

# “A huge kaupapa for Māori”: addressing inequities in access to breast screening in Counties Manukau

Courtney Harper and Thomas Epps  
Ko Awatea, Counties Manukau Health

## The Kaupapa

Breast cancer is the most common cancer affecting women in New Zealand and wāhine Māori are two times more likely to die from it than New Zealand European women. This is primarily due to late stage diagnosis (Tin Tin, et al., 2018).

BreastScreen Counties Manukau (BSCM) offers a publically funded screening programme for the early detection of breast cancer. Women aged 45–69 can enrol in the programme to receive a free mammogram every two years. The Ministry of Health has set target coverage for the programme at 70% of women aged 50–69 years.

Overall, the target is being met however there is a long-standing disparity in screening coverage between wāhine Māori and other ethnicities. This is especially marked for subsequent screens after the initial screen. The total percentage of wāhine Māori in Counties Manukau screened in the two years ending 31 March 2019 was 65.5%.

Tin Tin, S., et al. (2018). Ethnic disparities in breast cancer survival in New Zealand: which factors contribute? *BMC cancer*, 18(1), 1-10. doi:10.1186/s12885-017-3797-0

## Aim

Our project sets out to understand barriers and enablers to wāhine Māori attending breast screening at Counties Manukau, to inform and test change ideas for improving access to the service for wāhine Māori.

The primary aim of our “Understand and Diagnose” phase was to hold focus groups with wāhine Māori aged between 45 and 69 in Counties Manukau. We would discuss their experiences and perspectives on breast screening and how to improve breast screening services for wāhine Māori and whānau.

## Methodology

We have taken a mixed methods approach:

- Literature review of local and international research on barriers and enablers to breast screening for groups that experience disparities
- Quality Improvement such as process mapping the current state, workplace observations and analysis of baseline departmental data
- Thematic analysis of focus groups and interviews with wāhine Māori and staff. The tables below present a breakdown of participant information:

Wāhine Māori focus groups	Number of participants
Papakura Marae	5
Papatuanuku Marae	6
Te Kura Kaupapa Māori o Māngere	7
Individual interviews in participant homes, Manurewa	2

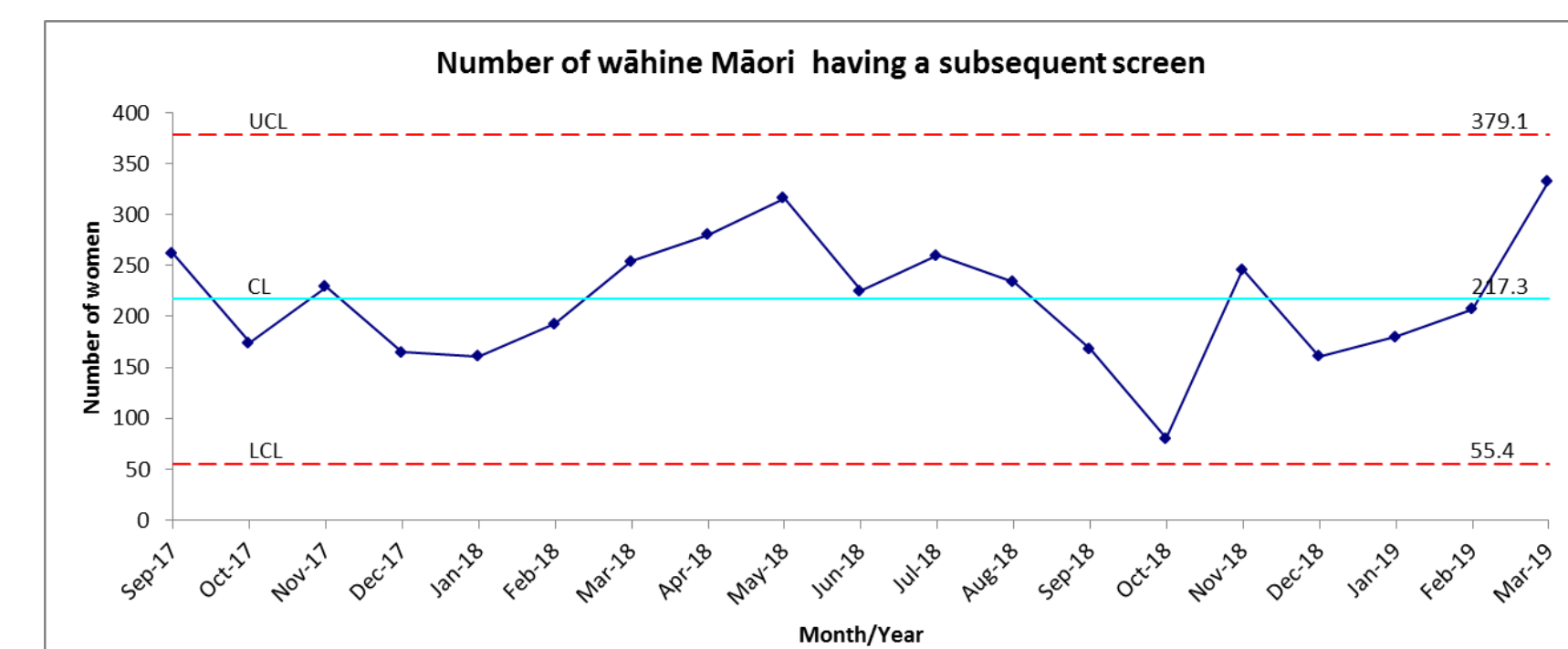
Wāhine previous breast screening experience	Number of participants
Never accessed	7
Accessed once and not returned	5
Accessed regularly	8

Staff job role	Number of participants
Radiographers	3
Administration / Contact Centre	5
Support to Screen service	6
Other	2

- Co-design embedded in wāhine and staff focus groups and into proposed next steps

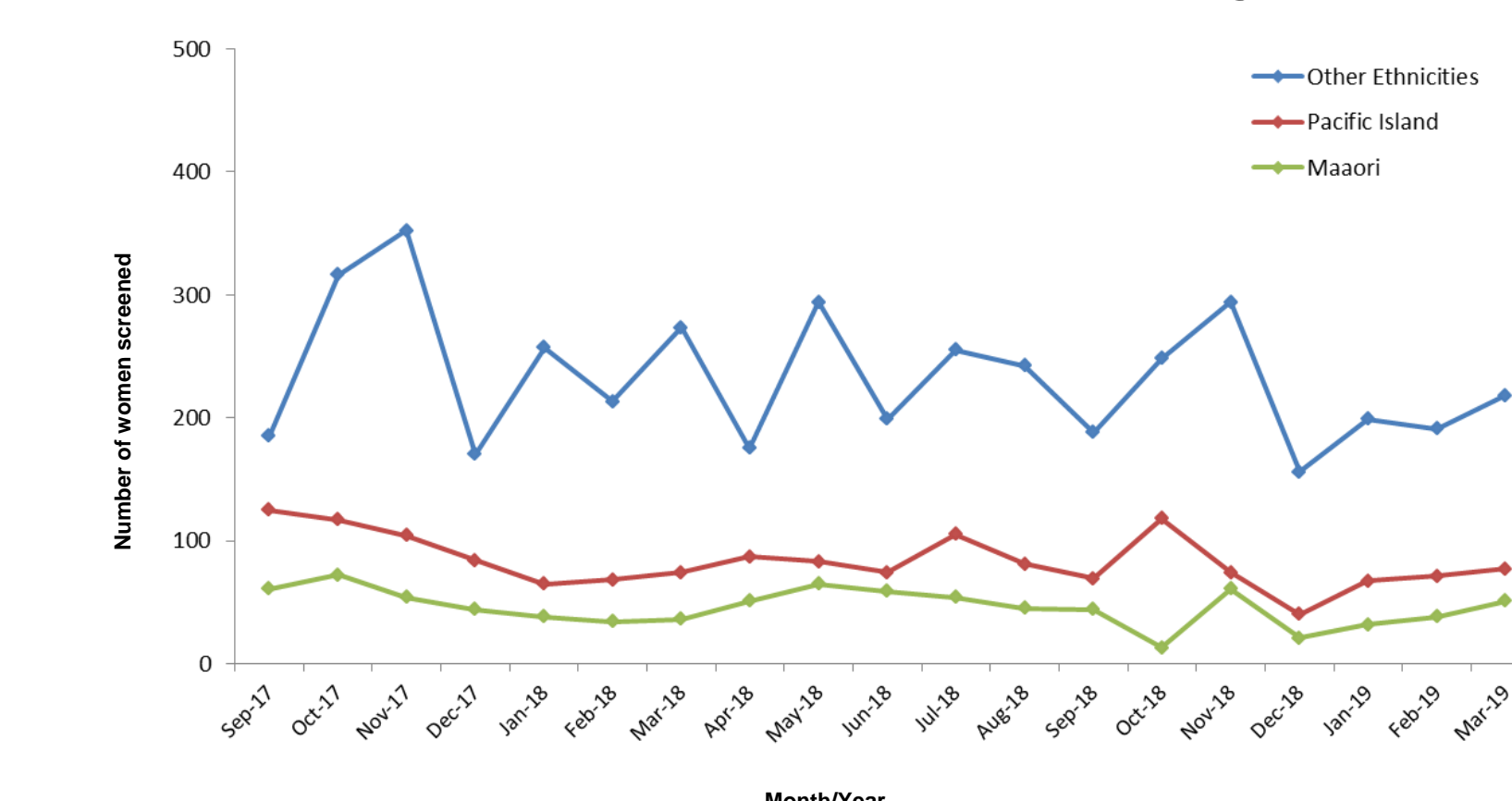
## Baseline Measures

The numbers of wāhine Māori screened have remained relatively stable over time, for both first screens and subsequent screens. Statistically there is no special cause, despite different initiatives being undertaken to target wāhine Māori.



The above SPC chart depicts the number of wāhine Māori having a subsequent screen between September 2017 and March 2019.

BSCM ensures resource is put into maintaining Māori screening to limit disparities from increases of other ethnicities. Our balancing measures are Pacific and “Other Ethnicities” screening numbers.



The above run chart depicts the number of women screened for the first time each month by ethnicity between September 2017 and March 2019.

## Themes

“A few of my whānau have died from breast cancer and that should really encourage me to attend but it makes me more scared and worried about what if I have the same especially being immediate whānau.”

Wahine Participant

We generated four themes from the wāhine experience data and five themes from the staff experience data. These were then grouped into three overarching themes:

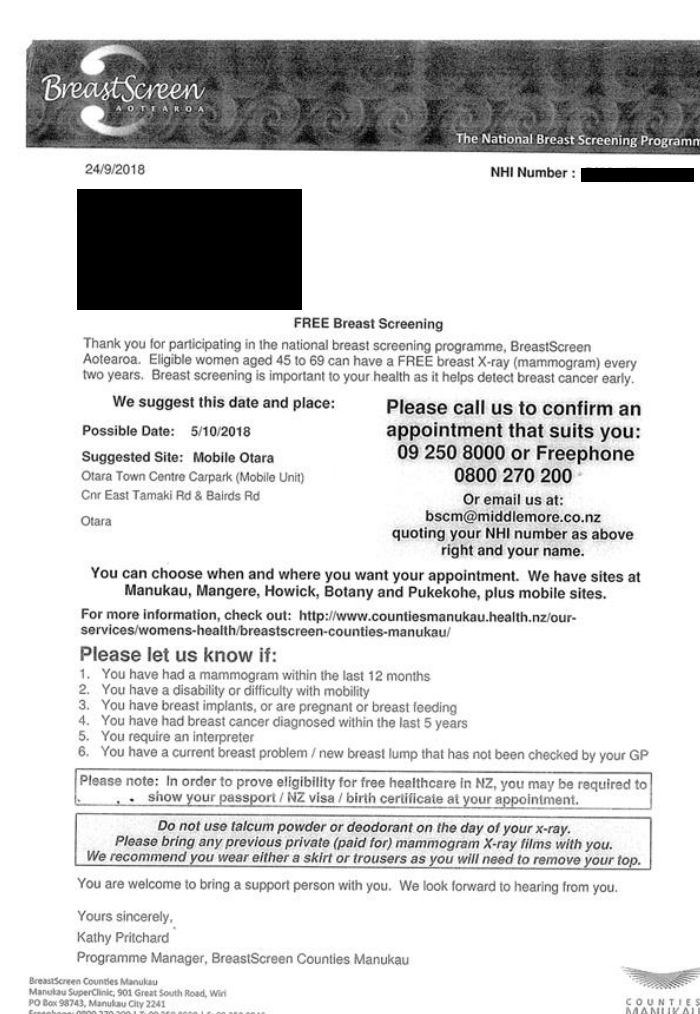
- Te Whare Tapa Whā: Working with cultural competence

“She’s always had in her mind that everything’s clinical, you go in, you’re a number, there’s no empathy... Not felt she’s important.... If she’s feeling like that, how do we know that more of them are feeling like that?”

Staff Participant



- Health literacy: Navigating the system is not smooth sailing



“They think it’s a confirmed appointment letter. So that’s not a clear process, the ladies get confused. I think it just says tentative, who knows what tentative is, I only found out when I started working here. I didn’t know it before.”

Staff Participant

- Access supports: Manaakitanga is key

“...when you go into the clinic you’re half way there, it’s trying to get there in the first place whether its transport for some or can I bring some whānau support...like if you have eight kids and you have to be realistic with the kids and the vehicle transport and even the buses...it’s not free”

Wahine Participant

## Barriers and Enablers

The tables below list all the barriers and enablers identified in our literature review (LR), wāhine experience (WE) and staff experience (SE)

Barrier	WE	SE	LR
Transport needs	✓	✓	✓
Childcare/Whānau responsibilities	✓	✓	✓
Work schedules	✓	✓	✓
Social determinants	✓	✓	✓
Mental health		✓	
Domestic violence		✓	
Mataku – fear (of results, procedure, cancer)	✓	✓	✓
“Horror stories” from friends and whānau	✓	✓	✓
Whakamā - shyness/shame	✓	✓	✓
Poor previous experience	✓	✓	✓
Low trust in health services	✓	✓	✓
Whānau history		✓	
Time pressure of service	✓	✓	✓
Inadequate information from providers	✓	✓	✓
Inadequate communication from providers	✓	✓	✓

Enabler	WE	SE	LR
Whānau history	✓	✓	✓
Whānau support and influence	✓	✓	✓
Good general practitioner relationship	✓	✓	✓
Face-to-face communication	✓	✓	✓
Culturally tailored education	✓	✓	✓
Marae-based mobile clinic access	✓	✓	
Extended clinic hours	✓	✓	✓
Community health promotion - breast awareness	✓	✓	✓
Incentives	✓	✓	✓
Peer role modeling (cancer survivors, community leaders)	✓	✓	✓
Reminders and simple communication channels	✓	✓	✓
Visible Tikanga and Te Reo in service - Manaakitanga	✓	✓	✓
Māori staff	✓	✓	✓
Friendly and supportive staff	✓	✓	
Māori model of health	✓	✓	✓
Community health workers	✓	✓	✓

“The staff are friendly and make us feel comfortable then that’s the main thing, we are shy and we find it hard to attend any appointment so having the support from staff when we do attend is great”

Wahine participant

## Next Steps

Through our partnership with consumers and staff, cultural and health literacy improvements are being adopted and existing access supports reinforced (e.g. transport). Mana Wahine days – dedicated Saturday morning block screening for wāhine Māori with morning tea and prize draws – are occurring monthly.

Our proposed next steps are to bring service providers, service users, Māori community leaders and other interested parties together to review themes identified and co-design new approaches for testing through iterative PDSA cycles. If you are interested in being a part of this work please get in touch.

Contact:

Courtney Harper

[courtney.harper@middlemore.co.nz](mailto:courtney.harper@middlemore.co.nz)

Tom Epps

[tom.epps@middlemore.co.nz](mailto:tom.epps@middlemore.co.nz)

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