

# **Mātātuhi Arahi Service Plan for Māori**

**Cancer Society New Zealand  
Wellington Division**

July 2009

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## Mihi

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E ngā mana  
E ngā reo  
E rau rangatira mā  
Tēnā koutou, tēnā koutou, tēnā koutou katoa.

Ki ngā mate kua hinga i te-mate pukupuku  
Haere, haere, haere atu rā.  
Ki ngā mōrehu e whawhai tonu ana  
Ki ngā whānau tautoko  
Kia kaha, kia māia, kia manawanui.

Anei he mātātuhi arahi kia hikina  
te iwi Māori e pā ana ki tēnei mate.  
Hei arahi-tēnei, hei wero hōki mā Te Kāhui Matepukupuku o Aotearoa  
ki Te Upoko o te Ika.  
Ki a koutou hoki, ngā kaimahi me ngā rōpū tautoko  
Kia kaha, kia māia, kia manawanui.

## Acknowledgements

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The Cancer Society acknowledges the experiences and personal stories shared by Māori and their whānau. Their stories and the feedback recorded from providers of services to people with cancer, have informed the writing of Mātātuhi Arahi, the Service Plan for Māori for the Wellington Division of the Cancer Society.

Also acknowledged is the previous significant research about access to cancer services by Māori that has identified barriers and included recommendations for positive change.

The expertise, wisdom and time given by members of the Steering Group is also acknowledged. The people who have guided, challenged and supported the writing of Mātātuhi Arahi have included:

Ria Earp	Chief Executive Officer, Mary Potter Hospice
Teresea Olsen	General Manager, Kokiri Marae, Seaview
Shirley Simmonds	Te Rōpū Rangahau Hauora a Eru Pōmare. University of Otago - Executive Member, Cancer Society
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Fiona Pearson	Assistant Divisional Manager - Cancer Society Wellington

Joanne Doherty was the Project Coordinator.

# 1. Background

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The development of Mātātuhi Arahi reflects the vision and commitment of the Cancer Society Wellington to improve outcomes for Māori and their whānau, by improving and changing existing services, and implementing new ones. Significant findings and recommendations from research, feedback from Māori and their whānau, and compelling data about inequalities in cancer for Māori, all influenced the decision to develop this service plan. The key aims and activities identified in the plan have come from the research and feedback recorded by Māori, their whānau, and Māori health providers.

Accessing timely and appropriate services helps reduce the morbidity and mortality rates for all people with cancer. Therefore the Cancer Society Wellington is committed to implementing Mātātuhi Arahi during 2009 and beyond, with regular reviews and monitoring of progress and adequate resources to achieve the outcomes identified in the plan.

The Wellington Division of the Cancer Society covers Te Upoko o te Ika, the Wellington region including Kapiti Coast, Hutt Valley and Wairarapa and Te Tau Ihu, the top of the South Island, that includes Nelson and Marlborough.

The overall population of these districts and the Māori population is identified in the following table.

<b>Wellington Division Cancer Society Area</b>	<b>Population</b>	<b>Māori Population</b>	<b>% Māori</b>
Nelson	42,888	3,615	8.4%
Marlborough	42,588	4,275	10.0%
Wairarapa	38,613	5,503	14.3%
Wellington City	179,466	13,335	7.4%
Porirua City	48,546	9,642	19.9%
Kapiti Coast	46,197	5,481	11.9%
Hutt Valley	136,116	21,480	15.8%

*Source: Statistics NZ - 2006 Census*

## 2. Kōkiri Marae Seaview and the Wellington Division of the Cancer Society

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A long relationship over many years exists between Kōkiri Marae, Seaview and the Wellington Division of the Cancer Society.

In 1999, *Ko To Rourou, Ko Taku Rourou, Ka Ora Te Iwi: The Needs of Māori Affected by Cancer*, was a research report prepared by Kōkiri Marae Keriana Olsen Trust, Seaview for the Cancer Society Wellington. This research project undertaken by Māori raised awareness and presented a challenge to the Cancer Society about the specific needs of Māori, and how these could be better met.

In 1998 an invitation was sent for all Māori providers and the Cancer Society to meet together to find out about services available, to widen the distribution of resources to marae and community health workers and to make sure people knew what services existed. Several training opportunities at Kōkiri Marae, Orongomai Marae and other community venues then took place.

The Cancer Society Wellington Division has supported some key initiatives in health promotion and prevention at Kōkiri Marae. Some of these examples include:

In 1995, Whaea Te Oranga Tinana, a nutrition and physical activity programme, was funded as a three year pilot and was the first training undertaken by Māori health workers about nutrition. The programme was successful because of the following key factors:

- adequate resourcing and an Evaluation component included in the funding.
- Māori providers supported and contributed to the content of the programme and were able to adapt the content when delivering it to their particular community.
- Māori providers were trained, given appropriate resources and funded for time, travel and kai for the programme.
- funding included an Evaluation.
- individual providers could be funded to deliver the programme.

Today Whaea Te Oranga Tinana continues in a more limited way because of limited resources.

The Ngā Tane Programme for Māori men is about health promotion and early detection and began in the year 2000. Before this time the Cancer Society also funded Kōkiri Marae health workers to attend an international conference on nutrition in Sydney, Australia.

Mauri Oho Mauri Tau Programme is another programme the Cancer Society supports by being a member of the governance group, participating in audit and evaluation

processes and by providing a resource development grant at the beginning of the programme.

The Kōkiri Marae Kohanga SunSmart Accreditation has been supported with a grant towards shade provision and the translation of accreditation documents that are now available nationally.

Participation by Kōkiri Marae in Relay for Life has happened for many years and in 2009 Kokiri Marae staff also provided 'Kai to pai kai' a healthy eating workshop during the Relay Wellness Expo.

While Kōkiri Marae has found the Cancer Society both responsive and helpful in supporting many of the projects identified here, the majority of the Cancer Society services that Māori and their whānau can access are provided by non-Māori. The challenge is to make the Cancer Society services much more accessible and effective for Māori. The development of Mātātuhi Arahi is in response to this challenge.

### 3. Significant Research and Feedback from Māori

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The Cancer Society Wellington has initiated and participated in significant research projects related to improving services for Māori, and their whānau.

In 1999, *Ko To Rourou, Ko Taku Rourou, Ka Ora Te Iwi: The Needs of Māori Affected by Cancer*, was a research report prepared by Kokiri Marae Keriana Olsen Trust, Seaview for the Cancer Society Wellington. This report highlighted three key areas of change to help address the needs of Māori:

- information.
- support.
- written resources.

In 2002, Patiki Associates produced a report written by Elizabeth Cunningham and Kath Fox for the Cancer Society of New Zealand, *Cancer Control Issues for Māori*. This scoping report, funded by Cancer Society Wellington highlighted the seriousness of cancer as a leading cause of morbidity and mortality among Māori, and the significant disparities that exist between Māori and non-Māori in relation to the incidence of cancer, cancer mortality rates, and the utilisation of cancer support services. The report recommendations included:

- involving Māori in governance roles.
- involving Māori in operational roles.
- including Māori expertise and experience in research.
- addressing health promotion for Māori.
- addressing health information for Māori.
- addressing workforce development for Māori.

The recommendations in the report can be applied to any health organisation interested in reducing inequalities for Māori.

In 2005, *Access to Cancer Services for Māori*, written by the Wellington School of Medicine and Health Sciences, included key recommendations that included:

- meaningful Māori participation in cancer control and policy and funding decisions that address cancer inequalities and match Māori priorities for cancer control.
- addressing Māori workforce issues.
- reviewing service orientation and development to meet Māori needs.
- ongoing monitoring and evaluation of equity of access to services.
- research of Māori cancer patients.
- intersectoral collaboration to address some of the fundamental structural barriers that sustain disparities in cancer access and outcomes for Māori was also recommended.

In 2008, *Evaluation of CanSupport Services*, by Joanne Doherty, Doherty & Associates, identified recommendations for the Cancer Society Wellington to review to improve the responsiveness to Māori and use of CanSupport services provided. Recommendations particularly relevant to Māori included:

- collecting accurate ethnicity data for people using Cancer Society services.
- building and strengthening relationships with Māori health and whanau ora providers.
- ensuring significant Māori representation on governance and executive committees.
- employing Māori outreach workers and/or funding whanau ora workers employed by Māori provider/s to provide support for Māori and their whanau.
- reviewing building entrances and reception areas in all centres, to reflect different cultures in New Zealand, particularly Māori as tangata whenua.
- reviewing Cancer Society logo and letterheads to include designs or some wording in Te Reo that is more inclusive of Māori living in the Cancer Society Wellington areas.
- providing education and training for staff to improve their applied knowledge and understanding of providing services to Māori, and to people of different cultures.
- promotion of Cancer Society services to Māori via most effective channels.

All the research has included feedback from Māori and their whānau, and from Māori health providers. Recurring themes and recommendations emerge in the research. Responses of the Cancer Society, Wellington to the research and to the New Zealand Cancer Control Strategy has included Health Promotion contracts with some Māori providers and the development of new health promotion resources. The sponsorship of Ngā Tane Healthy Lifestyles Programme is a programme fully managed by Kōkiri Marae, is for Tane with chronic diseases or risk factors that encourages positive behaviour change. Projects and activities include Waka Ama, Te Wero Marae Challenge, Matariki Art Week and other relevant activities.

## 4. Unequal Impact of Cancer for Māori

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Cancers are the second leading cause of death in New Zealand with 29% of deaths recorded. There is compelling evidence of inequalities in cancer registrations, hospital admissions for cancer and deaths from cancer, for different population groups in New Zealand, in particular, for Māori. The Ministry of Health report, *Unequal Impact: Māori and Non-Māori Cancer Statistics, 1996-2001* provides comprehensive data that identifies inequalities for Māori. *Tatau Kahukura: Māori Chart Book 2006* highlights that cancer has a significant and disproportionate impact on Māori.

Key findings in *Unequal Impact: Māori and non-Māori Cancer Statistics*, include the following:

- for all cancers combined Māori had an 18% higher incidence rate and 93% higher mortality rate than non-Māori.
- Māori are less likely than non-Māori to be diagnosed at an early stage of cancer.
- Māori are more likely than non-Māori to be diagnosed once the cancer has spread.
- Māori are less likely than non-Māori to have stage at diagnosis (or extent of disease) recorded on the cancer registration data.
- leading cancer types differ for Māori and non-Māori for both registration and death.
- registration rates for cancers of the lung, stomach and liver were more than three times higher for Māori compared with non-Māori.
- lung cancer was the most commonly diagnosed cancer among Māori males and the second most common among Māori females during 1996-2001.
- lung cancer was the leading cause of cancer death among Māori females and males for both the 45-64 and the 65 and over age group.
- the five leading cancer registration sites for Māori are lung, female breast, prostate, colorectal and stomach (55% of new cases or deaths).
- breast cancer was the most common cause of cancer death for Māori females aged 25-44, followed by cervical cancer.
- Māori had a significantly higher age-adjusted risk than non-Māori of death after diagnosis for most types of cancer.
- cancer mortality is decreasing among non-Māori but increasing among Māori.
- significant inequities in survival still exist, even among those diagnosed at a similar stage of disease.
- Māori women were 21% more likely to be diagnosed with breast cancer than non-Māori women and 68% more likely to die from this cancer.

The New Zealand Cancer Control Strategy provides an enduring strategic framework for cancer control activities across the cancer control continuum, with the dual purposes to:

- reduce the incidence and impact of cancer.
- reduce inequalities with respect to cancer.

It is therefore timely that organisations that provide services to people with cancer respond to the research and evidence and review their service delivery and its appropriateness for Māori and their whānau. The Cancer Society Wellington's Mātātuhi Arahi is a key outcome of this process.

## 5. Frameworks for Developing Matatuhi Arahi

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The New Zealand Cancer Control Strategy and the New Zealand Cancer Control Action Plan 2005-2010 provide the Government's key platform for action on cancer. These documents represent the work of expert working groups of the Cancer Control Steering Group. Each group reported on a specific pathway on the cancer journey, for example, primary prevention, or cancer screening and early detection.

Both the Cancer Control Strategy and the New Zealand Cancer Control Action Plan have been designed to be consistent with Māori needs and expectations, and to enable the dual goals of Māori development and Māori health. This requires acknowledging the Treaty of Waitangi, action to reduce inequalities and the explicit use of Māori concepts of hauora, whānau and whānau ora.

The Treaty of Waitangi, New Zealand's founding document is fundamental to the relationship between Māori and the Crown and underpins the New Zealand Cancer Control Strategy and informs all activity across the cancer control continuum to address the diverse needs of Māori. The Treaty relationship is based on three key principles:

- *partnership* – working with iwi, hapū whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.
- *participation* – involving Māori at all levels in sector planning, development and delivery of health and disability services.
- *protection* – ensuring Māori enjoy at least the same level of health as non-Māori and safeguarding cultural practices related to health.

These three principles have guided the development of the New Zealand Cancer Control Strategy. The New Zealand Cancer Society has formally adopted the New Zealand Cancer Control Strategy, the Cancer Control Action Plan and the New Zealand Palliative Care Plan into the strategic plan.

He Korowai Oranga – 'a cloak of wellness' is the national Māori health strategy that provides the overarching direction for Māori health and wellness. The main goal of He Korowai Oranga is whānau ora – Māori families supported to achieve their maximum health and well being. He Korowai Oranga supports Māori holistic models and wellness approaches to health and disability. It supports Māori in their desire to improve their own health and seeks to support Māori - led initiatives to improve the health of whānau, hapū and iwi.

He Korowai Aroha expands the principles and objectives for Māori identified in the cancer strategy and action plan, and sets the direction for Māori health in other population group strategies, including the Primary Health Care Strategy, the Health of Older People Strategy and the Public Health Strategy.

Poverty is associated with lower health status (*Reducing Inequalities*, Ministry of Health 2002). Employment, housing, transport, and education are key influences in improving or decreasing access to health services. The cost of accessing health services, the location of services and the appropriateness of the service offered all influence the access of people living in economically deprived households and communities.

## 6. Charting the Future – Strategic Goals of the Cancer Society Wellington

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Charting the Future, the strategic goals of the Cancer Society Wellington, have been written in the context of the mission statement and values. Achieving the mission statement, *‘Minimising the impact of cancer on our community through information, research, health promotion and support services’* is based on the society, staff members and the society volunteers’ commitment to the following key values:

- accountability.
- trust.
- service.
- diversity.
- respect.
- excellence.

In particular, Strategic Goal 9 states:

*The Cancer Society Wellington will work toward providing services that are responsive to Māori needs and expectations:*

1. *By identifying and developing a joint process to engage with Māori communities.*
2. *By seeking Māori representation in governance.*
3. *By increasing opportunities for workforce development in cancer control by scholarships, resource material and training packages.*
4. *By providing training opportunities to staff (paid and unpaid) which foster increased understanding of Treaty of Waitangi issues and responsibilities.*
5. *By encouraging development of user-friendly resources.*
6. *By administering and valuing cultural practices in volunteerism with Māori.*

These six statements of action relating to Māori and their whānau are included in Mātātuhi Arahi.

## Key Objectives of Mātātuhi Arahi

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Actions for implementation have been identified with an expected timeline and who is responsible for monitoring and leading the actions.

- Objective 1** To record accurate ethnicity data for people accessing Cancer Society services, for staff, for volunteers and for governance members.
- Objective 2** To build and strengthen relationships with Mana Whenua and with key Māori health providers who support Māori and their whānau
- Objective 3** To increase Māori leadership on executive and governance committees, and in staff and volunteer positions.
- Objective 4** To provide education and training to staff, volunteers and governance members about Māori social, cultural and spiritual views of health and whānau ora.
- Objective 5** To reflect the cultural diversity of the community in buildings, reception areas and in the content of key communication processes.
- Objective 6** To improve access to psychosocial support to Māori and their whānau.
- Objective 7** To advocate and promote the development of health promotion resources and activities at a national level that are appropriate for Māori.
- Objective 8** To work collaboratively with providers across the cancer continuum, providing services to Māori and their whānau

## Objective 1

<b>To record accurate ethnicity data - for people accessing Cancer Society services, for staff, for volunteers and for governance members</b>			
Actions	<ol style="list-style-type: none"> <li>1. Collect ethnicity data in a manner that is congruent with data collected by our functional partners.</li> <li>2. Review forms and software so ethnicity data is a required field for information.</li> <li>3. Provide ongoing training for staff, volunteers and governance members about why ethnicity data is important and how to collect it sensitively and accurately.</li> <li>4. Include ethnicity data training in orientation for new staff, volunteers and governance members.</li> </ol>		
	Implementation Steps	Timeline	Responsibility
1.1	Implement consistent data collection processes – File Vision, workshop enrolments, service users	2009	Divisional Management via all staff and volunteers
12	Provide training in Ethnicity Data collection for employees and volunteers	2009 - 2010	Assistant Divisional Manager
1.3	Develop resource to explain why ethnicity data collection is important to Cancer Society	1 April 2010	Manager Health Promotion
1.4	Provide ethnicity data training in Orientation for new employees and volunteers	On going	Divisional Management, and Centre Managers

## Objective 2

To build and strengthen relationships with Mana Whenua and with key Māori health providers who support Māori and their whānau			
Actions	<ol style="list-style-type: none"> <li>1. Develop collaborative relationships with all providers of cancer services to Māori and their whānau, in the Cancer Society Wellington area to explore ways of working together and sharing expertise and knowledge Providers will include: <ul style="list-style-type: none"> <li>• existing Māori health providers.</li> <li>• Mana Whenua working in the field of cancer.</li> <li>• Mana Wāhine – who have National Screening Unit and DHB contracts with every Māori Health provider in Wellington, Hutt Valley and Wairarapa.</li> <li>• key Māori health workers within the wider health system.</li> <li>• all health providers who work with Māori.</li> </ul> </li> <li>2. Improve access to Cancer Society volunteer services for Māori and their whānau, and engage with existing Māori health providers.</li> <li>3. Engage with Māori health providers in shared education and training opportunities.</li> </ol>		
	Implementation Steps	Timeline	Responsibility
2.1	Present report and discuss implications for Mātātuhi Arahi in response to key messages identified at Revolution of Cancer Care for Māori Conference	End Sept 2009	Sue Corkill Corinne Payne
2.2	Complete a stock take of existing Māori health workers and organisations with a Cancer Control focus currently providing services to Māori	End March 2010	Manager Health Promotion Centre Managers
2.3	Continue to build collaborative relationships with providers of services to Māori through existing programmes e.g. Health Promotion, Living Well with Cancer	Ongoing-report on progress by end of 2010	Manager Health Promotion Manager Support and Information
2.4	Identify and build relationships with key contacts generated by Relay for Life	Ongoing-report on progress by June 2010	Project Manager Relay for Life

Note: In Māori, a tribe that has **mana whenua** (or tangata whenua) has authority over a given piece of land or territory.

### Objective 3

<b>To increase Māori leadership on executive and governance committees, and in employee and volunteer positions</b>			
Actions	<ol style="list-style-type: none"> <li>1. Identify Māori working in different roles in the Cancer Society and address and invest in their development.</li> <li>2. Identify and establish Māori leadership roles in the Cancer Society Wellington, and seek the support of Mana Whenua and local Māori health providers for the development of such roles.</li> <li>3. Engage with Māori providers to inform and promote the roles and functions of the Cancer Society, including volunteer roles.</li> <li>4. Establish Te Rōpu Tautoko to provide a mentoring and support role to volunteers, employees and governance members of the Wellington Division of the Cancer Society.</li> </ol>		
	Implementation Steps	Timeline	Responsibility
3.1	Identify Māori health providers and mana whenua in the centres of the Wellington Division and develop ongoing relationships	2009-2010 ongoing	Manager Health Promotion, Manager Support & Information, Centre Managers
3.2	Seek kaumatua representation for the division	September 2009	Assistant Divisional Manager
3.3	Seek Executive support for increased Māori representation in governance roles ( refer Mātātuhi Arahi)	2009-2010 ongoing	Divisional Manager, and Centre Managers
3.4	Invite Māori providers and mana whenua to provide executive members to represent Māori on Cancer Society governance bodies	2009-2010 ongoing	Divisional Manager, and Centre Managers
3.5	Establish Te Rōpu Tautoko as a mentoring support for Māori staff, volunteers and governance members	2009-2010 ongoing	Assistant Divisional Manager

## Objective 4

To provide education and training to staff, volunteers and governance members about Māori social, cultural and spiritual views of health and whānau ora			
Actions	<ol style="list-style-type: none"> <li>1. Provide staff, volunteers and governance members ongoing training about the Treaty of Waitangi and its implications and relevance to the Cancer Society and to Mātātuhi Arahi.</li> <li>2. Provide education and support to all staff, volunteers and governance members to increase confidence and competence in understanding of tikanga, kawa and whānau ora and their ability to participate in Te Ao Māori.</li> <li>3. Develop a Te Reo strategy that includes basic greetings and phrases, accurate pronunciation of client names and local names, and waiata.</li> <li>4. Identify and link in with existing educational opportunities with other organisations.</li> <li>5. Educate staff, volunteers and governance members about existing inequalities in health and present updated research when available.</li> <li>6. Involve Māori and community providers in staff education and training opportunities.</li> </ol>		
	Implementation Steps	Timeline	Responsibility
4.1	Provide ongoing training inclusive of Strategic Goal 9 including Treaty of Waitangi	2009 - 2010 ongoing	Divisional Management
4.2	Identify and access existing opportunities for training and support e.g. DHB training and education opportunities or learning Te Reo as Professional Development option	2009 – 2010 ongoing	Divisional and Centre Management
4.3	Invite guests to present on key topics e.g. Whānau Ora and Tikanga , Understanding Disparities in Māori Health, Pronouncing local names in Te Reo	2009 – 2010 on going	Divisional management
4.4	Organise a marae visit for a wananga to learn more about tikanga, mihi mihi, whānau ora – a key staff development day	2010	Assistant Divisional Manager in consultation with Te Rōpu Tautoko
4.5	Model answering the phone saying ‘Kia Ora and Welcome to the Cancer Society’	2009 – 2010 on going	Staff and volunteers

4.6	Learn Te Reo pronunciation for key local names, greetings and key local names	2009 – 2010 on going	All Staff
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## Objective 5

To reflect the cultural diversity of the community in buildings and reception areas and in the content of key communication processes			
Actions	<p>By including feedback and ideas from Māori service users and their whānau, Māori health providers, and Māori governance member, staff and volunteers:</p> <ul style="list-style-type: none"> <li>Review and enhance building entrances and reception areas so the space reflects the different cultures in the community, in particular Māori as tangata whenua.</li> <li>Invite Māori and their whānau and Māori health providers to provide a Māori perspective in our newsletters and website.</li> </ul>		
	Implementation Steps	Timeline	Responsibility
5.1	Use bilingual logo and signage for new Wellington building	Before building opens	Helen Montgomery Fiona Pearson
5.2	Model the use of 'Kia Ora and Welcome to Cancer Society' greeting at point of contact on telephone	2009 ongoing	Managers, staff, volunteers
5.3	Review of documents, posters, publications to include Te Reo and relevant visual content	Ongoing	All Managers
5.4	Warm, respectful, welcoming greeting at every contact – use of name badges	Always and ongoing	Everyone
5.5	Update business cards and letter heads with Te Reo wording and logo for Cancer Society	2009 ongoing	Divisional and Centre Managers
5.6	Include specific Māori perspective in newsletter and on website	2009-2010 ongoing	Sue Corkill Bing Lui
5.7	Include staff names, roles and photos on Wellington Division website or profile staff in newsletter	2009 -2010 ongoing	Sue Corkill Bing Lui

## Objective 6

<b>To improve access to psychosocial support to Māori and their whānau</b>			
Actions	<ol style="list-style-type: none"> <li>1. Provide support and facilitate access for Māori ( and their whānau) throughout their cancer journey<sup>1</sup>.</li> <li>2. Support Māori and their whānau to access CanSupport services and Cancer Society resources, and appropriate information.</li> <li>3. Develop with Māori appropriate programmes for Māori and their whānau.</li> <li>4. Support and resource Māori providers and other key health workers, who provide cancer related services to Māori and their whānau.</li> <li>5. Evaluate services and programmes to ensure they are appropriate for Māori and their whānau.</li> <li>6. Establish referral protocols with relevant providers to appropriate psychosocial services.</li> </ol>		
	Implementation Steps	Timeline	Responsibility
6.1	Complete audit of existing supports provided to Māori with cancer and their whānau by Māori health providers, PHOs and DHBs	2009 - 2010	Manager Support & Information and Centre Managers
6.2	Identify, initiate, support and work alongside community initiatives	2009 – 2010 ongoing	All Staff
6.3	Respond to what is required by Māori with cancer and their whānau by strengthening relationships with Cancer Society service users and local providers	2009-2010 ongoing	Divisional and Centre Management
6.4	Use Evaluation process for all programmes in partnership with provider/s	ongoing	Health Promotion and Support & Information Managers

<sup>1</sup> The cancer journey stages include pre diagnosis, diagnosis, treatment, survivorship, reoccurrence and palliative care.

## Objective 7

<b>To advocate and promote the development of health promotion resources that are appropriate for Māori</b>			
Actions	<ol style="list-style-type: none"> <li>1. Ensure Wellington division has input at a national level to the development of resources that are appropriate for Māori.</li> <li>2. Engage local Māori expertise to advise on appropriate education and health promotion activities, in line with national strategic goals.</li> <li>3. Share appropriate written and audio-visual health resources with providers of services to Māori.</li> <li>4. Support health providers to develop early detection processes and services that are appropriate for Māori.</li> </ol>		
	Implementation Steps	Timeline	Responsibility
7.1	Ensure appropriate Wellington Division input at National Level before sign off to ensure resources are appropriate for Māori	Immediate and on going	Divisional Management and Health Promotion Manager in consultation with Te Rōpu Tautoko once established
7.2	Identify local Māori expertise to advise on appropriate education and health promotion activities in line with CSNZ goals	ongoing	Manager Health Promotion
7.3	Inform local providers of services to Māori about the range of health resources accessible from the Cancer Society	2009 - 2010	Manager Health Promotion & Centre Managers

## Objective 8

<b>To work collaboratively with providers across the cancer continuum, providing services to Māori and their whānau</b>			
Actions		<ol style="list-style-type: none"> <li>1. Engage with other providers to research, identify and promote 'best practice' services that are appropriate for Māori.</li> <li>2. Support research that aims to improve outcomes for Māori and their whānau across the cancer continuum.</li> <li>3. Support the development and maintenance of Māori research capacity.</li> </ol>	
	Implementation Steps	Timeline	Responsibility
8.1	Attend Revolution of Cancer Care for Māori Conference and report ( see Objective 2: 2.1)	End Sept 2009	Sue Corkill Corinne Payne
8.2	Continue to identify and respond to opportunities for small scale research projects e.g. Evaluation of Support Services, Living Well programme	Ongoing	Manager Support & Information
8.3	Monitor and report to staff, governance and volunteers any relevant recent research about Māori health	2009-2010 ongoing	Manager Health Promotion , Cancer Information Nurse
8.4	Participate in any relevant large scale research that aims to improve Māori health outcomes or make services more effective for Māori	ongoing	Divisional Manager
8.5	Continue to create and foster relationships with Māori patients with cancer and their whanau who are interested in the Cancer Society services	ongoing	

## Glossary

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arahi	guide
hapū	subtribe
hauora	health
iwi	tribe
kaimahi	workers, staff
korowai	cloak
manawhenua	those who have trusteeship, guardianship of the land in a local region
mātātuhi	document
mate pukupuku	cancer
mōrehu	survivor
ora	life
oranga	health, wellbeing
rourou	food basket
tane	men, male
tangata whenua	literally 'people of the land'. Used to refer to the indigenous population of a country, in this context, Māori
tautoko	support
Te Kahui Matepukupuku o Aotearoa	The Cancer Society of New Zealand
Te Tau Ihu	the top of the South Island
Te Upoko o te Ika	the Wellington region

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te reo	the Māori language
Wāhine	Women, females
waka ama	outrigger canoe
wero	challenge
whakapai	improve, better
whānau	family, extended family
whānau ora	family wellbeing
whawhai	fight, struggle, persevere

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# Appendix 1

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Evaluation of CanSupport Services 2008 - Cancer Society, Wellington.