Te Whatu Ora
Health New Zealand

# Minutes

## Māori Campaign & Resources Advisory Group (CAG) kanohi ki te kanohi

| | | | |
|---|---|---|---|
| **Date:** | 19 May 2023 | | |
| **Start Time:** | 10:00 am | **Finish Time:** | 3:00 pm |
| **Location:** | GN.8<br>133 Molesworth Street, Wellington 6011<br>Teams | | |

**Members:**
Pania Coote (Chair)
Tira Albert
Mags Taiatini
Bailey Te Maipi
Tash Wharerau
Shona Tolley

**In attendance:**
Pamela Edmondson, Senior Advisor, NCSP
Amanda Van Gorp, Senior Communications Advisor, NCSP
Anna Kenna, Senior Communications Advisor, NCSP
Jacob Hanley, Project Coordinator, NCSP
Nadine Riwai, Senior Portfolio Manager, NCSP
Lisa Te Paiho, Programme Manager, Pae Ora, Public and Population Health, Te Aka Whai Ora
Sam Robinson, Wawata Creative
Jacky James, Shine Collective
Tuhiana Walker, Shine Collective
Gabrielle Wong, The Media Lab
Taylor Hodgson, The Media Lab

**Apologies:**
Victoria Morton
Rongopai Stirling-Maxwell, Wawata Creative

| Time | Item |
|---|---|
| 10:00am | The hui opened with karakia timatanga |
| Out of scope | [redacted] |
| [redacted] | [redacted] |

| | |
|---|---|
| 10:45 am | Media campaign update<br><br>Out of scope<br><br>Wawata Creative shared a presentation on insights taken with a small group of 18 participants.<br><br>Cervical screening insights presentation<br><br>CAG gave positive feedback on the insights gathered.<br><br>The insight group was happy with different ways of describing gender-diverse language, but they wanted to see "wāhine" in there at a minimum. There is |



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| | planning underway to understand how to make materials responsive to transgender men, and how to indicate it's a safe place for them.<br><br>Thoughts were raised around where to advertise with posters: airports, pharmacies, changing rooms could be impactful.<br><br>Wawata explained that the research isn't finished. At different stages of the journey, new people / participants will be added, especially people without the layer of knowledge they would have gained from previous sessions so they are not |

The CAG discussed how the messaging 'Do it for your whānau" can come across as patronising as it assumes they don't already. Messaging needs to evolve so it is not seen as belittling.

The screening cycle change from 3 years to 5 years needs to be explained with very clear messaging so to mitigate the risk of people thinking it is to curb costs.

Te Aka Whai Ora raised concerns about the type of people that attend focus groups that may invite "group think" and whether their perspective might be different to the person who does not wish to attend.

Wawata acknowledges the risk of "group think" and do try and get people who are already comfortable with each other in these groups. It may be that sometimes they do not gain a full perspective, however it is still a good snapshot regardless of who is attending or how many.

Paid marketing will kick off in September, as discussed. However, there will be a launch event on go-live, 26 July, to celebrate the change. The Shine Collective (PR agency) will use trusted channels and start building knowledge within a mainstream media environment as that will build that excitement for the full noise prior to the July launch, and leading into the full campaign launch in September.

July is a very busy month, media wise. With topics of illness hospital waiting rooms, being sick with the flu, this is a chance to make an impact with a very positive story. Shine will be developing a press kit for media to prepare for the various launch activities.

Wawata Creative distributed a sheet of 15 key messages for the group to rank by level of importance.

**Action: Pamela will return all Māori CAG's responses to Wawata Creative.**

Te Whatu Ora
Health New Zealand

# Minutes

## Māori Campaign & Resources Advisory Group (CAG)

| | | | |
|---|---|---|---|
| **Date:** | 15 December 2023 | | |
| **Start Time:** | 11:30 am | **Finish Time:** | 12:30 pm |
| **Location:** | Teams | | |

**Members:**
Pania Coote (Chair)
Tira Albert
Mags Taiatini
Tash Wharerau
Shona Tolley
Connie Wright
Beatrice Te Whata-Woods

**In attendance:**
Pamela Edmondson, Senior Relationship Manager, NCSP
Amanda Van Gorp, Senior Communications Advisor, NCSP
Jacob Hanley, Project Coordinator, NCSP
Nadine Riwai, Senior Portfolio Manager, NCSP
Sarah Taane, Senior Communications Advisor, Te Aka Whai Ora
Danielle Griffioen, Pae ora Programme Manager, Public and Population Health Team

**Apologies:**

| Time | Item |
|---|---|
| 11:30 am | Pania opened the meeting with a Karakia timatanga |
| 11:35 am | Whanaungatanga |
| 11:40 am | Conflicts of interest |
| 11:45 am | Minutes from the last Hui<br><br>**Action: The rainbow AV, Māori booklet and resources and collateral prioritisation PowerPoint will be sent around to CAG members after this Hui.**<br><br>Project team needs feedback specifically on the content from the Māori Booklet. There is still work to be done on the design as this is not in a finished state. |
| 12:00 pm | Out of scope |

Te Whatu Ora
Health New Zealand

# Agenda

## Face-to-Face Pacific Campaign & Resources Advisory Group (CAG)

| | | | |
|---|---|---|---|
| **Date:** | 9 May 2023 | | |
| **Start Time:** | 10:00 am | **Finish Time:** | 4:00 pm |
| **Location:** | Kauri Room, Jetpark Hotel & Conference Centre, 63 Westney Road, Mangere, Auckland 2022 | | |

**Members:**
Tua Taueetia-Su'a (Chair)
Epi Leo'o
Kathleen Tuai-Ta'ufo'ou
Miriam Gabriel
Soifua Pearson
Tiana Griffin
Shivashni Narayan
Emily Toimata
Tiffany Soloa'i
Kailua Faafoi
Sange Malama - Tuisaula
Akarere Henry

**In attendance:**
Pamela Edmondson, Senior Advisor, NCSP
Amanda Van Gorp, Senior Communications Advisor, NCSP
Jacob Hanley, Project Coordinator, NCSP
Anna Kenna, PR Specialist, NCSP (online)
Stella Muller, Director, Bright Sunday (online)
Ian Green, Service Designer, Te Whatu Ora (online)

**Apologies:**
To'a Fereti
Terisa Tagicakabau
Te Awanui Reeder, Big River Creative
Sisikula Palu Sisifa, Big River Creative
Chelsea Grootvelt, Big River Creative

| Time | Item |
|---|---|
| Out of scope | |
| | Out of scope |
| | |

| | |
|---|---|
| | **Stella asked the CAG if they need to develop separate creative messaging for LGBTQA+ community?**<br><br>This poses and interesting question when it comes to Sister to Sister message.<br><br>Last time it was a very inclusive approach, starting from the notion that when we think about the rainbow community, they are all members of our overall community. We must prioritise the audience given the resources we have.<br><br>**Do we have to make sure within any future talent we use there needs to be at least one person from the rainbow community? Will this approach resonate with any Pacific woman?**<br><br>Have we got statistics on how many pacific trans men there are? Are we going to spend resources that are already tight on a very underrepresented and unknown group in terms of numbers?<br><br>It's a good idea to start thinking about the practicality of including people from the rainbow community. If it doesn't fit within the budget, then why would we change our priorities? There is no representation for either of the rainbow groups, we need to hear from them not speak for them.<br><br>We went for the overarching as we focused on the 'cervix'. Representation needs to be here if were thinking about it. |



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| | 9(2)(g)(i)<br><br>Action: The CAG to form a formal opinion on this subject as there is now a deeper political message behind this all. |

| | |
|---|---|
| | This is a very spiritual campaign taking people back to their faith. We want to go with a holistic approach with a 'love for all' approach but cannot defer too far away from the way we have been doing things to date. It can't be changed so much that it becomes unrecognisable to the community this campaign is already serving. |



| | |
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| | The wider HPV project have been battling with this conversation since funding was announced and were still no closer to a solution.<br><br>CAG really isn't happy with the **'people with a cervix'** comment. 9(2)(g)(i) [redacted]<br><br>Being holistic means they must love all but not at the expense of muting the voices and of Pacific women or taking the focus away from who they are.<br><br>The CAG has a resounding feeling of accountability for any message or media that comes out of this group / campaign.<br><br>The idea floated is to have more of an outreach approach for the Trans community.<br><br>Words like cervix, breast and bowel are already difficult words and topics of discussion for those within the Pacific community so we need to find a way to make this palatable and increase engagement rather than alienating more of the community.<br><br>This is an extremely polarising and topical challenge. It's about bringing the conversation (uncomfortable and challenging) to the table and discus. We need to reaffirm our stance.<br><br>Action: Come up with a statement which reflects the CAG's stance around these issues. |

Te Whatu Ora
Health New Zealand

# Minutes

## Pacific Campaign & Resources Advisory Group (CAG)

| | | | |
|---|---|---|---|
| **Date:** | 13 June 2023 | | |
| **Start Time:** | 10:00 am | **Finish Time:** | 11:30 am |
| **Location:** | Teams | | |

**Members:**
Tua Taueetia-Su'a (chair)
Epi Leo'o
Kathleen Tuai-Ta'ufo'ou
Miriam Gabriel
Soifua Pearson
Tiana Griffin
Emily Toimata
Kailua Faafoi
Sange Malama - Tuisaula
Akarere Henry
To'a Fereti
Terisa Tagicakabau

**In attendance:**
Amanda Van Gorp, Senior Communications Advisor, NCSP
Jacob Hanley, Project Coordinator, NCSP
Anna Kenna, PR Specialist, NCSP (online)
Stella Muller, Director, Bright Sunday (online)

**Apologies:**
Pamela Edmondson, Senior Relationship Manager, NCSP
Shivashni Narayan
Tiffany Soloa'i

| | |
|---|---|
| 10:30 am | Rainbow Discussion |
| | **We want to make sure our language isn't preventing anyone who is eligible for screening from getting screened.**<br><br>The CAG agreed that "people with a cervix" was not appropriate to use.<br><br>For the campaigns, should we have a tag line that is more inclusive?<br><br>If we are not explicit on our target audience, the majority may be missed.<br><br>Sister 2 Sister is a gendered concept.<br><br>We want to do the right thing and be inclusive but there are times we need to draw a line in the sand to make sure we capture the majority. How do our Pacific women know it's for them?<br><br>**Is there a Te Whatu Ora policy saying we have to be inclusive and use gender-neutral terminology?** The key driver of the NCSP is for everyone who is eligible to screen. Trans-men are underrepresented, and we want to make them feel included as they do not identify with being a woman. We don't want anyone dying from cervical cancer and we are trying to remove as many barriers from anyone who is eligible for screening to feel like it is for them. |

| | |
|---|---|
| | The NCSP has an obligation to reflect the change with the change in society.<br><br>CAG comments that gender-neutral language can feel like Pacific women or women as a whole are not important. We have not received coverage for Pacific women with gender-neutral language and this is the major aim of this campaign.<br><br>The use of "trans men" or "members of the Rainbow community" was proposed in the language rather than "people with a cervix". **CAG declines this suggestion.**<br><br>**Another member advised to consult with that community directly instead of making decisions for them.** This is what Bright Sunday will do.<br><br>9(2)(g)(i)<br><br>9(2)(g)(i) If resources contain language like "people with a cervix", they will not be utilised anywhere by the Pacific sector.<br><br>There is a consideration to change the 'Sister 2 Sister" tagline; CAG comments on the need to be mindful of differing opinions based on cultural ties. We have to capture the majority of people, this needs to be our main focus. |

# PACIFIC CAG REPORT

**Pacific Cervical Screening Resources Online Talanoa**

PHASE 1: ADAPTED ENGLISH VERSIONS

CO-DESIGN

Thursday 8 June, 2023

## ATTENDEES

Akarere Henry, Amanda van Gorp, Anna Kenna, K T, Kathleen, Ora Toa, Pamela Edmondson, Roshaniah Leo'o, Safia Archer, Sandra Malama, Soifua Pearson, Stella Muller, Tiana Griffin, Tiffany Soloai, To'a Fereti, Tua Sua [note these names were auto-generated from Google Meets].

## THE BRIEF

Adapt Cervical Screening English resources to reframe messages for Pacific audiences.

## CERVICAL SCREENING RESOURCES

1A DL Brochure: Cervical Screening: What You Need to Know

1B A5 Double sided handout: Cervical screening - your test, your choice!

4A A4 or A5 Card: The cervical screening self-test: What you need to know

4B A4/A3 Poster: Cervical screening: How to do the HPV self-test

## SUMMARY RECOMMENDATIONS FROM THE CAG

**Audience**

- Adapt resources for conservative Pacific women most often found in faith-based settings
- Younger audiences will be captured by mainstream resources
- While women are the target of this resource deliverable, the introductory leaflet should be family friendly

**Messaging – cultural sensitivities & language**

- **1B A5 Double sided handout: Cervical screening - your test, your choice!** Is the preferred leaflet copy for initial approach
- Simplified messaging aimed to spark conversation recommended, noting the importance of oral culture for Pacific peoples
- A layered response is preferred, with the initial leaflet being brief and pared back to remove initial barriers, and the detailed brochures provided in a clinical setting to ensure informed consent
- Recommendation to remove “sexually active” bullet point from screening basics copy to soften this culturally sensitive barrier, noting this information is captured in earlier copy
- Framed with well-being/aspirational copy

**Visuals**

- CAG consensus that 'how to' visuals should be used in a clinical setting, but not in the bathroom or wider community walls/posters as this is culturally inappropriate/not family friendly
- 'How to' visuals should not be on the introductory leaflet used in faith based or community settings
- Noted that additional resources for the testing, rather than a bathroom poster for example, would create waste, cross contamination, and cost implications [note there is no standard test kit as such, testing will vary depending on PHO visited due to resources available in that area].

**Next Steps**

- Bright Sunday to reconcile outcomes of CAG discussion and deliverables with Pamela and Amanda
- Bright Sunday to produce scaffolded journey of Pacific women through the screening process to determine appropriate deliverables and messaging
- Bright Sunday get co-design testing groups underway
- Bright Sunday develop copy to run past volunteers Tiana, Tua, and Sandra before taking to the wider CAG for feedback
- Any removal of messaging such as sexual activity and how-to visual aids must be run past the clinical education team for due diligence related to informed consent.

## DISCUSSION

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**AUDIENCE**

**Discussion: Who are we creating these resources for?**

There is an opportunity to adapt some of these resources so that our conservative women don't feel overwhelmed by it and our health promoters could be in a better position to introduce these messages to our women and community in faith-based settings before they jump into the clinical messaging.

There will be Pacific women that are very confident and navigating their health and engaging with the clinical messages and all the very straightforward diagrams in the current proposed resources. It is conservative women that are underserved by this messaging.

Suggestion to talk to pastors wives on how they would approach the subject matter as an extra layer of informing messaging.

Need to adapt some of the messages to introduce them to it. And then when they come into the clinical settings with their health professionals, they'll be introduced to another layer of messages that are more straightforward and clinically accurate, ensuring informed consent.

Who and how the message is delivered is of great importance. We are working under the assumption that the professionals delivering the message will be fully trained and briefed for the setting they are entering to deliver the resources with the right tone and cultural sensitivity.

For the purposes of these particular resources, we're proposing to focus on adapting the current English messages, for our conservative Pacific women. So if we can get the messages right for them then we're on a good track.

Agreement that the focus should be conservative women typically found in faith-based settings. This audience does not like to talk openly about cervical screening. Also noted that the younger audience will be captured by mainstream English speaking resources.

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**MESSAGE - CULTURAL FRAMING**
**Discussion: Pacific cultural framework for communicating messages**

Framing it around the family so men can be involved in the conversation too, even as a prompt. It has to be a holistic approach in terms of family oriented, because that's what we are. We're all collective, we're not individual. It has to be an approach that includes everybody within the family. Whatever we develop is that even our men would pick it up and feel empowered and comfortable with it as well. It has to be inclusive to allow for open discussion about getting tested.

How are health promoters talking about cervical screening in a Pacific way? It depends on the audience that we are in for. In the churches we have to sit down with just the women because it's a sensitive topic to discuss. So we will sit down and we will have a presentation. But there is a mixture and it's really hard because there are young ones and older ones and especially when the mum and the daughter are in the same space, so you need to change the way you approach being sexually active. Often, there is a separate session with the daughters.

Process of health promoter at Church/community setting – typically stand up in front of the woman's group before you talk about cervical screening and frame it around wellbeing, women's health, and empowering Pacific women. We need a bit of well-being, a woman empowerment message before we get the nitty-gritty of it all. Humour can help.

Makes it feel inclusive to the family that these versions are on the coffee table and no one's going to feel awkward about it.

CAGs view is that women are the target, but framing language and visuals so that it's family friendly.

**MESSAGE - LANGUAGE**
**Discussion: Are there terms or any messages that need to be reframed or changed?**

The resources should contain simplified messaging that would spark conversation and possibly invitation to discuss further with their clinicians. Assumption that the delivery of these messages is not necessarily given by a clinician so simplified messaging may be appropriate in this space.

Noted on gender neutral language, it was very clear from everyone in the community during a previous CAG meeting that the messaging needs to be centered around women regardless of sexual orientation.

Consensus that “sexually active” in the initial resource is likely to be a barrier to testing, and discussion of the removal of this in the introductory resource would be beneficial. The concern is informed consent and that Pacific women should have the same information as other groups to be able to provide that consent. This was countered by noting that the introductory resource is a stepping stone to the clinical resources that will be provided in the appropriate setting.

Noted that it's made clear in the introductory paragraph above the bullet points that it's passed on through sexual activity. So if that was a particular area of sensitivity, taking that bullet point out and just having the two bullet points there could work.

Having “sexually active” at the forefront of the introductory leaflet will create a barrier to testing so preference for this to be removed. Concerns around overscreening if the third bullet point about sexual activity is removed was noted. Noted that this needs to be run past the clinical education team.

There could be a need to double down on the education for health professionals if they're going to be using these resources particularly Pacific Health Services to specify that they understand the eligibility criteria to ask that question required, because from a clinical safety point of view we want to mitigate over-screening or unnecessarily screening. So if that decision is made, it will have to be relayed internally to make sure that that is really coming across.

Also noted that overscreening is not an issue for Pacific women, under-screening is.

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**VISUALS**

**Discussion: Are there any visuals that need to be treated differently or changed?**

CAG consensus that current visuals should be used in a clinical setting, but not in the bathroom or wider community walls/posters as this is culturally inappropriate. They should not be on the introductory leaflet used in faith based or community settings.

CAG discussed alternatives such as a removable poster that could be sanitised but cross contamination is an issue, and additional resources with instructions on how to do the test would create waste and cost implications.

The CAGS view is a summary, simplified version for our Pacific women and their families. It is the preference that the messages are family-centered and introduce the messages by starting to be aspirational/well-being related. The CAG talked about the possibility of taking the sexually active bullet point out all together for this.

The CAG wants discreet ways of women engaging with that information, but it also goes back to clinical safety and the community getting the information that they need.

WAWATA CREATIVE

# Phase 2

# Cervical screening insights presentation

11 October 2023 | Interim

# Objectives

## To find out:

### 01

- Do the new cervical screening resources **resonate** with specific Phase 2 audiences and are they successful in **delivering information** to them?

### 02

- With regard to resources, what's important to them?
- What language do they use?
- What tone, design and style connects?
- What information is most useful?
- What information is more challenging to understand?
- What types of resources they prefer.

### 03

- For hauora providers: to ascertain what **tools and resources they need** from us to best connect with the people they care for.

# Participants

## TO DATE WE HAVE INTERVIEWED 40 PARTICIPANTS FROM ALL OVER AOTEAROA

**08** **Rainbow**
Takatāpui, gender diverse people

**04** **Rainbow doctors + screen-takers**

**14** **Wāhine Māori**
Eligible wāhine we've not engaged with previously

**24** **Health promoters, screen-takers**

## TO BE COMPLETED IN THE FOLLOWING 2 WEEKS:

**XX** **Tāngata whaikaha**
Sensory, intellectual, physical abilities

**XX** **Tāngata whaikaha carers + whānau**


48%

Hauora Māori Providers

28%

Wāhine Māori
(eligible + future screeners)

16%

Takatāpui + Gender Diverse People

8%

Takatāpui + Gender Diverse Hauora Providers

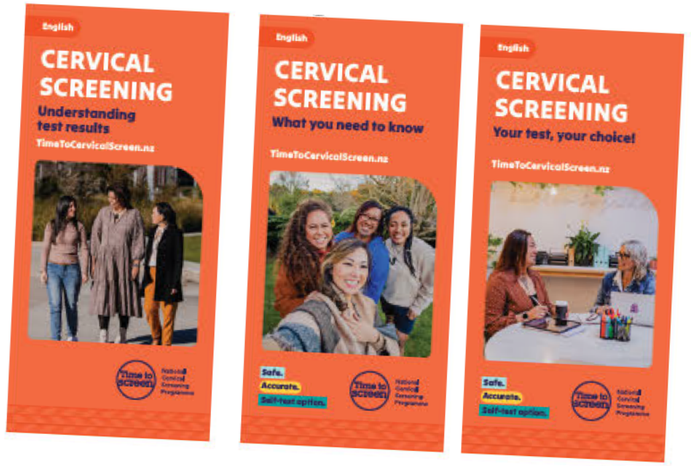
X%

Tāngata Whaikaha + their Carers/Whānau

# Current resources

Exploring **likeability and aesthetic appeal** of the new resources + whether **content** is relevant, useful and understood.

# Appeal/aesthetic




Average rating = **7.5/10**

**Like**

- **Images** were largely liked especially selfie image. Rainbow want to see themselves and trans groups (trans men, trans women, non-gender)
- **Illustrations** seen as good for all Aotearoa audience but not resonating as strongly for some Māori - would like to see more Māori contexts, colour palette, abstract illustrative style etc
- **Taki toru tohu** was liked. Māori audiences wanted tohu explanation included

3 x quotes from Rainbow participants:

*"We're very proud of the way we look so show us!"*

*"I'd love to see a trans man photographed on the beach with his chest scars showing"*

*"A rainbow or trans flag instantly tells us we're safe"*

*"Needs to be Māori and the colours need to be more Earthly" (sic)*

*"What does the Māori design represent? Tell us about it so we can connect"*

# Appeal/aesthetic

**Dislike**

- **Orange not universally liked** by hauora providers – some wondered "where's the teal?"
- **Confusion:** brochures looked too similar as a set
- **Lack of gender diversity** for Rainbow audiences

*"Why orange? it's alarming, like... danger"*

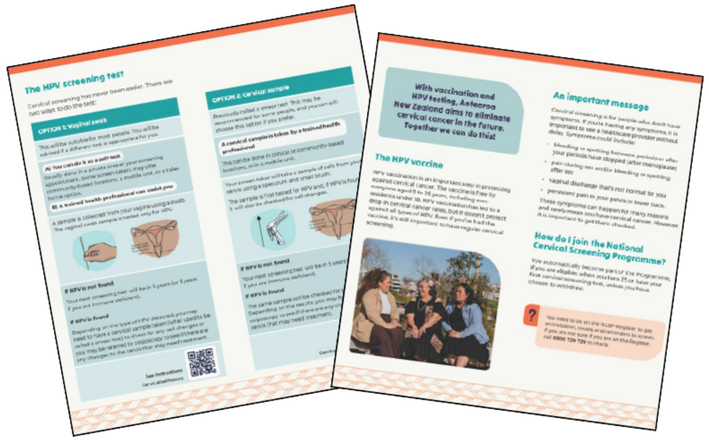
*"It's the same as the elections stuff"*

*"I didn't know there were different brochures – they look the same"*

*"There's a CIS man in the advertising but no men or gender diversity in the brochures or website"*

# Brochure content

Average rating = **7/10**




**Like**

- **Comprehensive, detailed information** relevant and liked by many (not all)
- **Te reo versions** were appreciated
- By and large **content** was easy to understand and **tone** was appropriate
- The **screening options tables** were generally liked
- The term **'Cervical sample'** was used naturally by many hauora providers e.g. not the former name 'smear test'

*"The information is informative and clear"*

*"It's really good to have information in reo Māori"*

*"I understood most of the brochure, there was a few medical words I didn't know so a glossary would've been useful"*

*"It was useful to see the two options side-by-side"*

# Brochure content

## Dislike

- **Too much text.** Many participants commented the resources were too wordy
- Overall **text is clinical and sometimes dehumanising**
- **No real-life stories/experiences** are included in the resources

*"Make it short, sharp and sweet"*
*"I don't read big blocks of words"*

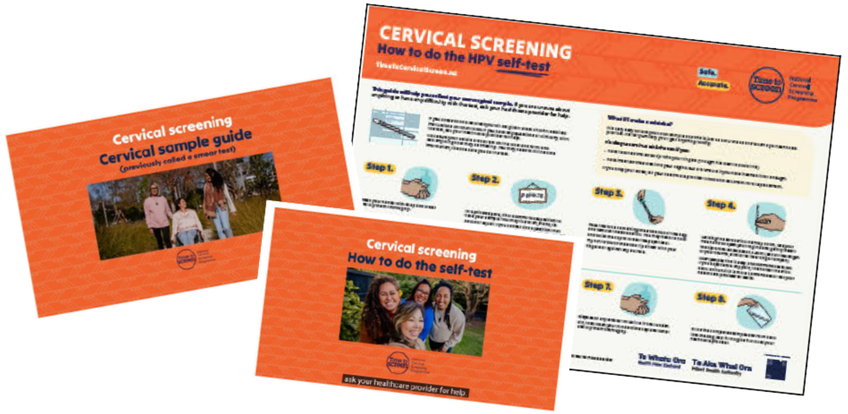
*"I'm a sexual trauma survivor and there's nothing in these that make me feel safe. The brochures are dehumanised"*

*"I'd like to see real stories with real people"*
*" I want to hear the stories of the lost maybe even told by a moko"*

## Specific learnings

- **AVOID** using the word **'pain'**. It causes anxiety and fear. Replace with '**discomfort**'
- **DO** use the word '**vagina**' but for Rainbow resources use 'vagina' along with the word 'gentials' for broader reach and inclusion
- **Referencing a tampon** as a measurement (for self-test) is problematic for younger cohort - thumb reference is better

# Instructional resources




Average rating = **7/10**

## Like

- **'What if I make a mistake'** section - important for hauora providers and reassuring for people doing self-test
- **Step-by-step** approach  good - but too many steps
- **AV:** Voiceover talent
- **QR code:** But need to add "scan to watch AV" call-to-action

*"I like the bit about if you make a mistake - I'm a nurse and I've had women think they may've done the test wrong so it's good to say it's OK if you need another kit"*

*"The step-by-step is good but do we really need to tell people to wash their hands? I feel stink when I have to say that to the wāhine I see"*

*"I like the lady's voice - she sounds Māori"*

# Instructional resources

## Dislike

- **Too much text on poster** (but the duration of the AV is OK)
- **Light blue** colour behind illustrations too clinical for some

*"I'm a nurse and I'd want a flip chart with just the pictures so I can talk wāhine through the test"*

*"The blue is too cold and scary looking"*

## For consideration + discussion

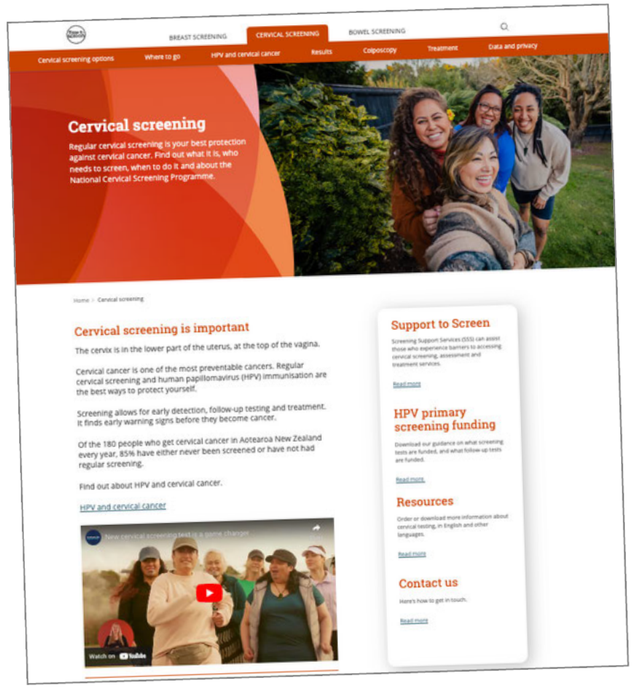
**Showing the speculum:** Two distinct perspectives from both wāhine and hauora providers.

- **Show the speculum** - current illustration or actual photographs. Show the different speculum sizes and with and without the light on so there's no surprises for wāhine
- **Don't show the speculum** – it's scary and off-putting. Seen by some hauora providers as their responsibility to explain in the clinic

# TimeToCervicalScreen.nz

Average rating = **4/10**

- Participants weren't excited by the website and struggled to comment about it
- Many were put off due to the amount of text
- Rainbow participants couldn't see themselves in the website and said the photographs lacked diversity



# Audience needs + wants

A blue skies wishlist from our audience for consideration and prioritising

# Rainbow

## CREATIVELY:

- **Communicate:** 1. "You have to take care of the bits you have". 2. "Check you're on the register"
- **Make us feel safe:** Use the rainbow/trans colours and iconography
- **Be blatant:** If it's meant for us. tell us – signpost it's for Takatāpui, Non-Gender, Trans, Non-Binary people
- **Show us as we are** – Real, diverse, amazing!
- **Use photos** of us and our diverse communities
- **Use language we use** – say it like we say it
- **Share stats that matter to us** - how many of us get and die from cervical cancer?

## THEN CREATE FOR US:

- Our own versions of the **brochures and posters**
- Our own section on **TimeToCervicalScreen.nz**
- Versions of the **instructional AV** with trans male voiceover/s
- **Social tiles** for the community and health providers to share on Facebook, Insta, websites

# Wāhine Māori

## CREATIVELY:

- **Capture our beauty, our mana, our essence**
- **Communicate:** Real stories and perspectives about cervical cancer and screening from a range of Māori voices – wāhine, tāne, tamariki of all ages
- **Celebrate Māori** with Māori viewpoints, tohu, kupu, talent, whakatauki
- **Lead with visuals:** Not too many words
- **Use language we use** – warm, real, positive, thought-provoking
- **Use photos** of us, the people we love and the natural environment

## THEN CREATE FOR US:

- A stunning **printed resource** that inspires us to do our cervical screening and compels us to share the message with others
  - could be a storybook
  - a wall calendar
  - a journal/notebook
- A **podcast** that shares real-life experiences and "raw/real" kōrero about cervical cancer and screening
- A **waiata** that celebrates us as Wāhine Māori

# Hauora Providers + Promoters: Māori

**CREATIVELY:**

- **Change core colour** orange to teal
- **Be proudly Māori!** Māori viewpoints, tohu, illustrations, whakatauki and kupu
- **Communicate:** Critical cervical screening information concisely in non-clinical speak. English with kupu Māori
- **Lead with visuals:** Not too many words and for some items graphics-only (no words)
- **Look at the illustration style** to reflect Māori more
- **Be inclusive** of people who have experienced sexual trauma and first-time screeners
- **Q: How do we progress** with showing/not showing the speculum?

**THEN CREATE FOR US:**

- **Condensed information brochure** (or two)
- **'Ask here' poster**
- **'Screening clinic here' poster** (with self write-on panel)
- New Māori-look versions of the **instructional AV**
- **Whare tangata model/demonstration aid**
- **Flip chart:** How to do the test (illustrations only)
- **A5 tear-off** pad summary of information shared in consultation

*PLUS selected items from next page*

# Hauora Providers + Promoters: various

**CREATIVELY:**

- **New Māori and/or Rainbow branded** promotional and activation resources for use in clinic consultations, at events and at outreach clinics

**THEN CREATE FOR US:**

**Event/outreach clinics:**

- Gazebo
- Pop-up screening booth
- Pull-up banners
- Sock wall artwork
- Vehicle decals (magnet)
- Self-test kit envelope/fabric keepcase
- Instructional Z-card or booklet to go in self-test kit

**Promotional/giveaways:**

- Lip balm
- Pens with pull-out banner
- Earrings
- Ta moko/temporary tattoo
- Vibrators
- Tamariki activity sheets

**Activation:**

- Screening parties
- Information in (period) care package
- Sponsorship: Wāhine Māori sports women

# Next steps

- Feedback from Client and CAG

- All to prioritise wishlist items:
  a. Deliver in Phase 2
  b. Deliver in Phase 3
  c. Park
  d. Discard

- Agency to budget selected items to be delivered in Phase 2
- Agency to timeline Phase 2 deliverables
- Approval from Client and CAG for Agency to proceed with artwork production

WAWATA CREATIVE

# Ngā mihi

# Action Plan

## Implementing the recommendations of the 2021 Parliamentary Review Committee Report into the NCSP

February 2024

Te Kāwanatanga o Aotearoa
New Zealand Government

Health New Zealand
Te Whatu Ora

# Placing the 2021 PRC findings and recommendations in context

| Te Pae Tata system shift | | Relevant Te Pae Tata actions | Impact of HPV primary screening & connection to 2021 PRC recommendations and actions |
|---|---|---|---|
| 1 | Placing whānau at the heart of the system to improve equity and outcomes | Value the voices of consumers and whānau in all service design and improvements, including Māori, Pacific, Tāngata Whaikaha, ethnic, and rainbow communities. | Co-design work in collaboration with BSA, which will feed into continuous improvements for the NCSP. |
| | | Out of scope | |

# Focus area 1

## Embed Te Tiriti o Waitangi throughout the entire cervical screening pathway

★ Joint action with BSA and NBSP

★ Action already underway

★ Complete

### ★★ Action 1

**Develop Te Tiriti o Waitangi and anti-racism workforce training resources, including self- and team-evaluation tools.**

Staff working across all levels of the NCSP need to have access to, and complete, Te Tiriti o Waitangi, anti-racism, and cultural safety and competency training. This is a joint action with the BSA review implementation plan, who are developing a Kaupapa Māori accreditation for providers. This will be led by Māori and Pacific Public Health Directorates, in partnership with the Health NZ | Te Whatu Ora Hauora Māori Service Directorate and Manatū Hauora, and with external expertise engaged where necessary (e.g., a Kaupapa Māori provider to design a framework for accreditation).

Resources, training materials, and tools developed as part of this action will be available across the entire cervical screening pathway, complimenting existing training and resources already available to staff (e.g., provided through professional bodies, or delivered at a national level such as by Health NZ | Te Whatu Ora Learning & Development, and the Cancer Screening 'Ako Series'). They will include resources for the clinical, non-clinical, and administrative kaimahi involved in the entire screening pathway. This includes staff in Health NZ | Te Whatu Ora.

The training will include a focus on Te Tiriti o Waitangi, anti-racism, equity, building cultural safety and capabilities, providing a culturally safe and inclusive service for Rainbow/Takatāpui/MVPFAFF+[3] communities, and anti-ableism. A key focus of the resources will be to support kaimahi to apply this training to their specific roles and day-to-day activities. Additionally, self-assessment and reflection tools will be provided to support staff members' ongoing learning and practice.

This action will include a partnership with the Māori Monitoring and Equity Group (MMEG).

# Focus area 3

## Grow and develop the workforce across the cervical screening pathway

★ Joint action with BSA and NBSP
★ Action already underway
★ Complete

### ★★ Action 6

**Establish regular national hui for cancer screening providers and kaimahi every two years**

In addition to providing the opportunity for providers and partners in screening to connect, these hui will provide the opportunities to connect with and begin to build enduring partnerships with under-served communities and their representative organisations, including with Rainbow/Takatāpui/MVPFAFF+ organisations, Asian communities, tāngata whaikaha, and tāngata whaiora.

Hosting will be shared across the country.

# Focus area 3

## Grow and develop the workforce across the cervical screening pathway

★ Joint action with BSA and NBSP

★ Action already underway

★ Complete

### Action 8

**Future proof the screen taker workforce**

With the switch to HPV primary screening, there is significant opportunity to expand the workforce that supports the delivery of cervical screening, including to non-screen taker clinicians and the non-clinical workforce (see action 5). However, ongoing growth of the screen-taker workforce is crucial to ensure the sustainability of the cervical screening workforce.

### Sub action 8.5

Ensure that all training and credentialling includes quality Rainbow/Takatāpui/MVPFAFF+ content, so that these populations receive culturally safe, clinically appropriate care which is equitable and accessible.

### ★ Action 9

**Supporting ongoing learning and development for the screening workforce**

In addition to the Te Tiriti o Waitangi and anti-racism workforce development outlined in action 1, we will provide ongoing learning and development opportunities to support kaimahi across the screening pathway to provide safe and accessible service to under-served communities, including Rainbow/Takatāpui/MVPFAFF+ communities, tāngata whaikaha, tāngata whaiora, and Asian communities. This could include sharing resources, highlighting emerging research, and hosting webinars in partnership with researchers and/or community leaders.

# Focus area 8

## Monitoring, research, and evaluation, data

★ Joint action with BSA and NBSP

★ Action already underway

★ Complete

## ★ Action 26

### Literature review into barriers to screening for under-served groups

To support and inform Action 11, we will engage directly with communities to gather information about barriers to accessing screening, utilising a theory of change specific to Aotearoa with a Te Ao Māori focus.
This will include a literature review investigating the barriers to screening faced by under-served groups, and measuring their access to screening services, including:

- Māori,
- Pacific peoples,
- Rainbow/Takatāpui/MVPFAFF+ communities
- Disabled communities, and with a focus on tāngata whaikaha Māori,
- People who experience mental distress and addictions, and with a focus on tāngata whaiora Māori, and
- Incarcerated wāhine and people with a cervix, including those who have recently been released from prison,
- Asian communities.

This literature review will include a focus on opportunities and solutions (both published and un-published) that will improve access and uptake for these groups, to inform improvements in the design and delivery of screening programmes.

# Focus area 9
## Governance and co-partnerships

★ Joint action with BSA and NBSP
★ Action already underway
★ Complete

## ★ Action 29

**Strengthen representation of under-served groups in our governance and co-partnership groups**

Our Governance and Co-partnership groups are formed to achieve at least 50% Māori representation and 50% 'crown appointed' representation. The NCSP will consider how to strengthen representation from under-served groups in the crown appointed positions on governance and co-partnership groups, including from the Rainbow/Takatāpui/MVPFAFF+* communities, tāngata whaikaha, tāngata whaiora, and Asian communities.

# Prioritisation of actions

**An equity prioritisation tool developed by BSA has been used to prioritise actions**

This prioritisation tool weighs each action based on factors relating to Te Tiriti o Waitangi, equity, resource and cost, time, funding requirements, complexity, and degree of influence/impact on screening coverage. This prioritisation tool ensures we prioritise the actions most likely to improve screening coverage and achieve equity, particularly for Māori. This is essential to give meaningful effect to Te Tiriti o Waitangi and meet our statutory obligations under the Pae Ora (Healthy Futures) Act.

We adjusted the rankings to align the prioritisation of related/dependent actions, and to take on board feedback from the NCSP Advisory and Action Group and Cancer Screening Māori Monitoring and Equity Group.

| Priority 2 |
| --- |
| **Action 8.5** – Ensure that all training and credentialling includes quality Rainbow/Takatāpui/MVPFAFF+ content, so that these populations receive culturally safe, clinically appropriate care which is equitable and accessible. |

# Focus areas and actions timeline overview

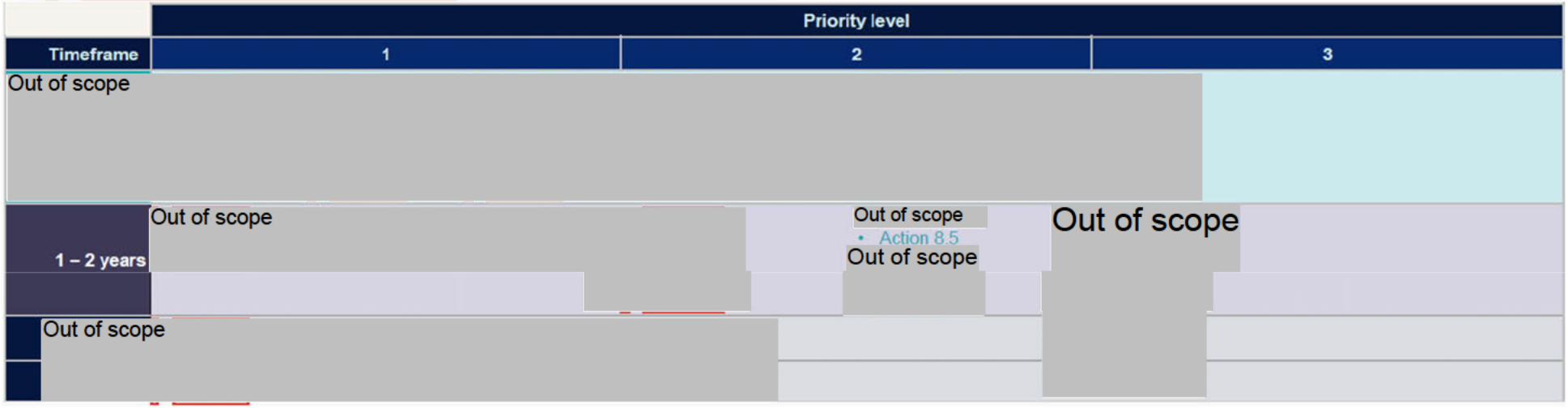
**To implement the recommendations of the 2021 PRC report, we have 9 focus areas that will be enacted by 45 actions and sub-actions.**

**These actions have been prioritised using an equity and impact tool.**

Out of scope

We have developed a high-level timeline to implement the actions in this plan.

This high-level timeline will provide an overarching focus for the NCSP over the next 3 years. As funding is confirmed for each of the actions, detailed workplans will be developed.



# Appendix 2: Map of actions against recommendations and progress update

| Focus area | Actions | | Relevant PRC recommendations | Current status | Joint with BSA/NBSP | Timeframe for completion |
|---|---|---|---|---|---|---|
| 3. Grow the workforce across the cervical screening pathway | 8. | Future proof the screen taker workforce | 26, 27 | Not yet started | - | 1 – 2 years |
| | 8.5 | Ensure that all training and credentialling includes quality Rainbow/Takatāpui/MVPFAFF+ content. | 28 | Not yet started | - | 1 – 2 years |

| | PRC recommendation | Status | Relevant priorities and actions |
|---|---|---|---|
| 10 | The PRC recommends investing in research to understand the barriers to accessing the cervical screening pathway for people with physical or intellectual disability, members of rainbow communities, those with trauma histories and/or experiencing mental distress, and those who are incarcerated. | Started | Action 26 |
| 15 | The 2018 PRC made two recommendations for improved monitoring of equity. The first proposed the Independent Monitoring Report brings together a synthesis of equity data, the second proposed the NSU work with other stakeholders to explore opportunities for measuring access to national screening services for people with disability, mental health service users, incarcerated people and rainbow communities. This PRC recommends this work be advanced with the relevant communities. | Started | Actions 26, 28 |
| 28 | Consideration also needs to be given to strengthening the ability of the sector to engage effectively with traditionally underserved groups such as Asian, disabled and rainbow communities, and those with a history of trauma and/or mental illnesses. | Not yet started | Actions 1, 8.5, 9, 16, 26, 29 |

# Progress update
# Implementing the recommendations of the 2021 Parliamentary Review Committee report into the National Cervical Screening Programme
# July 2025

| | | | | |
|---|---|---|---|---|
| 10. | Investing in research to understand the barriers to accessing the cervical screening pathway for people with physical or intellectual disability, members of rainbow communities, those with trauma histories and/or experiencing mental distress, and those who are incarcerated. | Work has not yet been progressed for this recommendation | **GPS priority area 3: Quality**<br>• Objective 3.2: Enable the use and generation of evidence, information, research and evaluation across the health system by using implementation science principles and concepts. | Not yet started |
| 15. | The 2018 PRC made two recommendations for improved monitoring of equity. The first proposed the Independent Monitoring Report brings together a synthesis of equity data, the second proposed the NSU work with other stakeholders to explore opportunities for measuring access to national screening services for people with disability, mental health service users, incarcerated people and rainbow communities. This PRC recommends this work be advanced with the relevant communities. | **Planned**<br>• The National Cancer Screening Programmes will undertake a procurement process for future Independent Monitoring Reports (IMRs). This will include a synthesis of equity data. The NCSP is committed to working with the National Kaitiaki Group as to how best present equity data. The new provider will demonstrate technical, clinical and epidemiological expertise alongside experience and capability in Te Ao Māori and Pacific research, monitoring and analysis.<br>**Planned**<br>• Planned as part of the NCSP Monitoring and Evaluation initiative to complete the implementation of HPV Primary Screening, subject to resourcing. | **GPS priority area 3: Quality**<br>• Objective 3.1: Benchmark and monitor quality of care.<br>• Objective 3.2: Enable the use and generation of evidence, information, research and evaluation across the health system by using implementation science principles and concepts. | No yet started |
| 28. | Consideration also needs to be given to strengthening the ability of the sector to engage effectively with traditionally underserved groups such as Asian, disabled and rainbow communities, and those with a history of trauma and/or mental illnesses. | Work has not yet been progressed for this recommendation. | **GPS priority area 1: Access**<br>• Objective 1.4: Improve cancer screening.<br>**GPS priority area 4: Workforce**<br>• Objective 4.1: Improve training pathways and develop a more culturally safe and competent workforce. | Not yet started |