IT’S GOING TO BE AMAZING!”

A unified approach to delivering cancer screening services was regarded by external stakeholders as a key element of the M2MO kaupapa. This collaborative focus provided the basis for the success of the kaupapa, as each organisation brought their own strengths to the table and leveraged off each other to achieve successful outcomes for whānau. The Waipareira strength in community networks and kaupapa Māori engagement was therefore joined with the clinical expertise of the stakeholders in delivering screening services. The clear aim of the kaupapa was whānau wellbeing, rather than ‘patch protection’:

Their desire to sort of bring everything together, because I know talking to some of the people that I've had the opportunity to work with from Waipareira, even when I've been in there talking about a particular kaupapa, whether that's lung cancer, or HPV, they've been really proactive and trying to link other services in, so it's "have you got a contact on the bowel screening thing, let's get them down here. Actually, we're gonna have a whole bunch of kids down there at the same time, can we get an oral health van?" So it's ... I like the creativity around – it's not just looking at, even if the main outcome is the cancer screening programme, they are looking a bit broader and a bit wider, which is good. (M2MO Stakeholder 2)

And I think that is integrated health. And that as part of Ngā Hua o Mataora, that the lens we add to it is that we do all need to integrate it, we need to work together, because everyone has different strengths. And it just makes it so much easier ... when you've got a shared collective of all of us who are working by Māori for Māori, it doesn't matter who's doing what as long as it's getting done. (Wai Puna Kaimahi)

Whereas what I know with Māori providers and Pasifika providers, is that they already have the whānau and the communities there, so working and giving — they're their champions, we are actually tapping into that, and they have been very welcoming and offering us all access to those clinics in Wai Puna. And, again the community is out there. And so it's been amazing, our relationship. So, for me, what I am able to get from the relationship that we've had with Te Whānau o Waipareira, is that the knowledge that our whānau are being well looked after. (M2MO Stakeholder 3)

And so doing screening clinics in this way where we're slotting in rather than creating a new environment, really does have a better engagement focus we can see, because that trust and that rapport, and all of those foundational steps are already laid and then we're adding on clinical expertise with something that we are — literally expertise in that we do every day, that we can really add to that foundation and build it up from there. (M2MO Stakeholder 1)

Kotahitanga was also significant in terms of the strength of a holistic approach to the body. Treating the tinana holistically, rather than as separate body parts, was noted as a more successful approach to engaging with whānau. Discussing whānau wellbeing as a whole, and breast, cervical and bowel screening as elements within this wider discussion, rather than as separate elements, was regarded as a more effective path to engagement with whānau:

As it is that view of the body as one and as a whole, and I think that's possible, one of the things, the strongest ones. And that's a real te ao Māori view, rather than separating us into organs. Yeah, to be screened, look at the person. (Wai Puna Kaimahi)

As Waipareira, they see the whole tinana, we're not body parts. That's how they should be funded, as the whole. (M2MO Stakeholder 3)

BARRIERS TO THE M2MO KAUPAPA

Kaimahi and stakeholders also raised several issues that they saw as continuing to present barriers to the M2MO kaupapa. Funding models, access to data and communication with external organisations were discussed as potential roadblocks which could negatively affect the outcomes of the programme.

Funding

Several issues relating to the funding of M2MO and community-based, kaupapa Māori cancer screening services in general were raised. Stakeholders noted the importance of funding that is flexible and allows providers to develop solutions that best suit the needs of their communities.

We haven't found whether there's one solution that works the best yet, so I think the key at the moment is sort of having a range of options and not sort of making providers, "this is how you're going to do it", actually giving them a bit of flexibility to come up with, you know your community, the whānau you're dealing with, what's the suite of options that you're going to use? (M2MO Stakeholder 2)

By contrast, more prescriptive approaches were regarded as having less success in terms of achieving outcomes:

Because often Te Whatu Ora have — well the screening programme has a way of — "you will do what we want you to do" and have no outcomes from that. (M2MO Stakeholder 3)

The limitations of short-term funding contracts were also noted by stakeholders. These were criticised because they didn't allow time for providers to gather evidence and demonstrate results:

Then they got funded for just a year. And that is so wrong. How are you to measure the actual, the outcomes when you have only had it for five minutes? (M2MO Stakeholder 3)

When you're trialling a new approach, having something sustainable and giving it a decent crack at it, rather than just chopping and changing. I know they're really focused on value for money services at the moment, but I think it's hard to provide that without a decent body of evidence to say we've had a decent period to trial the approach. (M2MO Stakeholder 2)

The detrimental impact short-term contracts had on services for whānau was another point of concern. Stakeholders noted the importance of time on a pathway to wellness, to establish

relationships and create trust with whānau. They pointed out that when services finish prematurely due to the end of contracts, it erodes whānau trust and further alienates them from the mainstream system:

So our ladies' journeys for cancer once diagnosed is five years. But in the interim, they're being screened every year in the hospital system And so yeah, how that stop-start knee-jerk reaction from the government, it's so detrimental to a wahine, you show up, "Oh whaea, we're going to transfer you over, oh, aroha mai we've lost the contract and your care will now be done by somebody else." Well, they're gonna go, "Well, stuff you, I'm out of here." (M2MO Stakeholder 3)

And I think that is another hard thing, is how do you get providers to promote options or promote a service to whānau when it's only around for a short period of time. There's no sort of certainty because I think there is a little bit of reluctance for people to go out and really push something hard, push an option, if you don't know if it's going to be around in 12 months' time. (M2MO Stakeholder 2)

And then raising expectations for our patients and whānau, because if you're saying, "well, here's an option for you" and then someone engages and likes that option, and then you don't have that available, that can be another really off-putting thing that's just going to drive people away from services. (Wai Puna Kaimahi)

Kaimahi expressed concern that the lack of commitment to long-term funding for M2MO meant that the momentum that was being created regarding cancer screening was in danger of being wasted:

I think a real positive thing that keeps whānau engaged is if we can stay engaged, we can carry on the good work. So there's a lot of good work done here always however then that project, that pilot, that ends, it's a glowing report and then we move on to the next thing. (Wai Puna Kaimahi)

Kaimahi and stakeholders also pointed out that community-based providers such as Waipareira are disadvantaged because of the current funding system for cancer screening services:

Waipareira is a community organisation, even if we went out there, and we're smearing, you know, providing smears and stuff without a contract, there is no pay for us because we don't have an enrolled population because that filters through the PHO. So that model itself restricts community involvement, in a lot of areas, the Ministry funds the screening units, and then they fund providers externally as well. So in certain areas, there are Māori providers who have those contracts and obviously, at the moment, we do have a contract. But we didn't prior to this. (Wai Puna Kaimahi)

What I found, and I've always said this, it's so unfair for our Māori providers, because I also work alongside Ngāti Whātua and Te Hā Oranga. The funding model is flawed in how we weren't able to give them a support to screening contract. But they were doing all that, they were doing all the manaaki, they were doing all the visits, for no pūtea, for no agreement from us. (M2MO Stakeholder 3)

One stakeholder also made the observation that kaupapa Māori providers such as Waipareira are being disadvantaged in terms of the funding they are getting relative to others within the health system who are also being funded to address cancer screening inequities.

Need for accurate data

Stakeholders and kaimahi pointed out that issues with data were a barrier for providers in being able to engage with whānau and offer appropriate services. Screening registers that held out-of-date data, or which were difficult for providers to gain access to or navigate made the work of engagement more difficult. Having separate registers for each cancer screening programme was also a barrier to offering the integrated holistic approach that worked best with whānau:

And also, the registers for like the cervical cancer it's real old so it's hard to — it will say their last smear is from maybe 10 years ago and then you call them up and they're like, "no I did a smear two years ago." (M2MO Kaimahi)

Yeah, how to be effective for our whānau is that they [providers] need to be equipped with all the data to make that informed decision to give them an appointment, and the support to that appointment. And then the further follow up, not just for BreastScreen, but for bowel, for cervical. (M2MO Stakeholder 3)

Yeah the cervical screening register is quite outdated and it's really difficult to navigate through and it's always been like that for a hundred years, I think they are trying to merge it, to merge the bowel, the breast, all of them together and update. However, you know how long that will probably take. (M2MO Kaimahi)

Communication with stakeholders

Kaimahi and stakeholders noted that good communication between providers and stakeholders was critical to the success of initiatives like M2MO. While M2MO kaimahi noted that collaboration and communication between them and some of the stakeholders had been very good, which helped to facilitate good outcomes, for others this had not been this case. In the case of bowel screening, the preference of the National Bowel Screening Programme to retain control over the distribution of kits to whānau was highlighted as an issue, because it meant kaimahi were dependent on follow through from the central organisation. Collaboration had also been negatively impacted by the departure of Māori liaison staff at the bowel screening programme. These issues were regarded by kaimahi as a barrier to the efficacy of the programme, which was reflected in the low numbers of whānau who completed bowel screening:

However, bowel hasn't been and theirs is a little bit different. They do all that but they send the kits out. And we had to try to see if we could have the kits to give out and it was a "no". And then the trouble with that is those kits aren't getting out, people are still ringing in, a week, two weeks later [and] their kit hasn't arrived. (M2MO Kaimahi)

I believe with the bowel screening kits though, if we were able to, kaimahi were able to have those kits and deliver them to the whānau, the response would be a lot better, because a lot of the feedback's been, it takes too long for those kits to get to them. And by then they've kind of like lost interest and given up and then, you know, two or three weeks later and they still haven't received their kit. Then that starts a negative thing in their mind. (M2MO Kaimahi)

These observations are supported by the evidence noted above in the literature review, which showed that bowel screening self-testing programmes have higher rates of success when whānau have more choice about how to access kits and where to return them.

Kaimahi also identified issues regarding the communication of abnormal results, which affected their ability to support the movement of whānau through the health system in an integrated way. Screening programmes send results to whānau and to health providers, if they are enrolled with one, but Wai Puna are not notified as a matter of course, even though it is the kaimahi at Wai Puna who have engaged with whānau and established a relationship. This makes it more difficult for the Wai Puna cancer navigation team to engage with whānau and ensure they are being properly supported to attend follow up appointments and procedures. Often Wai Puna kaimahi are only made aware if whānau themselves make contact, or if they had a personal relationship with whānau:

Like recently there's been a few and obviously the result hasn't been good, it's been elevated, it's been hurry to the hospital, they've got a certain time to do this, this and this. And then we hear back afterwards, only because we might know the whānau ... if we didn't know the whānau, say someone who worked here or they knew someone or someone, we wouldn't have known that. Because that goes to the register, it'll go back to them and then if they have an abnormality it goes straight back to the DHB. So that's a gap for us. (M2MO Kaimahi)

There is some confusion over this issue, as one of the stakeholders we spoke to was under the impression that Wai Puna was being notified of abnormal results. Clarification around this is therefore needed. As was noted in the literature review, the creation of seamless and integrated pathways for whānau through the cancer screening and treatment system is crucial to achieving better outcomes. M2MO shows potential to facilitate such a pathway, but there are still improvements that need to be made so that these options are available for whānau as a matter of course.

4. M2MO OUTPUTS – MAKING A DIFFERENCE TO EARLY DETECTION IN WEST AUCKLAND

REFERRALS

A total of 308 whānau have been registered as part of M2MO from July 2023–March 2024. This does not reflect all the whānau more widely engaged during events – this is a register only of those who have filled out a screening referral form, which provides contact details so those eligible for screening can be referred to a screening service.

All registered whānau were cross-checked against the bowel, breast and cervical national cancer screening registers and invited for screening if they were overdue. If not overdue, their details were updated in the register so they were able to be called-up for future screening.

The ways whānau were referred into the cancer screening programmes have been grouped into three different engagement approaches:

- *Holistic engagement* refers to an outreach strategy that focuses on enrolling whānau in screening at every given opportunity in a wraparound-care model, such as at local community events, via mobile outreach, and during health encounters that are not specifically related to cancer or cancer screening.
- *Whanaungatanga* refers to the ways whānau were engaged through community networks. This includes being kaimahi at Waipareira, whānau of kaimahi, kaumātua enrolled through the Waipareira social groups, and whānau specifically identified by the programme leads as eligible for screening.
- *Precise engagement* refers to whānau who were registered for screening by specific community outreach, predominantly by Facebook advertisements about the cancer screening clinics and also by walk-ins to these clinics.

Wai Puna was able to draw on the existing community engagement of Waipareira to create opportunities to engage whānau in education and enrolment for screening during the July 2023–March 2024 period. The vast majority of Wai Puna engagement occurred at community events run by Waipareira – Matariki ki Waipareira, Te Atatū Rugby League Competition, and the Waitangi@Waititi free community concert. Alongside this, Waipareira frontline services – Kōrure Whānau – went out in mobile vans three times a week, providing the opportunity to promote and refer whānau into screening directly in the community. Wai Puna kaimahi were also encouraged to promote enrolment in screening during all other health encounters with eligible whānau. M2MO kaimahi also focused on approaching and drawing in kaimahi from other parts of Waipareira.

A breakdown of the different referral pathways is as follows:

Percentage of Whānau Referred by Engagement Type

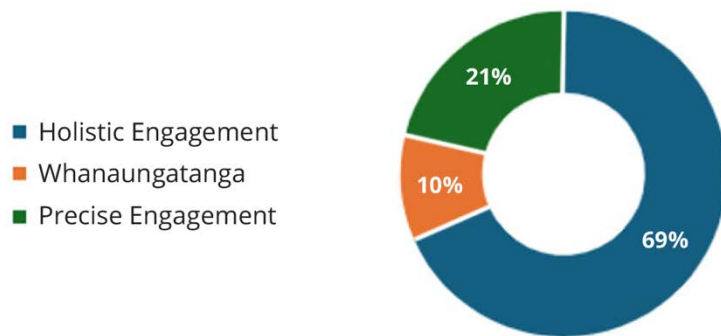


Figure 2: Whānau Engagement by Type

Of the 308 whānau engaged:

- 211 were via holistic engagement;
- 32 were via whanaungatanga;
- 65 were via precise engagement.

Breakdown of Holistic Engagement

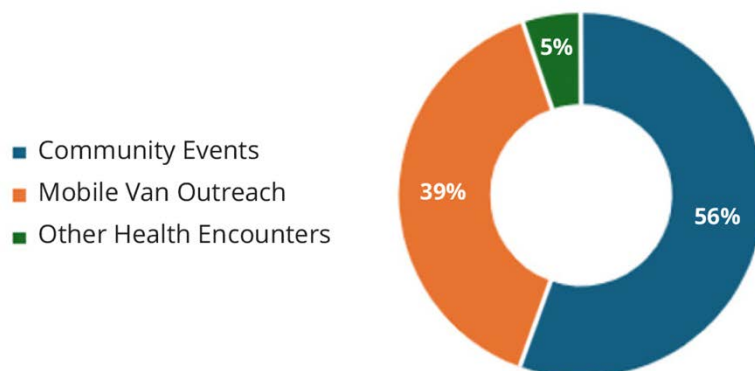


Figure 3: Sources of Holistic Engagement

Of the 211 whānau engaged via holistic engagement:

- 117 were at community events;
- 83 were via mobile van outreach;
- 11 were opportunistically during other health encounters.

Breakdown of Whanaungatanga Engagement

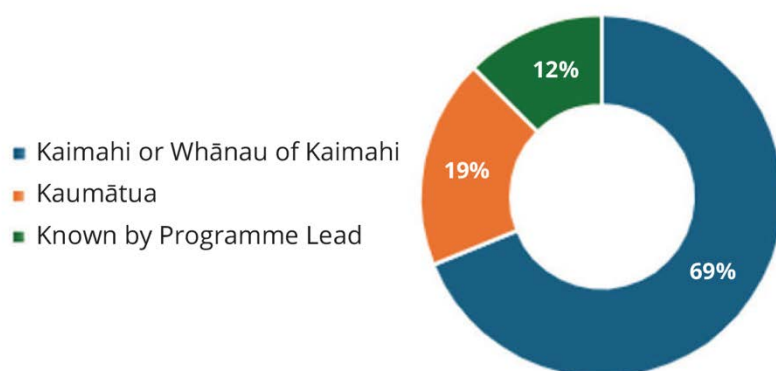


Figure 4: Sources of Whanaungatanga Engagement

Of the 32 whānau engaged via whanaungatanga:

- 22 were either whānau of kaimahi, or kaimahi themselves;
- 6 were part of the kaumātua groups at Waipareira;
- 4 were specifically contacted by the programme lead.

Of the 65 whānau engaged via precise engagement:

- 64 were engaged via Facebook posts and advertisements on the cancer screening clinics
- 1 whānau was a walk-in to the clinic.

SCREENING

A total of 132 cancer screenings took place via M2MO, from the pool of 308 whānau who were referred into the screening programme. Note that it is possible that one whānau may have been screened for all three cancers, so this is broken down by number of screenings that took place via this programme, not the number of whānau who were screened for the different cancers.

A break-down of the number of screenings for each cancer type is as follows:

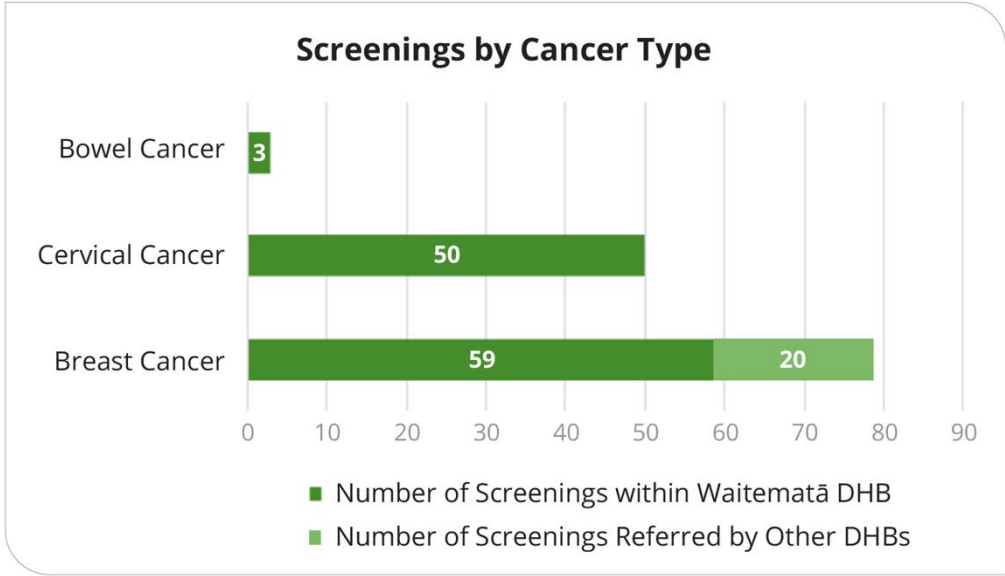


Figure 5: M2MO Cancer Screenings by Type

Note: As discussed in Section 3, the low rate of screening for bowel cancer is attributed to the lack of provision of bowel screening kits to the M2MO programme.

IMPROVEMENT IN SCREENING IN TE WHATU ORA – WAITEMATĀ

BREAST SCREENING

During the July 2023–March 2024 period, 216 wāhine Māori underwent breast screening in the Waitematā region. This was an increase from 4,538 screenings of an eligible population of 7,219, to 4,754 screenings of an eligible population of 7,293 (Te Whatu Ora, 2024a). This is a percentage increase in screening coverage from 62.9% of the eligible population to 65.2% of the eligible population (Te Whatu Ora, 2024a).

Wai Puna facilitated 59 screenings for breast cancer in the Waitematā region.

CERVICAL SCREENING

During the July 2023–March 2024 period, 955 wāhine Māori underwent screening for cervical cancer in the Waitematā district. This was an increase from 8,304 screenings of an eligible population of 15,370, to 9,259 screenings of an eligible population of 15,575 (Te Whatu Ora, 2024b). This is a percentage increase in screening coverage from 54% of the eligible population to 59.4% of the eligible population (Te Whatu Ora, 2024a).

Wai Puna facilitated 50 screenings for cervical cancer in the Waitematā region.

BOWEL SCREENING

There is no publicly available register for bowel screening in the Waitematā region, so overall rates of improvement cannot be presented.

RESULTS FROM WHĀNAU SURVEYS

INITIAL SURVEY

An initial survey, developed and distributed by the kaimahi from Wai Puna, was utilised prior to the research team's involvement in this evaluation. This survey looked at the experience of people going through the screening programme and what, if any, feedback they had for improvement. There was a total of 11 respondents to this survey. See Appendix B for the specifics of this survey.

Results

One hundred percent of whānau in the initial survey reported having a positive experience during their screening. Reasons for their positive experience included the experience being private, relaxing, comfortable, fast, and easy.

When asked if there was anything Wai Puna could improve on during screening:

- 91% said there was nothing that needed to be improved.
- 9% did not respond.

Similarly, when asked if there was anything they would like to add:

- 73% reiterated that they had had a very positive experience.
- 18% did not have any additional feedback.
- 9% had feedback requesting more advertising for the programme.

RESEARCH TEAM SURVEY

At the outset of this evaluation, a second survey was built to gather information on whānau experience of this programme. Sixteen responses were gathered from whānau attending two cervical cancer screening clinics in March 2023. This survey aimed to gather more specific information on how whānau discovered this screening programme, and used Likert scales to ask whānau to rate their experience of the screening programme, and the programme outcomes. See Appendix B for further detail.

It should be noted as a limitation of the data from these surveys, that as these surveys were only completed by whānau attending the cervical screening clinic on two occasions, they are not representative of all the whānau who were screened through M2MO. It does not capture the experiences of whānau who completed breast screening or bowel screening, unless the whānau surveyed were also eligible for breast and bowel screening and completed screening through M2MO.

Results

How whānau learnt about the screening programme

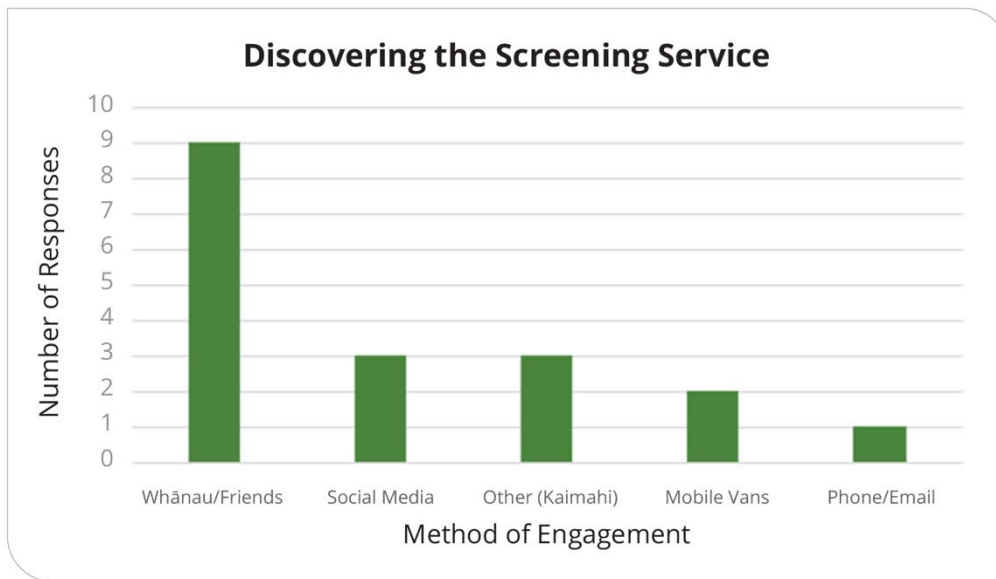


Figure 6: Discovering the Screening Service

The majority of those who completed the survey heard about it through whānau/friends (9 responses). This was followed by kaimahi (3 responses), via social media (3 responses), the mobile vans (2 responses), and being contacted by phone/email (1 response). Note that respondents could select more than one method of engagement.

Had whānau previously been screened?

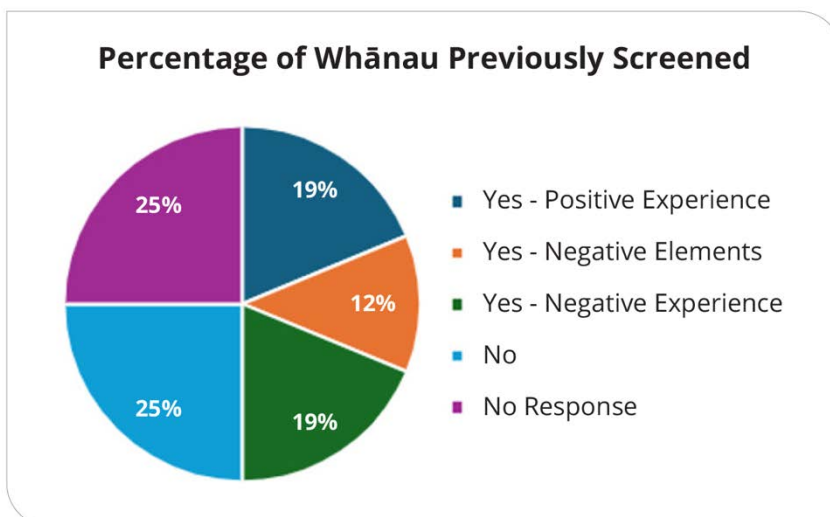


Figure 7: Percentage of Whānau Previously Screened

Reasons for reporting a negative experience, or an experience with negative elements

Of those who stated a reason for having had a negative experience, or an experience that included negative elements, the reasons included the previous experience being uncomfortable/clinical, invasive, that there was a lack of availability of appointment times, or that the experience of

screening with Wai Puna was less daunting. One whānau reported that they had not wanted to be screened again until they heard of this service.

Reasons for reporting a previously positive experience

Of whānau who reported having a positive or neutral experience, the reasons for a positive experience was generally attributed to the staff being nice.

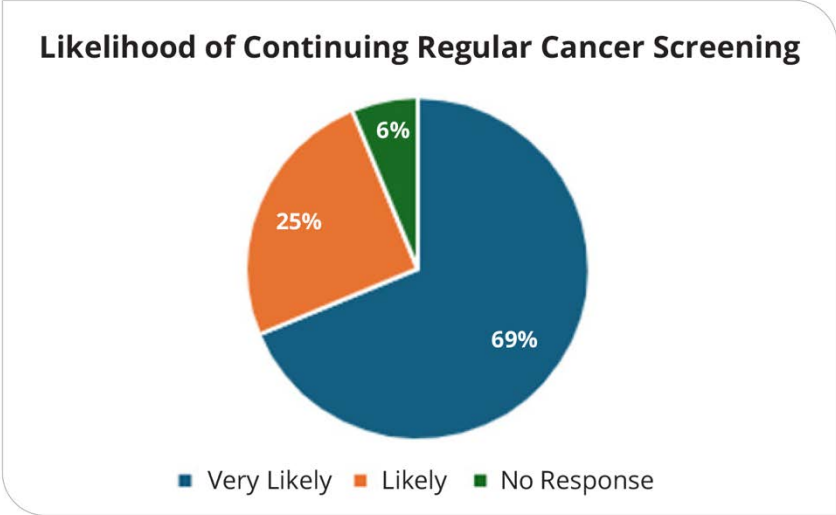


Figure 8: Likelihood of Continuing Regular Cancer Screening

When asked how likely whānau would be to continue regular cancer screening in the future, 11 whānau reported that they would be 'Very Likely' to continue regular cancer screening in the future, 4 whānau reported that they would be 'Likely' to continue regular cancer screening in the future, and 1 whānau did not respond. No respondents rated their likelihood to continue regular screening as 'Neutral', 'Unlikely', or 'Very Unlikely'.

The experience of screening through Waipareira

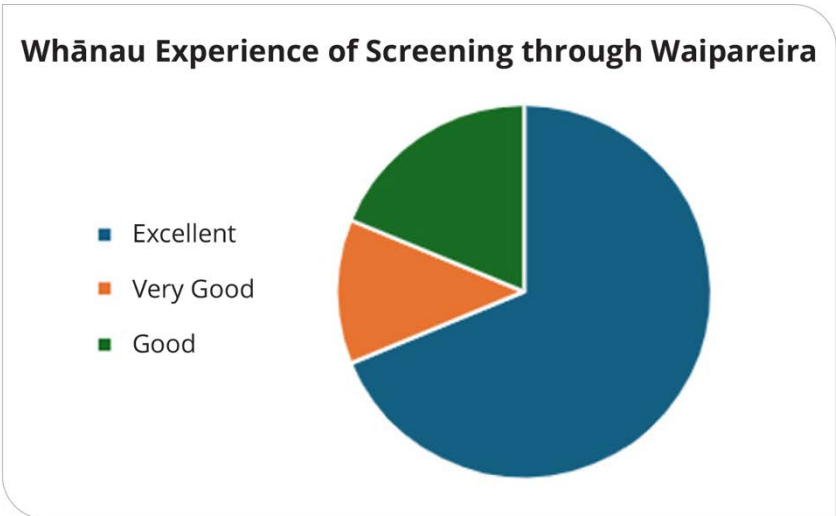


Figure 9: Whānau Experience of Screening through Waipareira

When asked to rate their experience of screening through Waipareira, 11 whānau reported having an ‘Excellent’ experience; 2 whānau reported having a ‘Very Good’ experience; 3 reported having a ‘Good’ experience; no whānau rated the experience as ‘Fair’ or ‘Poor’.

Reasons for reporting an ‘Excellent’ or ‘Very Good’ experience

Key factors that influenced positive whānau experience included the service being informative/well-explained; that the service and staff were welcoming, friendly, and not daunting; that it was easy to access; that the new HPV swab was easy to use; that it was whānau oriented and comfortable; that there was a good gift provided; and that the programme was very important.

Reasons for reporting a ‘Good’ experience

Of the whānau who reported having a ‘Good’ experience, 100% attributed their response to the long wait times.

When asked if the experience of screening with Wai Puna differed from previous screening experiences with different services, 12 whānau responded that the screening with Wai Puna was more positive than previous screening encounters, and 4 did not respond.

Of those who reported having a more positive experience, the reasons included Wai Puna providing a welcoming, colourful, and comfortable environment; the provision of food and drink; good manaaki; the introduction of the new HPV swab; and the positive treatment by kaimahi.

When asked if they had any feedback or improvements to be made to the programme, 9 whānau reported that they had a positive experience and had no feedback or improvements, 5 did not respond, 1 asked for shorter wait times, and 1 asked for faster administration and greater administration support for the nurse.

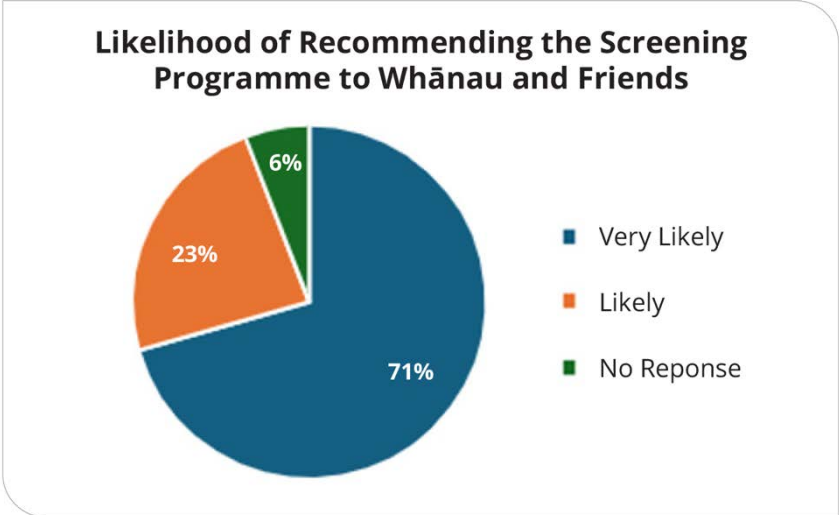


Figure 10: Likelihood of Recommending the Screening Programme to Whānau and Friends

When asked how likely they would be to recommend this programme to whānau and friends, 12 whānau reported they would be ‘Very Likely’ to recommend this programme, 3 reported that they would be ‘Likely’ to recommend this programme, and 1 did not respond. No respondents rated their likelihood to recommend this programme as ‘Neutral’, ‘Unlikely’, or ‘Very Unlikely’.

Knowledge of Cancer Prevention and Wellbeing

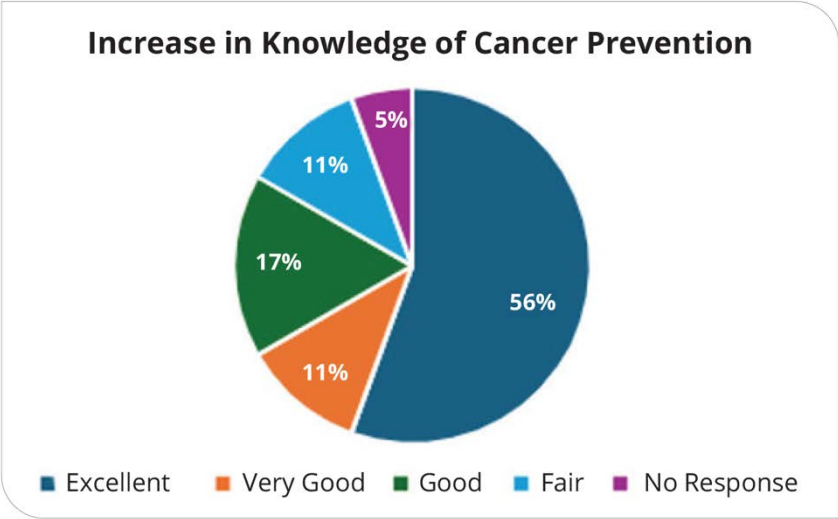


Figure 11: Increase in Knowledge of Cancer Prevention

When asked if their knowledge of cancer prevention had increased, 10 whānau reported their increase in knowledge of cancer prevention as ‘Excellent’, 2 reported it as ‘Very Good’, 1 reported it as ‘Good’, 2 reported it as ‘Fair’, and 1 did not respond. No respondent indicated their increase in knowledge of cancer prevention was ‘Poor’.

Of those who reported an ‘Excellent’ or ‘Very Good’ increase in knowledge, the ways whānau knowledge had increased included learning how to identify what is normal and what is not, whānau knowledge of cancer, the importance of cancer screening, awareness that some cancers can be prevented through screening, how to do the new HPV self-swab, and the normalisation of self-testing.

Of those who reported a ‘Good’ or ‘Fair’ increase in knowledge, the ways whānau knowledge increased included the importance of screening, a greater understanding of the time frames between screening, and one whānau responded that they acquired a pamphlet but otherwise did not increase their knowledge.

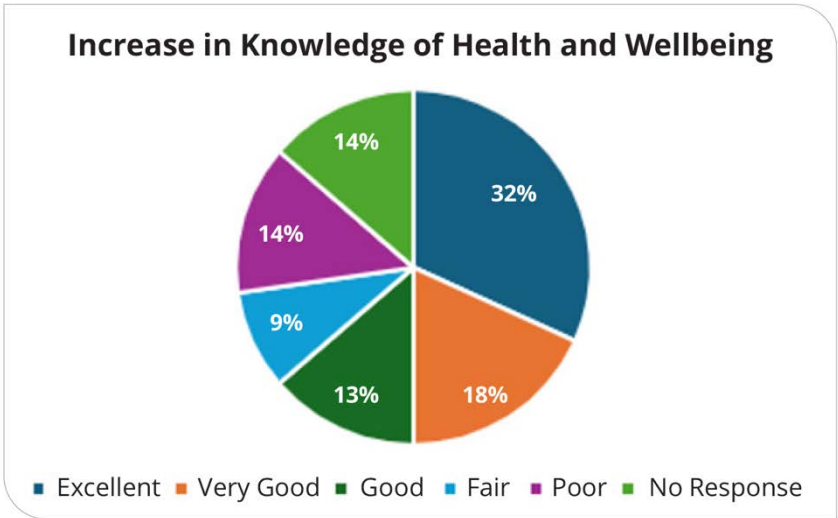


Figure 12: Increase in Knowledge of Health and Wellbeing

When asked if their wider knowledge of health and wellbeing has increased, 7 whānau reported their increase in knowledge of health and wellbeing was 'Excellent', 4 whānau reported their increase in knowledge of health and wellbeing was 'Very Good', 1 whānau reported their increase in knowledge of health and wellbeing was 'Good', 2 whānau reported their increase in knowledge of health and wellbeing was 'Fair', 1 whānau reported their increase in knowledge of health and wellbeing was 'Poor', and 1 whānau did not respond.

Of those who reported an 'Excellent' or 'Very Good' increase in knowledge, the ways whānau knowledge had increased included learning about the new HPV self-swab, greater information about their health more generally, understanding what you are being tested for, being added to the cervical register at 27, the importance of getting checked regularly, and one reported no change in their knowledge of health and wellbeing.

Of those who reported a 'Good', 'Fair', or 'Poor' increase in knowledge, the ways whānau knowledge increased included the importance of screening, acquiring a pamphlet, or they did not respond.

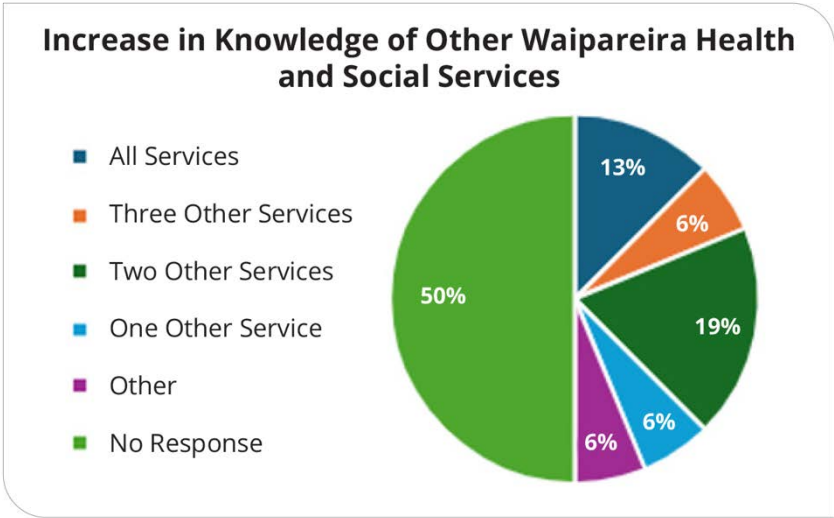


Figure 13: Increase in Knowledge of Other Services

When asked if being screened with Wai Puna increased knowledge of any of the other health and social services at Waipareira, 8 whānau did not respond, 3 whānau reported an increase in knowledge of 2 other services, 2 whānau reported an increase in knowledge of all other services, 1 whānau reported knowledge of 3 other services, 1 whānau reported knowledge of 1 other service, and 1 whānau had knowledge of the service due to being kaimahi at Waipareira.

DISCUSSION OF REFERRAL AND SURVEY DATA

Although a small data pool, this selection of data indicates that the Wai Puna cancer screening service has had a positive impact on cancer screening for whānau throughout Te Whatu Ora – Waitematā area. The survey data suggests, like the literature review, that services with strong ties to the local community and those rooted in culturally-informed care lead to increased knowledge of cancer and cancer prevention and increased likelihood of screening in future among under-screened whānau. These preliminary findings are discussed below.

Local community care

The survey and referral data for this service appears to be in line with the wider literature on the most effective strategies for ongoing whānau engagement, which includes meeting the community where they are, and drawing on existing trust and connection within the local community to foster engagement with screening programmes.

Sixty-nine percent of all whānau who were referred into this service came via holistic engagement, 56% of which was via community events and 39% via mobile outreach. As reflected in the literature, this indicates increased engagement by whānau when services are built around their schedules and when it involves intentional engagement during whānau-centric events.



Pictured: Facebook advertisement for Wai Puna Walk-in Clinics

Twenty-one percent of whānau were drawn in to the service via precise engagement about the events being held, dominantly via Facebook adverts. These posts were on Te Whānau o Waipareira Facebook page or website and predominantly drew in whānau and the friends/families of whānau who were already following this page. Alongside this, 12 of the 18 survey responses indicate that whānau predominantly found out about the service through whānau or friends, or due to being kaimahi. Similarly, 32 whānau were referred into the programme by being kaimahi, whānau of kaimahi, or simply by being known by the Wai Puna team. This indicates that trust and connection in the community has likely been very significant for drawing in whānau to screening encounters.

The various ways in which whānau were referred and heard about the Wai Puna cancer screening programme shows how Waipareira is very active in building engagement and whanaunga among local West Auckland whānau. This confirms both the findings of the literature review regarding facilitators for whānau engagement and the kōrero from stakeholders and kaimahi about the strengths of the M2MO programme.

‘Keep doing what you’re doing ...’

One-hundred percent of whānau in the initial survey reported having had a positive experience as part of this programme.

The majority of whānau in the research survey – at 71% – reported an ‘Excellent’ or ‘Very Good’ experience screening through Waipareira. Of note, no whānau had a ‘Fair’ or ‘Poor’ experience and even the 19% of whānau who were unhappy with the wait-time still reported having a ‘Good’ experience due to the strong manaaki:

“Very welcoming. Good manaaki.” (Whānau, Survey 4)

“Good manaaki – lovely kaimahi.” (Whānau, Survey 5)

Seventy-five percent of whānau reported having a very positive experience screening through Waipareira compared to their previous screening experience, including the 3 whānau who reported having only a ‘Good’ experience during the Waipareira screening service and, most notably, 2 of the 3 whānau who reported having had a positive screening experience with a different service. These whānau spoke to the M2MO programme providing something additional that the other screening programmes could not:

“[Wai Puna was] colourful, friendly, welcoming and made me feel at home.” (Whānau, Survey 3)

“I have had a smear with the cervical screening programme. My experience was good ... At Wai Health it felt more personal and friendly.” (Whānau, Survey 16)



Pictured: Kai and gift packs for whānau at Wai Puna Smear Clinic (9 March 2024)

Similar to what was represented in the literature review, these responses indicate that the additional elements of the Wai Puna screening service – the time taken by the kaimahi, the manaaki-building, the kai and koha provided, and the comfort and warmth of the environment, created a notably positive screening encounter for whānau, even for those who had had positive screening encounters previously.

Education on cancer and cancer prevention

The survey data indicates that the Wai Puna screening programme leads to a broader understanding of cancer screening among those who take part in it.

Over 50% of survey respondents indicated that they had gained an ‘Excellent’ increase in knowledge of cancer prevention, and 11% reported a ‘Very Good’ increase, meaning 67% in total gained a significant increase in knowledge of cancer prevention. Alongside this, whānau who indicated a ‘Good’ and ‘Fair’ increase in cancer prevention showed a positive trend towards a greater understanding of the importance of cancer screening programmes. When asked why these whānau reported such responses, they spoke to their newfound understanding of the importance of screening and their new understanding of the time frames between screenings. One whānau who reported a ‘Fair’ increase in knowledge indicated that their knowledge had not increased during the screening encounter and the only change had been in acquiring a pamphlet on screening. Although this shows that there is still room for improvement in the screening encounter, the vast majority of whānau data indicates a material increase in knowledge of cancer prevention.

Alongside this, half of the whānau surveyed also indicated that their increase in wider understanding of health and wellbeing during this screening programme was either ‘Excellent’ or ‘Very Good’, and – discounting one respondent who is a kaimahi at Waipareira – 44% of whānau indicated that their knowledge of other health and social services offered by Waipareira had increased. This indicates that an additional outcome of the Waipareira screening programme is a broader understanding of wellbeing and how cancer screening is a part of this, as well as offering whānau the opportunity to access additional forms of wraparound social and health care during the same encounter.

Changing attitudes to screening

Survey data indicates that this programme has managed to promote cancer screening to those who have never considered screening or who have been screened but been disinterested in re-screening due to negative experiences.

Forty-four percent of whānau surveyed had either been screened and had a negative experience or had never been screened previously. Of those who had been screened and had a negative experience, 2 whānau reported having been drawn back to screening via M2MO:

"Yes [I've been screened before] – through my GP and the PHB. It's usually pretty uncomfortable and clinical, so I avoid my smears until they basically corner me into it." (Whānau, Survey 7)

"Yes [I've been screened before]. Didn't want to do again till today." (Whānau, Survey 12)

Of the 4 whānau who had never been screened before, 100% reported having a positive experience, that they would be ‘Very Likely’ to be screened again, and that they would be ‘Very Likely’ to recommend the Waipareira cancer screening service to whānau and friends.

This data suggests the capacity for M2MO to draw in and retain whānau in the cancer screening system, most notably among wāhine who have never screened previously. Given that the majority of cervical cancer cases occur among never-screened or under-screened women, this is significant (Bartholomew et al., 2021). This is further supported by the feedback from the whānau focus groups, which is discussed in the next section.

5. WHĀNAU EXPERIENCES OF M2MO

The evaluation undertook five focus group sessions with a total of 19 whānau who had been screened through the M2MO programme. From analysis of these sessions, eight key themes were identified. Overall, whānau were overwhelmingly positive about the experience of screening through the M2MO programme, and were strong advocates for the programme to continue, with many saying they would have continued to avoid screening had it not been for the programme and that they were more likely to continue screening in the future if M2MO was still available. This feedback reflects the outcomes of the whānau survey discussed above. Many whānau spoke of negative experiences within the mainstream health system and highlighted the contrast with the positive experience they had with M2MO. Their kōrero about the barriers to screening and how M2MO successfully addresses these barriers supports both the evidence referred to in the literature review and the evidence from the kōrero with stakeholders and M2MO kaimahi.

CANCER MAMAE

A striking feature of the kōrero from whānau is the degree to which whānau in West Auckland are being impacted by cancer in its various forms. Some whānau referred to not just one or two whānau members, but whole generations being taken by cancer. The stark human impact of whānau Māori statistics for cancer morbidity and mortality was therefore very evident in this kōrero. In some cases, this acted as a spur for whānau to want to engage with the cancer screening kaupapa. However, in other cases, it was clear that the fear cancer created, combined with distrust of the mainstream health services, was a deterrent to cancer screening. For many whānau, cancer screening was a sensitive process with the potential to bring up past trauma regarding the loss of loved ones. Cancer screening and support to cancer services for these whānau therefore required an approach that took into account this mamae:

So, in the last six years especially, we've had a lot of our whānau pass and one of our whāngai sisters. So making sure that at least us two, because we're the older ones, as these are the younger ones that have passed ... so when [M2MO kaimahi] said that we were doing this, I really gave this whānau no choice, because it's rampant in her family at the moment ... So for me, it was, get my whānau in, in a space where they were going to be awhi'd. Because it wasn't that long before that we had just lost one of our other whānau members and all that kind of stuff. So a quite sensitive space. (Whānau 16)

And they [whānau rangatahi] hear cancer, they have one memory: my Dad died and they watched him die slowly. Just alleviating that worry, for them, was just so huge for me through the whole process. (Whānau 15)

And you're always fearful, because I've got cervical cancer in my whānau, so I was always fearful, like "Oh my gosh", you know, just waiting on the test results. (Whānau 9)

I think for a lot of our whānau, it's not knowing, or not wanting to know. (Whānau 4)

LIMITATIONS OF MAINSTREAM SCREENING SERVICES

Whānau shared a variety of reasons for their reluctance to engage in cancer screening through mainstream services. These reasons reflect many of the points raised in the literature review about the recognised barriers to cancer screening. Many described negative experiences with previous screening, such as painful cervical smears, or disempowering interactions with medical staff. Nearly all referred to the off-putting nature of the clinical, sterile setting of mainstream services. The lack of sensitivity many mainstream health practitioners have towards the whakamā that many wāhine Māori and Pasifika feel, especially kaumātua, was also discussed. Whānau described feeling vulnerable in mainstream settings and discussed the lack of effort staff put into relationship building; some referred to being treated like a number or “just like a cow in the milking shed” by mainstream services. The lack of time mainstream practitioners had available to properly explain cancer screening or to discuss other health issues was also cited as problematic. Some whānau also referred to a sense of disconnect with their GPs – while they may have been enrolled with a GP, this was a place they only went to when they were sick and they had no relationship with the practice. As a result, they did not feel comfortable going to their GP for cervical screening. Two whānau who were required to go into hospital for follow-up procedures following abnormal results from their screenings referred to confusion about the information they received from hospital staff. In one case, what should have been a day procedure turned into a week-long hospital stay due to the lack of attention paid by hospital staff to information in patient notes. Overall, these issues resulted in a sense of discomfort or in some cases, dread, when whānau received the notification that they were due for screening, leading in many cases to avoidance of screening:

Because I always try to dodge it, probably if I look down on my health records, it would show I haven't been all that much, but never liked it, never liked going to it. (Whānau 11)

I've always been fearful, always afraid of getting that text, “Oh you need to come in and get a cervical smear,” because I've had bad experiences with my own doctor. Yeah, she was so rough and I used to dread it. (Whānau 9)

It was very clinical and that's cool, I understand where you're coming from. But look at me when you're talking to me, “Oh hello [whānau name] I hear that you're here for dah dah dah.” “Oh okay — yes I am.” Especially when it was my first time, I didn't know what was going to be happening, and that doctor was very clinical, with the gloves and “Get on the table” and I'm, “Oh true?” But then sometimes, some of the previous women doctors were pretty much the same as well. It was just very clinical. And so you just...even for your own health, with my wairua, it just didn't sit well. It just felt like I was just another person, in and out, in and out. Like, I don't want to sit there and have a full on conversation or a kai with you, but I would definitely like some interaction. (Whānau 18)

Because I'm actually feeling nervous and I really don't want to and I'm here because I just need to be here. And you don't make it a warm environment, it's not comforting, you're not giving me anything ... that clinical thing is real. Everywhere you go, whenever you get one, it's like, “Jump on the table”, you don't get acknowledged for who you are and whatever. They're just filling out their papers, “You just jump on the table, yep, pull your pants down, shove that over ...” (Whānau 17)

It's like you're just another number, another stat. (Whānau 19)

CREATING A SAFE SPACE THROUGH KAUPAPA MĀORI ENGAGEMENT

The experiences described above were contrasted with the experience that whānau had screening through the M2MO programme. They described the effort kaimahi put into whakawhanaungatanga and to manaaki and awhi them through the process. As a result, they felt warmth, comfort and safety in the screening space. The approach taken to creating this safe space helped overcome some of the whakamā that wāhine felt. Having a shared experience with other wāhine was also something that contributed to whānau feeling more relaxed and comfortable; this helped to normalise the process and made them feel less vulnerable. Some whānau also noted that having cervical screening in a women-only space helped them feel less vulnerable and whakamā:

We work upstairs, so we could come down with workmates and because we're not shy — well, we're not shy with each other, so it didn't feel like a shameful thing.... We were just talking about it like it's normal on our way to go do it. We're all just sitting in the waiting room and talking to other wāhine that we might not know about what we were all about to do, and then I came out of the room telling everybody that it's easy as. (Whānau 8)

And making it a non-scary space, becoming a natural space — that's a big thing. Even though the clinic's the clinic, the atmosphere and the space doesn't feel like a clinic. That is the biggest thing, it can be any room, it can be the most sterile room, but if you've got the right people in there, you're servicing those whānau that are already nervous, that are already anxious. (Whānau 16)

It's very whānau orientated. You feel secure, you feel comfortable, you're welcomed, the kōrero is lovely, you feel their manaakitanga. (Whānau 18)

Yeah, they acknowledge you. The whole time that they're talking to you, they're making you feel comfortable. They asking you what you need, if you need anything. They're offering you drinks and snacks while you wait. The whole process of it is welcoming, you're being taken care of. (Whānau 17)

Just the atmosphere of having a women's wellness day, where we can all come round, we're all experiencing the same thing together. So we're able to support one another. That can make a big difference, compared to just going by yourself to the GP. Yeah, it just gives you more confidence, to go along and see other women as well. And that's the same with going up to the breast screening as well, we go in a little group, so we're not just one person singled out to go, we're all there together. (Whānau 3)

Yeah, I feel like it just feels closer to home. And especially having staff that are down here, all the staff down here are just really lovely. (Whānau 6)

M2MO IS MANA-ENHANCING

As a result of the approach taken to engagement, whānau reported that they felt special and cared for. They noted that kaimahi took time to explain the process and to answer any questions that they had, so they felt that they came out with more understanding about cancer screening. Whānau appreciated the individual attention throughout the experience. Whānau who used the HPV self-testing kit preferred the less invasive nature of the method and some described feeling more empowered by using this method:

The thing that I really liked, just on the back of that, like I don't mean to be gross, but not just one-size-fits-all kind of stuff ... to be able to do what you need to do, with the swab, was just so much more, you know? And it was more private, you could do it yourself. Instead of having a one-size-fits-all. (Whānau 7)

The lady I had, she was amazing. She, again, talked me through it, told me the most comfortable positions, she was really gentle and I appreciated that, like "Oh my gosh", "Just take your time, just breathe". (Whānau 9)

Even the young lady that did my smear — gentle, gentle as! The way she spoke, the way she handled things, she gave you time, she gave you space, "Are you okay?" Never one step, did she not ask, "Is it okay to carry on?" ... They protected your dignity, they made sure they stood by your mana. If you wanted to stop, they stopped. There was no pressure. (Whānau 16)

You're not cattle, you're not a cow, good on you for being in here, this is how we can help you. Good on you — they make you feel, "How can we help you, what is it that you need, how can we make this easy for you, how can we make you feel more settled, if you're feeling anxious or nervous? It's okay." They give you time as well, it's not like, get in there, bom, bom, bom, done, next. They're giving you time. They make you feel really good. (Whānau 17)

And then, you know they give us the manaaki, to take over and do it ourselves and yeah ... it's mana-enhancing. (Whānau 2)

Whānau who accessed support to cancer services from the cancer navigation team also discussed how the experience was less stressful and more empowering than having to navigate the health system on their own:

But everything just ticked over. Everything was faster than I expected it to be — we deal with hospitals a lot, we know about the waiting, just to get appointments, that sort of stuff. But wow! Whatever we expected, whether it was two or three weeks, we'd get call-backs within half that time and booked in for the next thing ... everything just sort of flowed. (Whānau 15)

Whānau compared their experience favourably with others they knew who had been screened and diagnosed through the DHB and who were struggling to access the information and support they needed. Their comments indicate the benefits of an integrated service that enables the pathway from screening to cancer services.

CHANGES IN ATTITUDE TO CANCER SCREENING

Whānau discussed their previous feelings about cancer screening and the impact M2MO had on their attitudes. Many whānau reported that they would be more likely to continue screening through the programme. Some of this change in attitude was due to the less invasive nature of the HPV self-testing, but it was also in response to their wider experience through the programme, the manaaki they had received and their improved knowledge of the benefits of screening:

And you're doing, they let you know that what you're doing is important and it's great for you. And so I would be more willing, I'd be happy to come back because you made me feel acknowledged for being me and for doing what I'm doing. (Whānau 17)

Yeah I don't mind now, thinking, "Oh yeah, I'm not fearful now for next time" — as long as we have, if I can come back here. (Whānau 9)

Yeah, because before I didn't really think it was that important. And so having this and then the ladies took the time to explain it, how important it is, so I thought "Oh man." Before I was just like, "Oh, I'll just wait for the doctor", but I wouldn't really be too keen. But with this, I was just like, "Oh yeah, sweet!" (Whānau 12)

If it wasn't for that awahi, I would have taken longer. I would have avoided ... I would probably still be in the same boat as I was before, not knowing. And probably still not going to get checked. (Whānau 16)

RIPPLE EFFECTS OF M2MO PROGRAMME

Many of the whānau discussed how they had shared information about the M2MO programme within their whānau and wider hāpori. Knowledge about the HPV self-test was shared and some described encouraging other whānau members and work colleagues to come into the clinic. In some cases, the experience of M2MO also facilitated conversations with whānau members about screening for other cancers and about hauora more generally:

And actually, through my diagnosis, I got a couple of my whānau — my nephew, he just — how old am I? 52. He's 42, and so he's been screened for prostate. He'd been avoiding it. And because he went for that, his missus had to go, they had a deal. (Whānau 16)

My daughter called me a few weeks ago, and she said, "Mum, can you go down and see Auntie Wendy and them, and get your smear done, because they're giving away ... you get prizes, you get gifts afterwards", and I go, "Excuse you, I went for mine last year, thank you very much!" And she goes, "Oh ... how many times can you go?" [Laughter] She goes, "They're giving away Mecca stuff," I don't even know what that is! But even though she's after the gifts, she had heard of the campaign, so I think if she had the opportunity, even though she's too young, but if she did, then she would go ... She called her aunts, her nana — she was calling everybody. (Whānau 8)

I've had whānau come through, my own family. My sister-in-law, my brother's partner, yeah she's come through, which is really cool, you know, because I told her, "Hey, this is my experience", and she was like, "Oooh", but she came, and same thing, yeah, the same experience, she was fearful to start with, but she was glad that she did it. (Whānau 9)

So even being able to offer that to [name redacted] and all of the street really, saying, “Hey, it’s here”, so the next round is going to be even more people. Because the word will get out, “Oh, nah, nah, nah, I use them.” I still hear it. (Whānau 15)

Yeah I made my sister go and do hers. She goes, “Oh no, I’m all right.” And I was, “Just go and blimmin do it. Hurry up.” You know, just got to be real now and say it like it is. (Whānau 19)

HESITANCY ABOUT HPV SELF-TESTING

While whānau feedback was generally very positive about HPV self-testing, there was also some hesitancy expressed by some. Whānau discussed their concern about if they were “doing it right” and if the test would be accurate. However, whānau also reported how these concerns were allayed by kaimahi at the time, who took time to talk whānau through the self-testing process. Another uncertainty that arose during whānau focus group discussions was regarding the change in the timeframe of the testing schedule as a result of the shift to the HPV self-test – whānau were unsure as to why the time between screening had been moved from three years to five years, and some expressed concern that this might not be often enough. Some whānau also expressed the belief that the option should be available to access the HPV self-test themselves in their homes if they felt the need, which also reflects some of the findings identified in the literature review:

You look at the tube and you’re like — well I know for myself, I was like, “I don’t even know what to do, I think I should double check with her, am I going to do this correctly?” And she confirmed it, but she said quite a few women are like that. We know what to do, because it’s our private area, but at the time, and they talk to us about it, we just get a bit — “Actually, let’s just go through that again. How long? Where do my fingers hold the actual swab itself?” So yeah, it was really good, good reassurance behind the education. (Whānau 2)

But this year was the first time I’ve ever done the self one. I think I felt a bit more comfortable doing it with the self one, but at the same time, I was also thinking, “Am I even doing it properly?” (Whānau 6)

Whānau 13: I know it’s new, but ... what am I trying to say? How reliable is it? Because five years is quite a long time ...

Whānau 10: Yeah, I was thinking the same thing, because I always try to go for mine on time, and then for the last three — oh so my last one was done, I think, two years ago now, and that’s when they picked up cancer in my uterus. But in saying that, had I left it, had it been a five-year term, it could have gone from an early stage to a stage 2 or 3 by then if it was a five-year period. So it would be good if they kept it at three. Because you just never know.

Whānau 13: Because you feel like you just want to check ...

Whānau 7: Just for yourself, eh?

Whānau 13: Yeah, just make it like it’s something that you just do it when you feel like you need to.

6. SUMMARY AND RECOMMENDATIONS

Inequities in cancer screening are among the most glaring examples of how the current health system in Aotearoa-New Zealand fails whānau Māori. Effective methods of engagement with whānau are the most successful and cost-efficient ways of addressing these inequities and lessening the burden that cancer morbidity and mortality have on our health system and on our communities. Yet mainstream health services repeatedly fail to get cancer screening engagement with whānau Māori right, despite the plethora of evidence about what the barriers are and what needs to happen to overcome them.

By contrast, the evidence from this evaluation, collected from kōrero with kaimahi, stakeholders and whānau, indicates that the M2MO programme run by Wai Puna is getting cancer screening engagement right. Most of the intended short-term outcomes relating to *oranga*, *mātauranga* and *whanaungatanga* and some of the medium-term outcomes relating to *oranga*, *rangatiratanga* and *manaakitanga* are already being achieved. Moreover, the number of whānau who have already been through the cervical and breast cancer screening programme as a result of M2MO indicates the success of the kaupapa.

In many ways, M2MO should be seen not as a novel kaupapa, but as an extension of the work which Wai Puna and the Waipareira kaimahi as a whole already do to advocate for solutions to enhance the hauora of whānau. M2MO sits alongside the existing work on vaccinations, mental health and a range of other wellbeing services. This integrated approach to cancer screening engagement is key to the programme's success.

To return to the two key evaluation questions:

DOES THE M2MO PROGRAMME ADDRESS BARRIERS TO CANCER SCREENING?

There is no doubt that the M2MO programme is addressing many of the key barriers to cancer screening. As the literature review indicates, the recognised barriers to cancer screening for whānau Māori include negative experiences during screening, particularly cervical screening; lack of culturally appropriate education and resources on screening; lack of culturally safe screening environments; lack of Māori health practitioners; lack of kaupapa Māori approaches to health in the mainstream health system; lack of appropriate funding and funding streams for kaupapa Māori providers; practical barriers such as the cost of GPs; and embarrassment around the intimacy of screening programmes. The kōrero we had with kaimahi, stakeholders and whānau confirmed and emphasised these factors as contributing to whānau reluctance to screen. Moreover, the high rates of cancer within whānau become self-perpetuating, as cancer trauma can further discourage whānau from engaging with screening programmes. These barriers reflect the shortcomings of the mainstream health system as a whole and the Waipareira whānau-centred, wraparound approach to engagement and delivering services, of which M2MO is a part, has been specifically developed over many decades to address these issues.

However, feedback from kaimahi and stakeholders indicate that some barriers do still remain and the recommendations made below are intended to help M2MO strengthen its kaupapa to help overcome these.

HAS M2MO BEEN SUCCESSFUL IN ITS ENGAGEMENT WITH WHĀNAU, AND IF SO, HOW?

Evidence from whānau, both those surveyed in the cervical screening clinics and those who participated in whānau focus groups, indicates that the programme has resulted in a change of attitudes towards cancer screening. Moreover, whānau are spreading the word among their wider whānau and hapori, indicating the potential for the programme to create a ripple effect in terms of cancer screening in West Auckland and beyond. There are also indications that the impact of the programme is going beyond cancer screening to encourage kōrero and whakaaro about hauora more generally. Combined with the data on the numbers of whānau who have been screened through M2MO in the first 9 months of the programme, it can be concluded that overall, the programme had success in engaging with whānau thus far.

The success in engagement can be credited to the following attributes of the programme:

- Accessibility/convenience of services – M2MO enables cancer screening by actively seeking out whānau in the community, offering flexible services that fit in with whānau schedules and removing practical constraints such as transport and cost.
- Waipareira kaimahi are embedded in the West Auckland community – kaimahi are in and of their communities and their networks make them ideal for the mahi of bringing West Auckland whānau into cancer screening. This mahi is not new, but is an extension of the advocacy and support that Waipareira kaimahi have always done for the hauora of whānau in West Auckland.
- Kaupapa Māori engagement creates safe spaces for whānau – whānau, kaimahi and stakeholders all note the centrality of whanaungatanga, manaakitanga, awhi, tikanga and whakapapa in how kaimahi engage with whānau. These values are crucial to the change in attitude to cancer screening that whānau have described as they move from a place of fear and dread, to one of safety and comfort.
- Kotahitanga encourages collaboration and holistic approaches – M2MO reflects the ‘Waipareira Way’, which emphasises bringing different groups together to achieve the best outcomes for whānau. Collaboration with stakeholders allows all involved to leverage off each other’s strengths. The principle of kotahitanga also describes a unified, holistic approach to the tinana, which addresses the hauora of whānau as a whole, rather than as interventions into separate parts.
- Mana-enhancing engagement leaves whānau feeling empowered – whānau leave the cancer screening experience feeling like their personhood and wairua has been recognised and uplifted. This enhances rangatiratanga and encourages whānau to become champions of the cancer screening kaupapa.

RECOMMENDATIONS

This report makes several recommendations to help strengthen the M2MO programme and expand its ability to contribute to the hauora of whānau in West Auckland.

- Longevity and stability of funding – it is recommended that long-term funding for M2MO be confirmed, to provide more certainty to both whānau and kaimahi and ensure that the current momentum for the cancer screening and prevention kaupapa in West Auckland is not lost.
- Additional transport and staff resources – the need for more resources for transport to cancer screening and follow up appointments was mentioned by kaimahi as one area of concern. Feedback from whānau surveys also indicates the need for more reception and administration staff at screening clinics to reduce waiting times. This would enable kaimahi to engage more with whānau in the screening encounter and to conduct more thorough needs analyses.
- Educational resources – it was also suggested that the design and production of kaupapa Māori resources using pūrākau methods to support the cancer prevention message could be a next step for the M2MO kaupapa. Such toolkits have been produced for cancer education and screening programmes in indigenous communities overseas (Chow et al., 2020). These resources would enhance mātauranga, offering more opportunity to ensure that whānau education relating to cancer screening and cancer prevention more generally is being improved. As was noted in the literature review, a lack of culturally appropriate education and resources on cancer prevention and screening is recognised as one of the barriers to improving screening rates for whānau Māori.
- Enhanced data-gathering – there is opportunity for kaimahi to gather more information about their engagement with whānau, which could help facilitate a better understanding of the impact that the M2MO programme is having. At the moment, kaimahi only take note of those whānau who register. However, the actual number of whānau that have been engaged by the programme is much higher, and still represents an important part of the mahi that is being done to support the cancer screening kaupapa in West Auckland. More information about this engagement would be useful to create a more accurate picture. Continuing surveys to gather feedback from whānau during the screening encounter will also be a useful way to remain responsive to whānau voice, and the use of the evaluation rubric (Appendix C) will help to identify specific areas that need further development, as well as programme strengths.
- More Māori medical kaimahi – M2MO kaimahi suggested that providing more Māori clinicians to actually carry out screening could strengthen the M2MO kaupapa. At present, while M2MO kaimahi are present to manaaki and awhi staff, the cervical and breast screening itself is done mainly by non-Māori practitioners. As noted in the literature review, research indicates that whānau Māori are more likely to engage positively with services that are staffed by Māori medical practitioners. While it may be beyond the scope of the M2MO programme to address the general shortage of Māori medical staff within the health system, advocacy on this issue is important to achieving equity.
- Improved collaboration – in order to improve the response to bowel cancer screening, collaboration with the National Bowel Screening Programme needs to be enhanced. Following kaimahi feedback, it is recommended that M2MO be given greater agency over the bowel screening process and kaimahi be provided with bowel screening self-test kits to distribute to whānau and to arrange pick up if required. This will help to overcome the current disconnect between kaimahi, whānau and bowel screening over the distribution of the kits.

- Improved communication and data-sharing – to ensure a more seamless transition from cancer screening to cancer navigation services for whānau who receive abnormal results, it is important that Wai Puna are notified. This could be confirmed at the screening encounter, where whānau could be asked if they give permission for abnormal results to be returned to Wai Puna so that follow up services can be offered. This would allow for the enhancement of the pathway from cancer screening to cancer navigation services and ensure that whānau do not fall through the gaps.
- Expand the M2MO kaupapa to other screening programmes – as other cancer screening technologies are developed and new screening programmes are established, it is recommended that kaupapa Māori providers such as Waipareira are engaged in the development of support to screening programmes for whānau Māori from the ground up, to ensure that equity is a priority right from the beginning.

GLOSSARY

aroa – love, compassion, concern for

aroa mai – sorry, my apologies

awhi – to embrace, to surround

hapori – community

hauora – health and wellbeing, fit, in good spirits

kai – food

kaimahi – staff

kanohi ki te kanohi – face to face

kaumātua – esteemed elder man/men or woman/women

kaupapa – policy, initiative, agenda, theme, objective

kaupapa Māori – an approach grounded in Māori values and principles

koha – gift, offering

kōrero – chats, discussion, talk, statement, stories

kotahitanga – togetherness, unity

mamae – pain, wound

mana – status, authority, prestige, spiritual power

mana motuhake – autonomy, self-determination, independence

manaaki – to support, take care of, give hospitality to, show respect, generosity and care for others

manaakitanga – hospitality, the process of showing respect, generosity and care for others

mātauranga – knowledge

mauri – life force

Pākehā – New Zealand European

pātai – question

pūrākau – stories

pūtea – money, funding

rangatahi – youth

rangatiratanga – self-determination, self-management, right to exercise authority

roopū – group

tautoko – support

te ao Māori – the Māori worldview

tikanga – customs, protocols

tinana – body, physical

wāhine – women (plural)
wahine – woman (singular)
whaea – mother, aunty
whare – house, home
wairua – spiritual, spiritual essence, the spiritual realm
wairuatanga – spirituality
whakaaro – thoughts, opinion, understanding
whakamā – ashamed, shy, embarrassed
whakamana – to empower, enable
whakapapa – lineage, geneology
whakawhanaungatanga – the process of establishing relationships and connections with others
whānau – family/families
whanaunga – relative, relation
whānau Māori – Māori family/families
whanaungatanga – relationships, relationship building

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APPENDICES

APPENDIX A: COMPILED SCREENING DATA, JULY 2023–MARCH 2024

COMPILED SCREENING DATA

JULY 2023–MARCH 2024

HOLISTIC ENGAGEMENT		211
<i>This includes community events, mobile outreach services, and opportunistic referrals during other health encounters i.e. doctor's appointments.</i>		
<i>Screening Location</i>	<i>Description</i>	<i># Engaged</i>
Matariki ki Waipareira	Free concert in Henderson, food and craft stalls, and kids rides. July 13 th 2023, 5–9pm.	24
Te Atatū Rugby League Tournament (TARL)	Waipareira Māori League Challenge, in association with Aotearoa Māori Rugby League – September 23 rd –24 th 2023.	38
Waitangi@Waititi	Free concert at Parrs Park on February 6 th 2024, 9am–4pm.	55
Kōrure Whānau Vans and Outreach	This includes set engagement with whānau at schools, libraries, and community centres, as well as general opportunistic engagement.	83
Walk-ins (General)	Whānau that have come into the Wai Puna clinic generally (not the specific M2MO clinic).	8
Referrals	This is whānau who have been seen by Dr. Zarah and referred to the clinic for screening (but have not come in specifically for screening).	3
WHĀNAUNGA ENGAGEMENT		32
<i>This includes whānau who were kaimahi at Waipareira, the whānau of those who were kaimahi, or those known by programme kaimahi as being overdue.</i>		
<i>Screening Location</i>	<i>Description</i>	<i># Engaged</i>
Kaumātua Roopū	Waipareira has a kaumātua/super sixties group.	6
Kaimahi and Whānau	Kaimahi who were screened or whānau of kaimahi who were screened.	22
W124 List	This is a specific list of those known by one of the lead's of the programme.	4

PRECISE ENGAGEMENT		65
<i>This is whānau who were engaged specifically to come in for screening e.g. via walk-in to the screening clinics, via advertisements of the clinic (note: this only includes breast and cervical screening).</i>		
<i>Screening Location</i>	<i>Description</i>	<i># Engaged</i>
Facebook	Posts on FB about the clinics and engagement from wāhine texting through to book in for cervical clinics.	64
Walk-ins (Cervical Clinic)	Wāhine specifically noted as having been screened at the clinic.	1
TOTAL WHĀNAU ENGAGED		308

APPENDIX B: SURVEY

INITIAL SURVEY

Waipuna Smear Survey

Please take the survey & leave a remark below to help with future improvement. All feedback is good feedback, we appreciate your participation.

Personal Information

Name
Age
Address
Email
Phone
Question 1. How was your screening experience?
Question 2. Do you think there is anything we could improve on?
Is there anything you'd like to add? We love feedback.

RESEARCH SURVEY

Waipareira Cancer Care Survey

Wai Rangahau, the Waipareira Research Team, are completing an evaluation of this cancer care service.

We are hoping to learn how whānau find this service and we will use the findings to inform the service going forward.

Any feedback you can give us on your experience will help to contribute to the evaluation.

Ngā mihi nui e te whānau!

Personal Details

Please feel free to leave this section blank if you are not comfortable giving us your information.

Name
Email
Mobile

Are you comfortable being contacted for an interview or focus group on your experience here?

- Yes
 No

Feedback

All data from these surveys will be kept anonymous.

This means that any feedback you provide will be put into our report, but without your name, email, phone number, or any other details that could be used to identify you.

Any text responses you make on this survey may be quoted directly in our research paper, but without your name or any other identifying information.

How did you hear about the Waipareira cancer screening services? (Tick all that apply)

Contacted by phone/email
Social media
Mobile vans
Whānau/friends
Other

On a scale of 1–5, please rate your experience with screening through Waipareira? (Please circle the appropriate rating)

				
Poor	Fair	Good	Very Good	Excellent

Please provide some feedback to explain your rating. Are there any key factors that influenced your experience?

Have you accessed any cancer screening services previously through other medical services? If yes, please let us know what this experience was like.

Did the experience of cancer screening through Waipareira differ from your previous experience? If yes, how did it differ?

On a scale of 1–5, through your engagement with the cancer screening services at Waipareira, has your knowledge of cancer prevention increased? (Please circle the appropriate rating)

				
Poor	Fair	Good	Very Good	Excellent

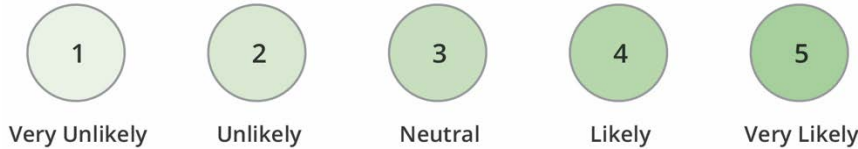
In what ways has your knowledge increased?

On a scale of 1–5, through your engagement with the cancer screening services at Waipareira, has your knowledge of health and wellbeing increased? (Please circle the appropriate rating)

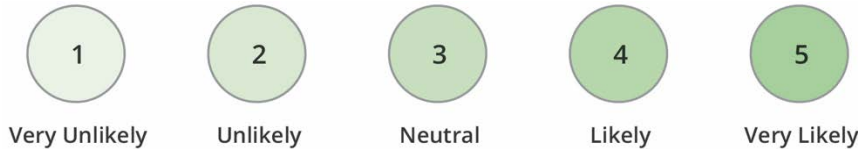


In what ways has your knowledge increased?

On a scale of 1–5, how likely would you recommend Waipareira cancer screening services to whānau and friends? (Please circle the appropriate rating)



On a scale of 1–5, how likely are you to continue regular cancer screening in the future? (Please circle the appropriate rating)



Has accessing the Waipareira cancer screening services increased your knowledge of any of the other health and social services that Waipareira offers?

Community Cancer Navigators
Kaiārahi/Navigator Services
Incredible Years – Ngā Tau Mīharo
Triple P Positive Parenting Programme
Employment Pathways
Whānau Ora Rangatahi Services
Addiction Counselling
Community Mobile Nursing
Whānau Support
Rongoā Māori
Building Financial Capability
Niwareka

Other

Do you have any other feedback about the Waipareira cancer screening programme? Any improvements you would like to suggest?

APPENDIX C: OUTCOME INDICATORS AND EVALUATION RUBRIC

As part of the evaluation, an outcome indicators framework and an evaluation rubric were developed. The outcome indicators specify in detail what the outcomes for the programme will be under each outcome domain and describe the levels of success leading towards excellent outcomes. The evaluation rubric then allows a systematic assessment of each of these outcome indicators from the Initial stage of programme engagement to Excellent. It is hoped that M2MO kaimahi will utilise this as a tool to identify strengths of the programme and areas that require further focus. This will also be useful in the future to provide a solid evidence basis for the success of the programme.

Figure 1: Outcome Indicators Framework

OUTCOME DOMAINS	OUTCOME INDICATORS	INITIAL	DEVELOPING	POSITIVE	EXCELLENT
Oranga Healthy People, Healthy Environments	Access to Treatment	Few whānau access and utilise further treatment.	Some whānau access and utilise further treatment.	Most whānau access and utilise further treatment effectively.	Whānau consistently access and effectively utilise further treatment.
	Access to Health and Social Services	Few whānau access and utilise other health and social services.	Some whānau access and utilise other health and social services.	Most whānau access and utilise other health and social services effectively.	Whānau consistently access and effectively utilise other health and social services.
	Support from Kaiārahi	Limited or no support provided by kaiārahi.	Occasional support provided by kaiārahi.	Frequent support provided by kaiārahi.	Continuous support provided by kaiārahi throughout the treatment journey.
	Informed Decision-making on Cancer Symptoms	Few whānau can make informed decisions	Some whānau can make informed	Most whānau can make informed	Whānau can make highly informed

		based on early signs/symptoms of cancer.	decisions based on early signs/symptoms of cancer.	decisions based on early signs/symptoms of cancer.	decisions based on early signs/symptoms of cancer.
	Healthy Lifestyle Adoption	Few whānau adopt healthier lifestyles.	Some whānau adopt healthier lifestyles.	Most whānau adopt healthier lifestyles.	Whānau consistently adopt healthier lifestyles to reduce the risk of cancer.
Mātauranga Access to Knowledge	Knowledge of Health and Services	Few whānau have minimal knowledge.	Some whānau have basic knowledge.	Most whānau have good knowledge.	Whānau have enhanced knowledge of health and available services.
	Knowledge of Cancer Prevention	Few whānau have minimal knowledge.	Some whānau have basic knowledge.	Most whānau have good knowledge.	Whānau have enhanced knowledge of cancer prevention and early intervention.
	Understanding of Self-care	Few whānau understand self-care.	Some whānau understand self-care.	Most whānau understand the importance of self-care.	Whānau have a strong understanding of the importance of self-care.
	Updating Screening Registers	Few whānau update their details.	Some whānau update their details.	Most whānau update their details regularly.	Whānau understand and consistently update their details on screening registers.

	Health Discussion Enablement	Few whānau discuss health issues.	Some whānau discuss health issues.	Most whānau discuss health issues.	Whānau are empowered to discuss various health issues comprehensively.
Whanaungatanga Whānau Social and Cultural Capital	Relationships with Whānau	Few relationships established with whānau.	Some relationships established with whānau.	Some relationships established with whānau.	Strong relationships established and strengthened with whānau.
Rangatiratanga Self-Determination and Self-Management	Choosing Cancer Screening	Few whānau choose screening options.	Some whānau choose screening options.	Most whānau choose appropriate screening options.	Whānau consistently choose cancer screening options that best suit their needs.
	Overcoming Fear and Mistrust	Many whānau experience fear and mistrust.	Some whānau still experience fear and mistrust.	Most whānau have reduced fear and mistrust.	Whānau overcome fear and mistrust of cancer screening.
	Advocacy for Screening	Few whānau advocate for screening.	Some whānau advocate for screening.	Most whānau advocate for screening.	Whānau strongly advocate for cancer screening within their wider community.
Manaakitanga Caring Whānau and Hāpori	Consistent Self-Care Practices	Few whānau practice self-care.	Some whānau practice self-care.	Most whānau practice self-care.	Whānau consistently practice self-care and extend care to others.

Figure 2: Evaluation Rubric

OUTCOME DOMAINS	OUTCOME INDICATORS	INITIAL	DEVELOPING	POSITIVE	EXCELLENT
Oranga Healthy People, Healthy Environments	More whānau access and utilise further treatment effectively.				
	More whānau access and utilise other health and social services effectively.				
	More whānau receive going support from kaiārahi throughout their treatment journey as needed.				
	More whānau are alert to early signs/symptoms of cancer.				
	Whānau adopt healthier lifestyle to reduce the risk of cancer.				
Mātauranga Access to Knowledge	Whānau knowledge of health and services is enhanced.				

	Whānau knowledge of cancer prevention/early intervention is enhanced.				
	Whānau have increased understanding of the importance of self-care.				
	Whānau understand the importance of updating their details on screening registers.				
	Whānau are enabled to discuss other health issues.				
Whanaungatanga Whānau Social and Cultural Capital	Relationships with whānau are established/strengthened.				
Rangatiratanga Self Determination and Self-Management	More whānau choose cancer screening options that best suit their needs.				
	More whānau are empowered to make informed health and wellbeing decisions.				

	More whānau overcome fear and mistrust of cancer screening.				
	More whānau advocate for cancer screening within their wider whānau and hāpori.				
Manaakitanga Caring Whānau and Hāpori	More whānau consistently practice self-care and extend care to others.				



WAI RANGAHAU



TE WHĀNAU O WAIPAREIRA

KŌKIRITIA I ROTO I TE KOTA HITANGA