



AUT

TE WĀNANGA ARONUI
O TĀMAKI MAKAU RAU

From barriers to care: Co-creating culturally safe immunisation support through community-led wananga

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- Background
- Method
- Findings
- Real-world impact

From barriers to care: Co-creating culturally safe immunisation support through community-led wananga



Preliminary findings of Participatory Action Research exploring barriers and facilitators to childhood immunisation in Te Tai Tokerau, Northland region of Aotearoa New Zealand – leading to community-led initiatives.

Background

A treaty: Te Tiriti o Waitangi



Archives New Zealand, IA9/9 Sheet 1

- Historically, immunisation in the region has been relatively low, impacting largely on Māori health.
- Historical cyclical erosion of trust in (health) authorities over the past two centuries
 - Dispossession of land
 - Impact of introduced diseases
 - Health inequities – lifespan and health span
 - Māori Health Authority recently revoked
 - Recent Treaty Principles Bill

Background

Immunisation in Aotearoa New Zealand:

- Free
- Linked to the National Immunisation Schedule
- Covers:
 - Children (i.e., childhood immunisation)
 - Pregnant women (e.g. against flu, whooping cough)
 - Older adults (e.g. shingles, whooping cough, tetanus, diphtheria, pneumovax)



National Immunisation on Schedule

Vaccines for The National Immunisation Schedule

A reference card for vaccinators and other health professionals

immunise

our best protection

6
Weeks



RVS oral vaccine (RotaTeq®)



DTaP-IPV-Hep B/Hib injection
(INFANRIX® Hexa)



PCV13 injection (PREVENAR 13®)

3
Months



RVS oral vaccine (RotaTeq®)



DTaP-IPV-Hep B/Hib injection
(INFANRIX® Hexa)



PCV13 injection (PREVENAR 13®)

5
Months



RVS oral vaccine (RotaTeq®)



DTaP-IPV-Hep B/Hib injection
(INFANRIX® Hexa)



PCV13 injection (PREVENAR 13®)

15
Months



Hib injection (Act-Hib®)



MMR injection (M-M-R® II)



PCV13 injection (PREVENAR 13®)

4
Years



DTaP-IPV injection (INFANRIX® IPV)



MMR injection (M-M-R® II)

11
Years



Tdap injection (BOOSTRIX®)

12
Years



(girls only)

HPV injection (GARDASIL®)

45
Years



Td injection (ADT® Booster)

65
Years



Td injection (ADT® Booster)



Influenza
1 injection
(annually).
Supplier varies.

These vaccines are delivered through school programmes in many areas – check with your local immunisation coordinator to confirm whether a school programme is offered in your area.



Method

- Participatory action research approach
- Aim: achieving positive outcomes based on co-researcher input
- Wānanga insights and reflections Round 1: individual interviews
 - health professionals $n=$, community members $n=$
- Round 2: focus group discussions
 - health professionals $n=$, community members $n=$



Collaboration: local research partners

- Mahitahi Hauora, the primary health organization for Northland - recruitment
- the Ngāti Hine Health Trust: community navigators, immunisations
- Kia Piki te Wairua, a community-based trust: wananga (dialogues) with pregnant women and their families
- Māori cultural advisors



Consultation & Reference Group

- Māori cultural advisors
- Representatives – members of Mahitahi Hauora
- Kia Piti te Wairua team leaders/kaiawhina
- Assisted with recruitment, identifying wananga, and reviewing research protocols, research venues, and research tools.

A vertical decorative image on the left side of the slide, tinted in shades of purple and blue. It features a tall telecommunications tower with a spire, a palm tree in the foreground, and a cityscape with buildings in the background. A network of white lines and dots is overlaid on the bottom left corner.

Field work

- We started our fieldwork on 3rd of July 2022
- The last of our focus group discussions completed on the 19th of April 2024.



Co-researchers

- **Hapū māmā & whānau** – mostly Maori; some Maori/Pakeha, Maori/Pacific
- **Health care providers:** midwives, nurses, GPs
- **Kaiawhina**/community navigators - professionals and professionals supporting their *whanau* (families); community group's participants where the participants played the role of *kaiawhina* for their families and communities but was an unpaid role.

Research Phases

Phase 1 – Meetings with hapu mama and whanau (2022-2023)-Hokianga and neighbouring communities

4 FGDs- wananga (8-10 people)



Phase 2 – Follow-up meetings with hapu mama and whanau early 2024- Hokianga and neighbouring communities

2 FGDs – wananga (7-9 people)

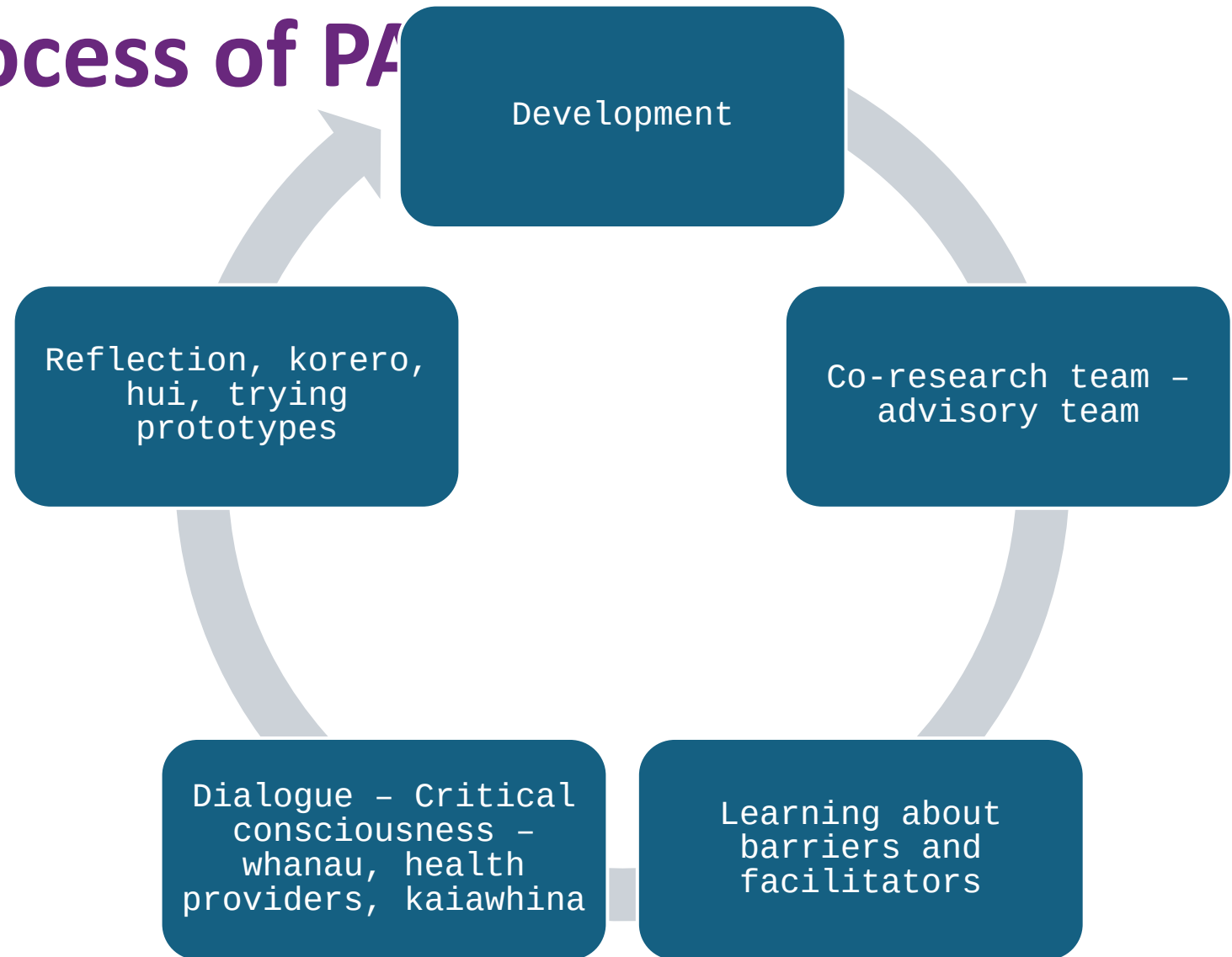


Experiences, aspirations, proposed actions/activities – inviting korero and strategic aspirations from

Health professionals, GPs,
midwives

Kaiawhina – community
navigators

Cyclical process of PA



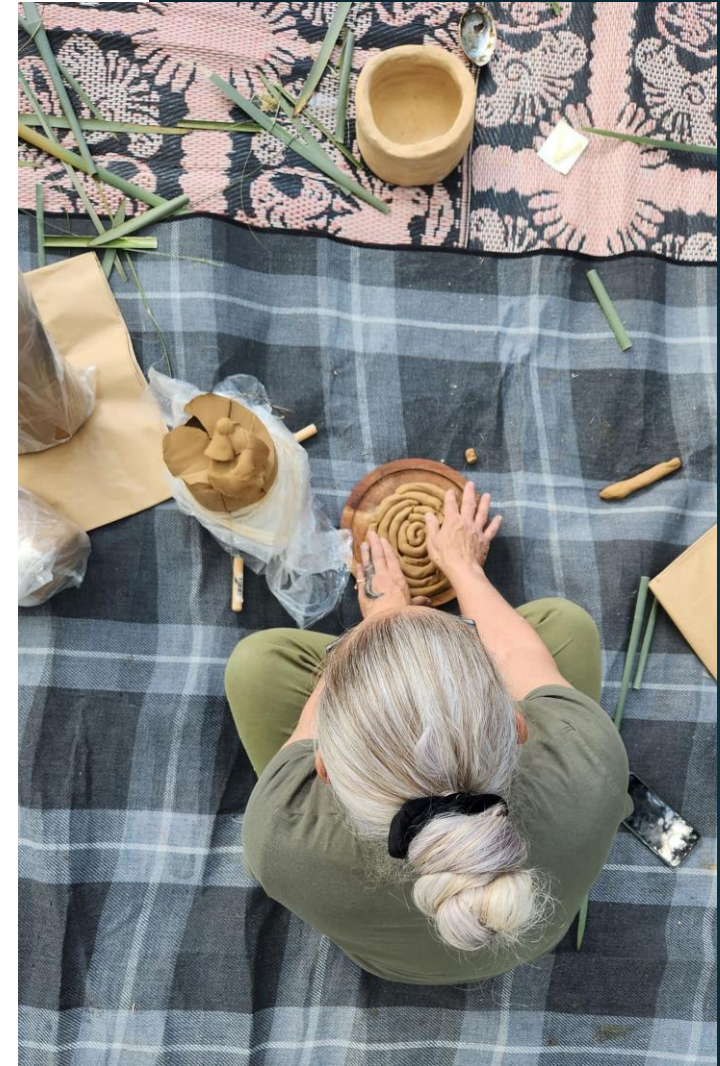


Why working closely with kaiawhina?

- The *kaiawhina* (community navigators) - including health professionals and office manager supported their whanau as community navigators.
- Community participants might also acted as *kaiawhina* for their families and communities but was an unpaid role.

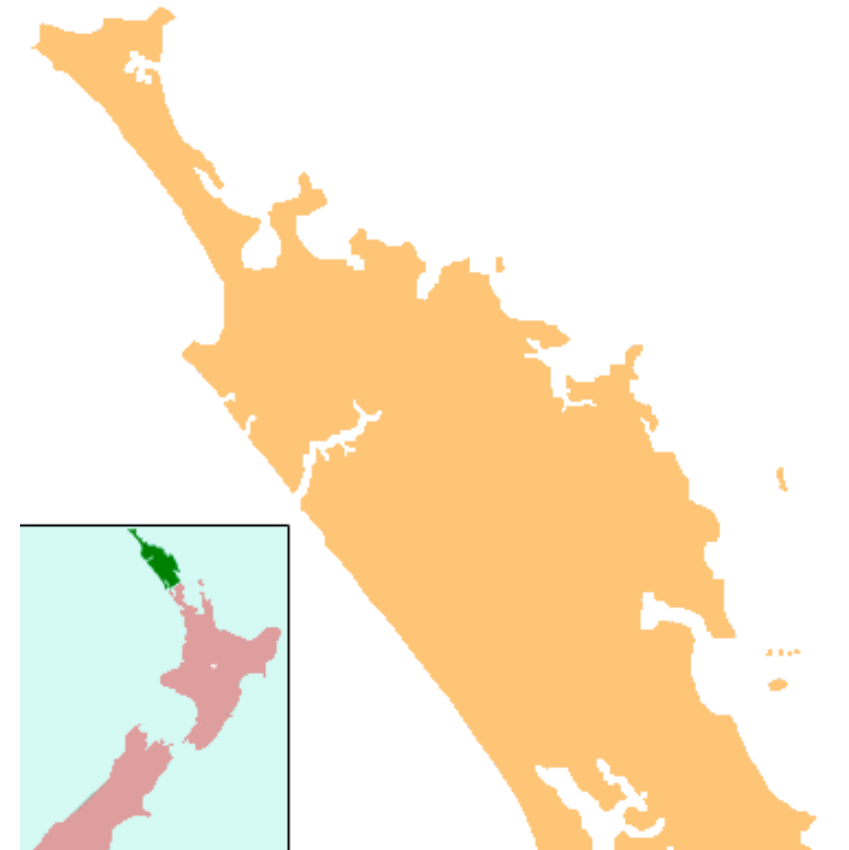
A safe space: Whanau-centric wananga

- Safe place for pregnant women and their whanau
- Māori *kaiawhina* (facilitators, nurses, midwives)
- Breastfeeding, parenting, safe sleeping
- Māori story of creation linked to pregnancy and childbirth
- Connecting to Māori tikanga and te ao Māori
- Support networks



Findings

- Key barriers
 - remoteness and socioeconomic barriers
 - trust and culturally safe interactions - influencing health-seeking decisions on various levels.
 - COVID-19 pandemic: critical to reflect on existing barriers to focus – especially due to 2021 “COVID-19 Vaccine Mandate” -> heightened distrust
 - Cyclical participatory approach: Findings were presented to the co-researchers, inviting korero and reflections.





Trusting relationships – trusting *kaimahi*

“ ... support and trust our kaimahi [staff] to build trusting relationships and engagement with their clients and whanau ... allocate equitable time to build rapport ... rather than prescribing one approach for all – some whanau will need more time, some less”

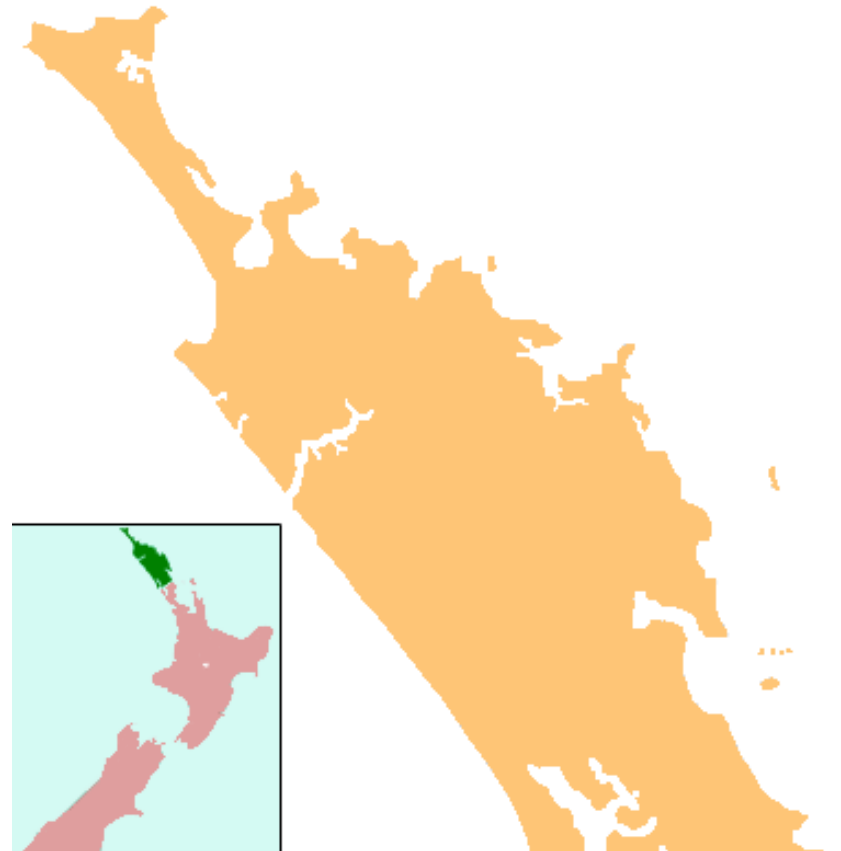


Confusion: COVID-19 vaccines vs immunisation?

“...some people are just not going to change their mind about getting vaccinated, and its probably better to put resources ... money, energy, time ... like keeping people looking at the healthy side of it – what keeping people healthy [health provider]

Findings: Desires to improve services

- Our co-researchers (participants) expressed a desire for improved health services due to
 - remoteness and socioeconomic barriers
 - importance of trust and culturally safe healthcare interactions
 - Both influencing health-seeking decisions on various levels.
 - High turnover of GPs -> ↓ disrupt rapport and trust
 - COVID-19 pandemic: some existing barriers were amplified – especially due to 2021 “COVID-19 Vaccine Mandate” -> ↑ heightened distrust





Quotes on Barriers ...

“Yeah ...I think for myself, I don’t vaccinate its just knowing they always only say this could happen ...what if I got a side-effect and it’s extremely bad ...”

“... there is a trust element, as a health worker felt that I either got vaccinated or lose my job ... crazy conspiracies ... implanting a chip!”.



Aspirations: Health professionals

- **Health literacy** – need more information in te reo Māori; builds trust with patients even with simple greetings in reo.
- **Holistic space** – incorporate cultural tikanga or practices in consultation vs following Calgary Cambridge framework
- **Consultation model** – balance business/ science model with cultural embrace/understanding (Maori whakatauki/proverb (below) - the system should not place a ‘curtain’ between them (health professionals) and whanau.
- **Whānau as a collective** - hauora (health) is connected to people, land, and wellbeing; whanau have resorted more to Maori rongoa alongside medical care.
- Health professionals’ work or ‘ mahi (work – more holistic meaning) as a taonga and seen as an act of compassion, care and aroha fostering whānau wellbeing.



Aspirations: Kaiawhina

- Findings were taken back to Kaiawhina and communities for input
- Expand and recognise potential for existing kaiawhina roles by resourcing and professional development opportunities, career pathway
- Enhance Māori cultural advisor-type roles into organisational culture and infrastructure



Harnessing existing resources and Māori roles and expertise

- Community-based trust: *kaiawhina* run wananga for pregnant women and their *whānau* (families); supporting more wananga across Hokianga and neighboring suburbs, incorporating Purākau and Te Ao Maori



Embedding local approaches that already exist

- Increased advocacy and capacity building: immunisation tables integrated into the wananga; incorporating the cultural understanding and meaning of immunisation within the Purākau



Expanding existing role pathways into specialised health careers

- Cultural training for (overseas) nurses involved in immunisation (Ngati Hine).
- Resourcing the roles of kaiawhina and coordinating professional development, capacity building and career pathways.