



Delivering Equitable care in Te Tai Tokerau



Te Kāhui Matepukupuku

Louise Bell Nurse Coordinator

Jenni Moore and Tipene Brundell, Kia ora - E te iwi
Programme

Our Mission



“To improve community wellbeing by reducing the incidence and impact of cancer”

SERVICES

- ✿ Supportive Care
- ✿ Kia ora - E te iwi
- ✿ Research
- ✿ Cancer Prevention
- ✿ Fundraising
- ✿ Information

Any Cancer, Any Question 0800 (CANCER) (226237).
Website: www.cancernz.org.nz

Resources



Cancer inequalities

Compared to non-Māori , cancer incidence was 37% higher for Māori women and 27% higher for Māori males

Cancer mortality is twice as high for Māori of both genders

Rate of lung cancer 4 times as high as for non-Māori

Uterine cancer 2.5 times as higher

Breast cancer 26% higher

Māori and Pacific women have a lower breast cancer survival rate than non Māori and their tumour characteristics differ significantly (larger size, higher grade, more involved lymph nodes. (Northern Region)

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Figure 1.1: Incidence rates for the 10 most commonly diagnosed cancers in Aotearoa, Māori and non-Māori, age- and sex-standardised, 2008-2017

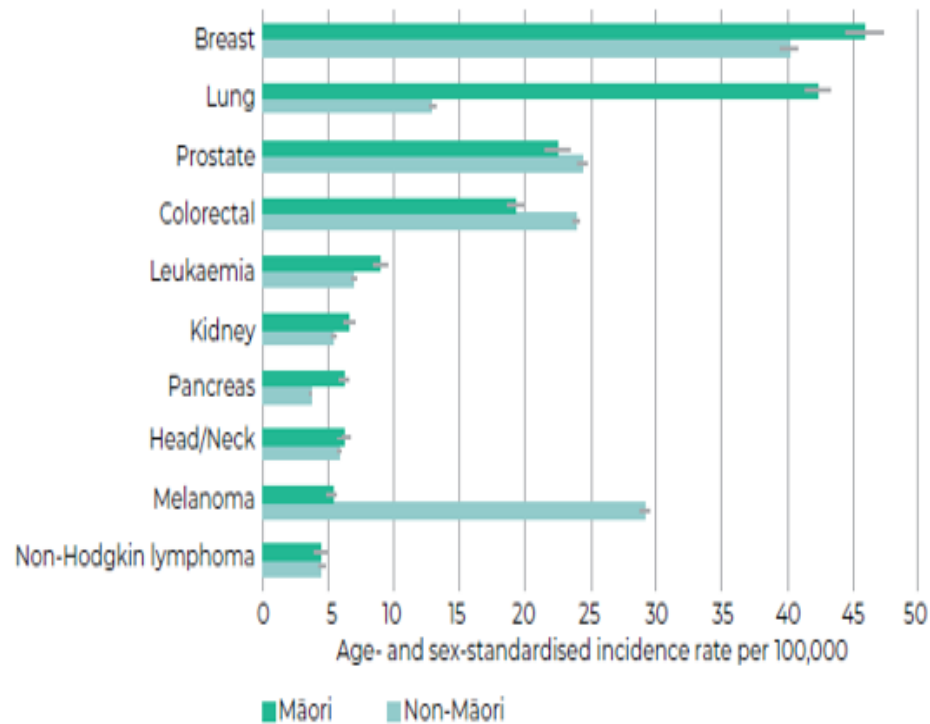
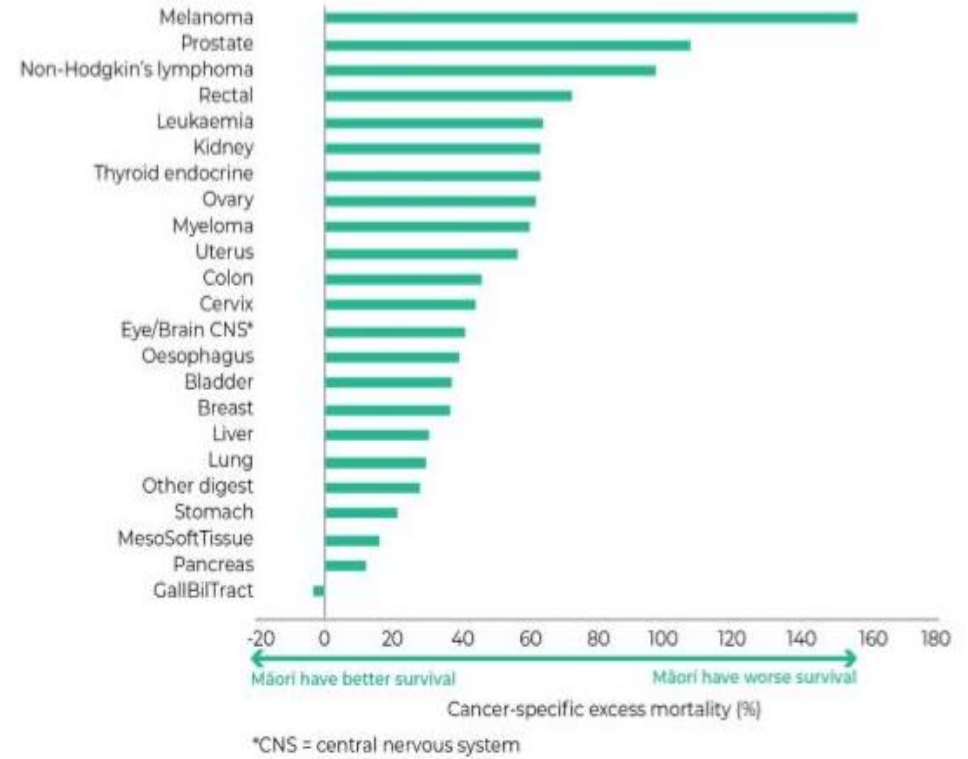


Figure 2.2: Survival disparity between Māori and non-Māori for the most common cancers among Māori, 2007-2016



Source: Gurney et al 2020a



Why do these inequalities exist?

Access

to the social and economic resources required for health

Access to and through health care

less likely to be admitted and referred to tertiary hospital,

slower pathways through care, - longer times to colposcopy for cervical cancer , longer times to surgery for breast cancer

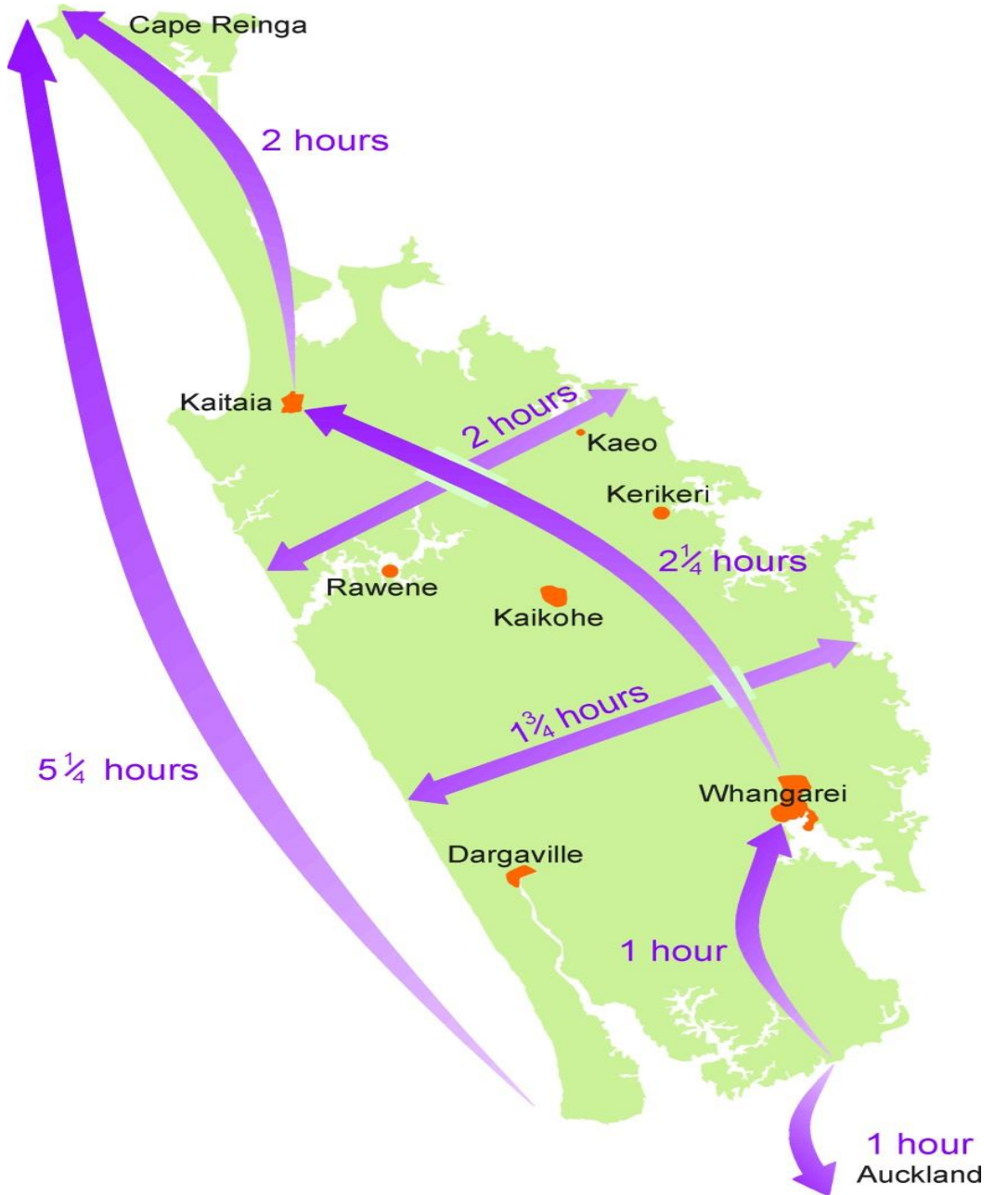
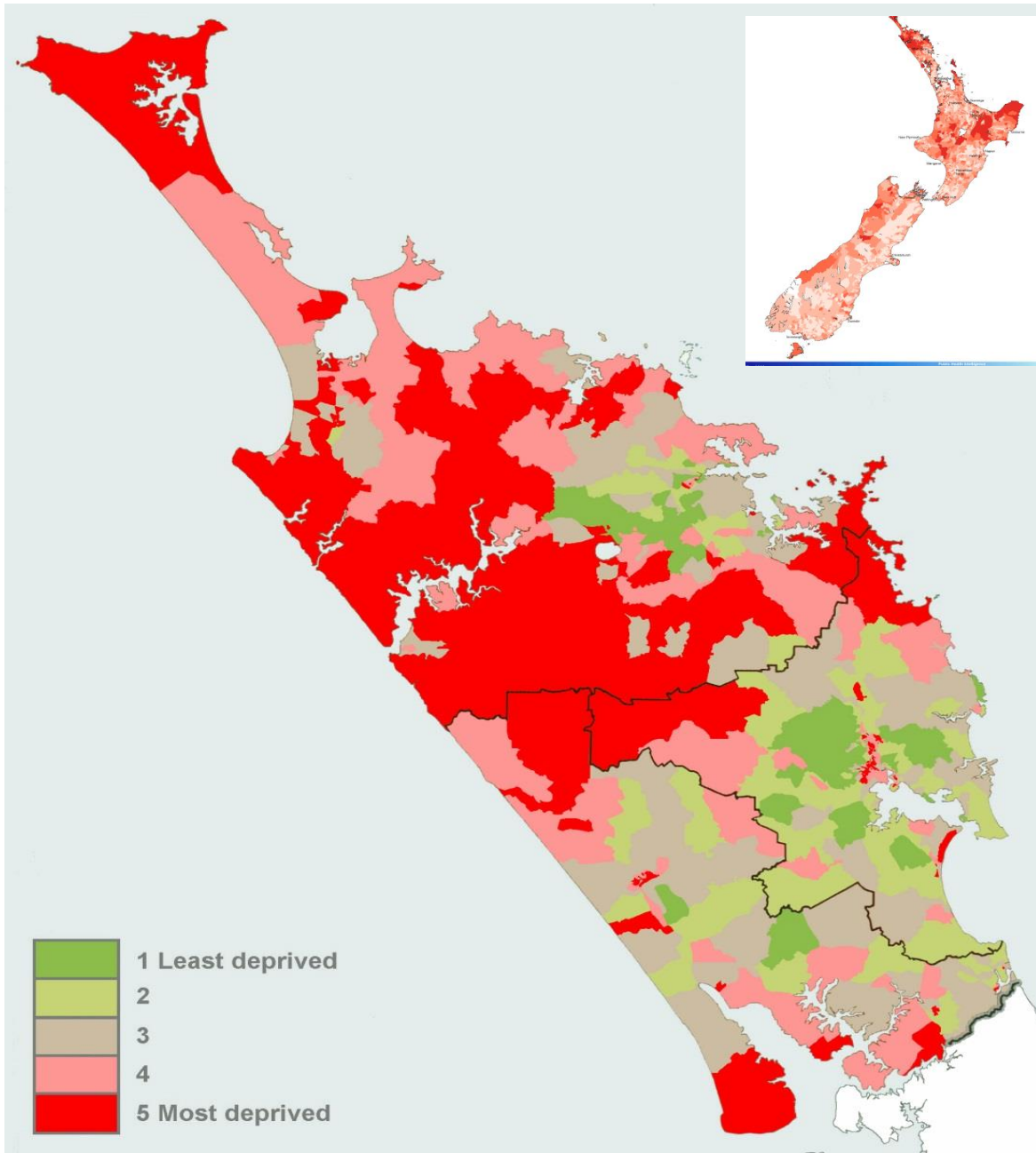
higher reported levels of unmet need

Difference in quality of care received (Bridget Robsen, Salient, Blakely et al)

Maori patients less likely to be offered and receive chemo , more likely to wait longer to start chemo

Why?

Institutionalised racism – requirements conditions practices, policies or processes that maintain and reproduce avoidable and unfair inequalities cross ethnic groups . This includes acts of omission as well as commission



The New Zealand Cancer Action Plan 2019-2029

Equity is a key driver of all Cancer work

All New Zealanders should experience the best treatment and care

Develop service models for Cancer care to better support Māori and Pacific people

Increasing number of Māori and Pacific workforce

Develop Cultural Safety across workforce

Model of care: Cancer Nurses and navigators working within Māori providers

Review of services 2017- too few nurses, too few Māori accessing service

2018 new model Nurses and navigators in a reciprocal model with Māori providers

External evaluation – 2021 “The psychosocial model of care based on a Kaupapa Māori framework is effective for all and is relevant for Māori.”

Partnership established with Te Hiku Hauora, Kia Ora Ngāti Wai, Te Hā Oranga o Ngāti Whātua and Te Hauora o Ngā Puhi.

While the mid north has come back in house, we are currently in the process of instigating increased partnerships in the lower north through Ki a Ora Ngāti Wai and Te Hā Oranga.

The Northland model

- One FTE CSNS employed by Cancer Society
- 3 part time CSNS's employed by Māori providers carrying out Cancer Society work. Geographically situated, based on iwi tribal areas
- 2 part time community support workers
- Focus on survivorship



Supportive care team: Cancer Support Nurse specialists, Community Support workers (Navigators), Social worker

Louise Bell: Nurse Coordinator



Vacant while working with Ki a Ora Ngāti Wai and Te Hā Oranga : Cancer Support Nurse Specialist, Cancer Society

Helen Turner - Cancer Support Nurse Specialist, Kia Ora Ngāti Wai

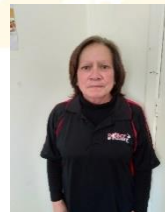
Jenny Coleman – Cancer Support Nurse Specialist, Cancer Society Mid North area



Solvej Poulsen – Cancer Support Nurse, Te Hiku Hauora (Far North)

Natasha McInnes and Anna Nyssens: Cancer Support Nurse Specialist relievers, Cancer Society, Mid North

Sharan Tana: Social worker



Moirra Rogers – Navigator, Kaiāwhina, Te Hiku Hauora

May Pivac – Navigator, Kaiāwhina, Te Rūnanga o Ngāti Whātua

Supportive care



- Holistic patient focussed assessment
- Ongoing psychosocial support*
 - new diagnosis
 - following treatment
- Liaison and referral
- Social work
- Transport and Accommodation Domain Lodge
- Information
- Support Groups
- Resources and information
- Advocacy

Has there been an increase in referral and care of people with cancer in Northland?

- There is an increase in the number of people with cancer referred to the Northland Cancer Society supportive care service since 2018.
- There is an increase in the number of people who decline the service since 2018 as well with 25% relating to people with breast cancer.
- Regardless, due to the quantity of increase in new referrals, there is an increase in the overall intake.
- There is evidence through narrative of the quality of care and increase of care of people under the new model.

Our experience to date?



Increase in Māori patients and referrals through iwi providers and working partnerships. Some areas 50% Māori and in all areas a rise from 21% to 32% at June 2023



Increase in staff cultural confidence and competence with Te Reo, karakia, waiata and pepeha



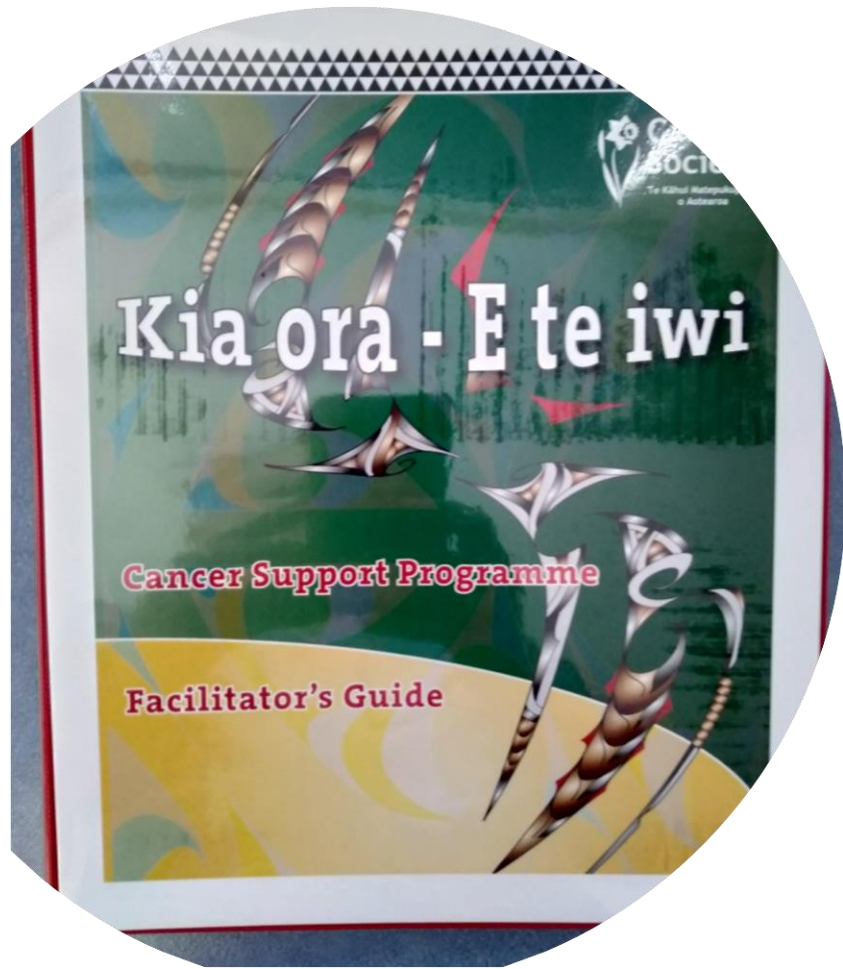
Increase in number of staff who have completed Te Tiriti O Waitangi training and partake in weekly education.



Working within the community eg clinics



Developing relationships with iwi providers and working towards partnership with new Cancer Navigator positions.



Kia ora – E te iwi



The sessions

Kupu Whakataki -
Introductions

He aha tēnei mea te
mate pukupuku? – what
is cancer?

Ngā taumahatanga mē
ngā kare a-roto
/whakawhitinga
whakairo- personal
reactions

Te oranga tinana- cancer
prevention

Tautoko mē tē
awhina/nga ratonga-
support and services

Ka haere tātou ki hea?
Ngā hononga- Where to
from here? -staying
connected



Moving forward

- Strengthen relationships with all providers of care and community networks with Kia ora - E te iwi team and continuing supportive care work in community settings
- Explore more nursing and Kaiāwhina positions and how best placed to deliver equitable care
- Continue to work within Cancer Prevention area to raise knowledge and make positive changes at govt level.
- Continue work at Cultural competence
- Lobby for NTA National Travel assistance change so fit for purpose