

**EXECUTIVE SUMMARY**  
**Health Equity Assessment:**

**Breast Screening  
Participation in  
Taranaki**

June 2019

Public Health Unit, Taranaki District Health Board



In 2019 the Taranaki District Health Board (Taranaki DHB) Public Health Unit led a Health Equity Assessment (HEA) process of breast screening participation in Taranaki. It sought to understand the existing inequities in participation in breast screening in Taranaki, and highlight areas for potential intervention to improve equity in breast screening for Wāhine Māori in Taranaki.

The Ministry of Health 2008 Health Equity Assessment Tool (HEAT) provided the framework for this assessment. The voices of local Taranaki breast screening service consumers were collected through face-to-face interviews with Wāhine Māori and key informant interviews were conducted with breast screening service staff. A rapid literature review examined published research on barriers and enablers associated with participation of Wāhine Māori in breast screening services, and provided an evidence base for the HEA. Finally, a stakeholder workshop was held to prioritise recommended actions resulting from the HEA.

All Taranaki women should benefit from breast screening regardless of who they are and where they live. As part of the human right to health, inequities in accessing the benefits of breast cancer screening programmes should be considered unfair and avoidable, and as such warrant an active response. This HEA highlighted significant existing inequities in breast screening participation in Taranaki for Wāhine Māori. It also drew attention to socio-economic and geographic inequities Wāhine Māori experience.

The inverse equity hypothesis is evident in breast screening participation in Taranaki, whereby the introduction of the breast screening programme has been successfully adopted at an earlier rate by more privileged groups, resulting in disproportional access to the benefits of early detection of breast screening and, therefore, exacerbating inequities for Taranaki Wāhine Māori. Breast screening services in Taranaki advantage Non-Māori, particularly those who identify as New Zealand European. The barriers to screening are far greater for Māori than Non-Māori due to the impact of racism (especially past bad experiences with health services) and socio-economic deprivation, and being more likely to live in rural areas which are further away from breast screening services.

While this HEA identified factors contributing to inequities for Wāhine Māori that are outside of the control of breast screening services, it also highlighted where breast screen services can make positive changes to promote equity for Māori. A 'whole of systems' approach is required to address the persistent inequities regarding participation rates between Māori and Non-Māori in breast screening. This HEA outlined a range of evidence-based intervention points identified by published research, Taranaki Wāhine Māori consumers and breast screening service staff to inform a planned, comprehensive collaborative approach to address the persistent inequities regarding participation rates between Māori and Non-Māori in breast screening in Taranaki.

Key factors for raising breast screening participation of Wāhine Māori in Taranaki include the following:

- ensuring that all staff involved in the programme are culturally competent. That they understand that Māori patients' previous bad experiences of health care services impacts on decisions Wāhine Māori make regarding their personal health-care
- the invitation to enrol in the programme must be delivered in a meaningful way to Māori. For example, promoting the benefits of breast screening at Māori groups or events, by

people who are culturally appropriate or already have an existing relationships, and that Wāhine Māori feel comfortable to ask questions and talk through any worries and anxieties they have about breast screening

- communicating to Wāhine Māori that they can take a support person to the appointment for Wāhine Māori living in rural or remote areas, promoting the dates and times that the Mobile Breast Screening Unit is in their area
- providing transport to screening services for Wāhine Māori who live in areas of high deprivation and rural areas
- offering a modest financial incentive for women living in higher deprivation areas that is redeemed after the breast screening is completed
- reviewing the Mobile Breast Screening Unit Schedule to provide breast screening services that are close to home and are flexible regarding appointment times. Aiming for a 'no one turned away' approach or offering appointments that acknowledge the work patterns, family and social commitments of women
- promotion and provision of breast screening services by women who are part of the same community or ethnic group
- providing meaningful information to women with intellectual disabilities and an appropriate support person to take them to the appointment.
- focusing on making the initial screening appointment a positive experience to ensure Wāhine Māori become regular screeners.

As a result of this HEA, the following recommendations are made to breast screening services:

## **'QUICK WIN' STRATEGIES**

*Strategies that are relatively easy to achieve, within our collective scope of influence*

### **1. SUPPORT SERVICES**

- Establish more Support to Screen kaiāwhina roles in Taranaki to support Wāhine Māori to enrol and participate in breast screening services by contracting additional Māori providers, particularly in South Taranaki.
- Ensure that Support to Screen providers contact all Wāhine Māori before their appointment to offer transport assistance, discuss the appointment process and any concerns and answer questions, reminding women they can take a support person. Particular emphasis should be given to contacting women who are attending their first breast screening appointment.
- Ensure that Support to Screen providers routinely contact all Wāhine Māori who do not attend their appointment.
- Introduce process for Support to Screen providers to routinely collect feedback from all Wāhine Māori who attend a breast screening appointment. Record feedback on their experience and share results regularly with breast screening services. Particular emphasis should be given to collecting feedback from women who have attended their first breast screening appointment.

## **2. CULTURAL RESPONSIVENESS**

- Provide cultural safety and competency training to all staff who provide breast screening services in Taranaki, including administrative staff and mobile screening clinic. Apply training to routine practice, such as offering Wāhine Māori the opportunity to say karakia before and after the procedure.
- Provide training to staff on Te Reo Māori to increase confidence with pronunciation and use of Te Reo Māori in daily communication.
- Provide a welcoming environment for Wāhine Māori, including playing Māori music, having posters of Māori woman and images, weaving and carvings at fixed and mobile screening units.

## **3. FOCUS ON THE FIRST APPOINTMENT**

- Increase time allocated for first appointments from ten minutes to fifteen minutes to allow additional time for staff to explain the procedure slowly, answer any questions and allay patient fears.
- Ensure Support to Screen Services and administration staff discuss with women what to expect at their first appointment and remind them they can bring a support person with them to the appointment.
- Breast screen services routinely analyse and share feedback collected by Support to Screen service providers from Wāhine Māori attending their first appointment to identify areas for improving the first breast screening experience.
- Ensure women are offered gowns that are the appropriate size to avoid any feelings of embarrassment.

## **4. BREAST SCREENING PROMOTION**

- Actively promote dates and times of mobile screening unit in more geographically remote areas promotion and provision of breast screening services by women who are part of the same community or ethnic group
- Support to Screen providers give talks to local kaumātua and Māori community groups when mobile clinic is coming to the region and discuss what to expect as a consumer.
- Support to Screen providers promote breast screening benefits and services to pre-existing groups or events.
- Ensure that communications promote messages about the benefits of breast screening for Wāhine Māori, reminding women that they can bring a support person to the appointment, and promote Taranaki Radiology as a Non-clinical, comfortable environment.
- Develop local Taranaki resources that include Te Reo Māori and Māori designs to support communications and promotion as above.
- At all opportunities, staff promoting or providing breast screening services explain information face-to-face and provide written material to take away.

## **5. APPOINTMENT TIMING**

- Ensure that all Wāhine Māori who 'walk-in' without an appointment to the Mobile Breast Screening Unit are able to be screened at that time.

- Support to Screen providers work with breast screening services to group appointment times for women from the same whānau or living together in same household or geographic location (and provide transport).
- Review appointment times available and consider offering a greater range of appointments, such more Saturday appointments.

## **6. MOBILE SCREENING UNIT OPEN DAYS**

- Offer opportunities for first time screeners to visit the Mobile Breast Screening Unit prior to attending their appointment, for example hold open days in partnership with Support to Screen providers.

## **7. COMMUNICATION STRATEGY**

- Develop a multi-stakeholder Taranaki wide communications strategy.
- Undertake communication activities to promote benefits of regular screening for Wāhine Māori and local services available.
- Promote positive stories by local Wāhine about breast screening to encourage enrolment.
- Employ communication strategies that include interviewing Wāhine, creating written stories for newsletters, publications, producing short videos and audio content to share stories on social media. Utilise social media, develop stories and advertising for small news publications (Coastal News, Mokau newsletter, Stratford Press, Hāwera Star, Moa Mail) and promote through stakeholders and at relevant events. Promote collaborative communications material, such as the mobile screening unit dates posters, through Iwi networks.

## **8. DATA MONITORING**

- Continue to monitor coverage in Taranaki by ethnicity and when the 2018 census is released in September 2019, conduct accurate sub-regional calculations to monitor geographical and socio-economic inequities (using NZ Dep Index).
- Regularly share equity data reports with key stakeholders, including General Practices.

## **9. MULTI-STAKEHOLDER WORKING GROUP**

- Using the HEA as a platform, establish a Taranaki Breast Screening working group to meet regularly (eg. every two months) to share coverage updates and plan a coordinated response to recommendations from the HEA report.
- Suggested representation is Taranaki DHB, Breast Screen Coast to Coast, Pinnacle Midlands Health Network, Ngāti Ruanui Health, Ngāruahine Iwi Health Authority, Tui Ora, Te Rere o te Manu and any other primary care organisations.
- Working group to establish a link with BSA National Screening Unit, share HEA report and undertake dialogue about progressing recommendations.

## **10. TELEPHONE SYSTEM**

- Introduce a policy that requires every telephone call to be answered by a person working in the breast screening programme and set up a phone system that enables that enables this.

## **LONG TERM STRATEGIES**

*Strategies that are difficult to achieve, requires significant change/investment and may be outside our collective scope of influence*

### **11. INCENTIVISATION**

- Set up a trial offering a small koha for all eligible Wāhine Māori who are due for their breast screening by providing a voucher after the appointment. Monitor and evaluate the initiative and review after six months. Incentive to be targeted to Wāhine Māori living in areas of high deprivation.

### **12. MOBILE SCREENING UNIT**

- Review the Mobile Screening Unit schedule to Taranaki and consider options that increase the sites visited (such as Opunake) and visit priority areas annually.

### **13. ENROLMENT**

- Improve general practice enrolments by working with general practices to undertake an equity audit of services to Wāhine Māori at a practice level, and develop targeted practice plans to increase Wāhine Māori enrolments, monitoring the impact of any new initiatives.
- Consider the introduction of incentives for General Practitioner (GP) enrolments of Wāhine Māori.
- Initiate dialogue at a national level about having expert consideration of the potential benefits and risks of introducing automatic enrolment (opt-off) onto the National Breast Screening Programme.
- Support to Screen providers use GP lists to contact unenrolled Wāhine. Identify priority women who are currently not participating. Support to Screen providers work from, and on behalf of, practices to enrol those women (phone calls, texts and face-to-face meetings).

### **14. MĀORI BREAST SCREENING WORKFORCE**

- Employ more Māori staff in breast screening services locally and in the Mobile Breast Screening Unit.

### **15. FIXED SITE IN HĀWERA**

- Explore the business case for establishing a fixed site in Hāwera to increase year round access in South Taranaki and enable the Mobile Breast Screening Unit to visit Opunake (Coastal Taranaki) more frequently.

### **16. MĀORI MANAGED SERVICES**

- Explore opportunities for Māori-managed breast screening services in Taranaki.