



AIDA2025 CONFERENCE

Evoking Sovereignty, Honouring Country, Nurturing Community.

ICC Sydney • 27-29 November 2025
Gadigal Country



AIDA
AUSTRALIAN INDIGENOUS
DOCTORS' ASSOCIATION

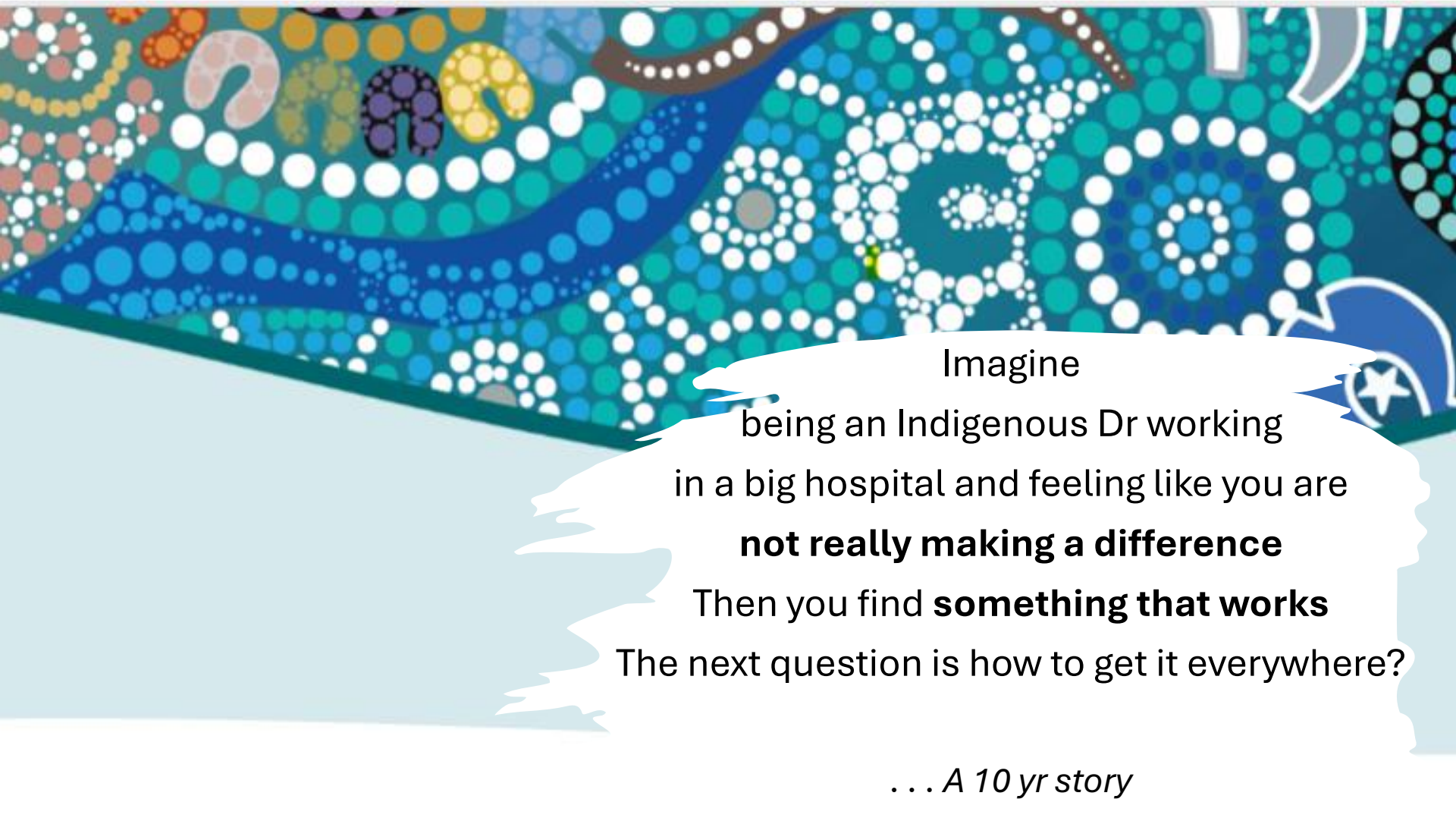
Kaupapa Māori methodologies to implementation success:
Turning research into practice

Dr Nina Scott (ia/she/her), Ngāti Whātua, Waikato, Ngāpuhi

**E mihi ana ki te whenua
E tangi ana ki ngā tāngata katoa**

- ***E te Iwi Kurna, e te mana whenua, te mania puwhata, te Koraha e hora nei, tēnei matou e mihi atu ana.*** To the Kurna people, you, who hold traditional authority over the land, the plateau, the deserts, the wide expanse, we see you and acknowledge you.
- ***Kei ngā tini wairua ki te pō, rātou ki tua o pae maumahara, moe mai, moe mai, moe mai oki oki.*** To the spirits who have departed to the night, to the place beyond memory, rest, sleep the eternal sleep.
- ***Tātou ngā mahue-tanga iho o rātou ma, tēnā koutou, tēnā koutou, tēnā koutou katoa.*** To the descendants of those who have passed away, we acknowledge you and bid you well, once, twice, three times.





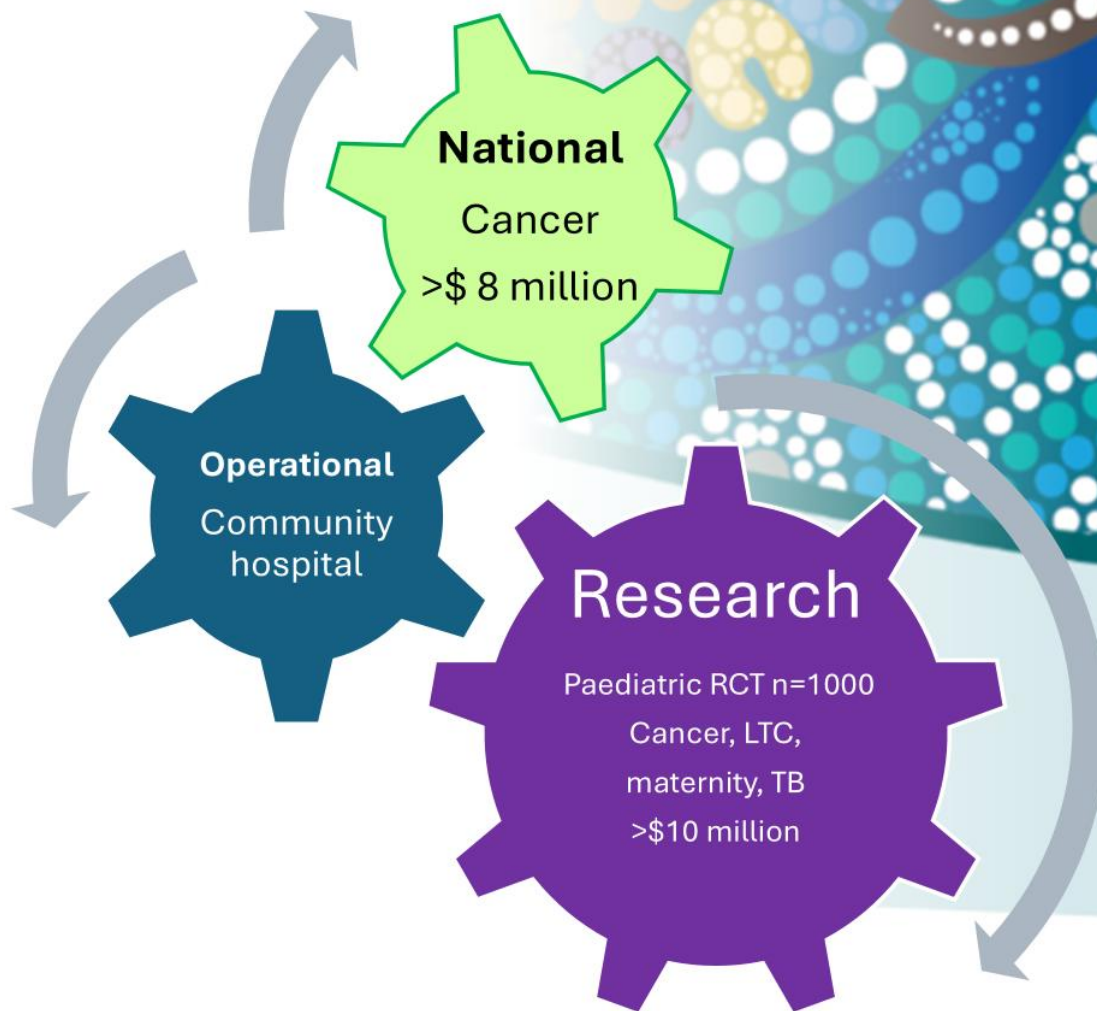
Imagine
being an Indigenous Dr working
in a big hospital and feeling like you are
not really making a difference
Then you find **something that works**
The next question is how to get it everywhere?

... A 10 yr story



Issues – colonisation, racism, inequities

***Research – a tool for Indigenous led
structural systems change***



From small beginnings
to structural change

A change tool

He Pikinga Waiora Implementation Framework

[Community co-design | He Pikinga Waiora \(hpwcommunity.com\)](https://hpwcommunity.com)

Acknowledging Professor John Oetzel &
Professor Bridgette Masters-Awatere
(University of Waikato)

1. Oetzel, J.G., Scott, N., Hudson, M., Masters-Awatere, B., Rarere, M. Foote, J., Beaton, A., & Ehau, T. (2017). Implementation framework for chronic disease intervention effectiveness in Māori and other indigenous communities. *Globalization and Health*, 13: 69. DOI: 10.1186/s12992-017-0295-8
2. Oetzel J, Scott N, Hudson M, Masters B, Rarere M, Foote J, et al. He Pikinga Waiora Implementation Framework: a tool for chronic disease intervention effectiveness in Maori and other indigenous communities. *Int J Integr Care*. 2018;18(s1):1-8.
3. Rarere M, Oetzel J, Masters-Awatere B, Scott N, Wihapi R, Manuel C, et al. Critical reflection for researcher–community partnership effectiveness: the He Pikinga Waiora process evaluation tool guiding the implementation of chronic condition interventions in Indigenous communities. *Aust J Prim Health*. 2019;25(5):478–85.
4. Beaton A, Manuel C, Tapsell J, Foote J, Oetzel JG, Hudson M. He Pikinga Waiora: supporting Maori health organisations to respond to pre-diabetes. *Int J Equity Health*. 2019;18(1):1-12.
5. Oetzel J, Rarere M, Wihapi R, Manuel C, Tapsell J. A case study of using the He Pikinga Waiora Implementation Framework: challenges and successes in implementing a twelve-week lifestyle intervention to reduce weight in Maori men at risk of diabetes, cardiovascular disease and obesity. *Int J Equity Health*. 2020;19:1.
6. Masters-Awatere B, Cassim S, Tamatea J, Scott N, Simpson C, Paekau C. He Pikinga Waiora Kimi Ora lifestyle programme: case study of a successful community-based Indigenous diabetes intervention. *NZMJ*. 2021;134(1545):68-78.

What? A best practice model for working with Indigenous communities

so that **robust and effective interventions** are **developed and successfully implemented**



- Indigenous-centred and evidence-informed
- emphasis on engaging with **communities** and **upstream systems**
- guidance on how to do partnership, reflexivity and reflection

Why we need best practice models for working with indigenous communities



He Pikinga Waiora



1. Evidence based interventions are not implemented

Move from inaction to action overcoming institutionalised racism

2. Evidence not translatable from non-indigenous population or research setting

Translate initiatives so they work for indigenous populations in real world settings

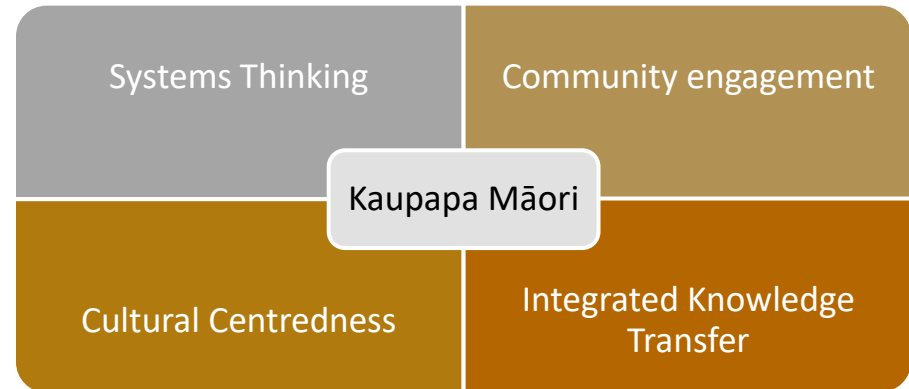
3. Lack of practical guidance. Provide a step by step guide with examples

He Pikinga Waiora – Indigenous centred



Kaupapa Māori emphasises self-determination by privileging Māori voice, prioritizing Māori history, development, and aspirations

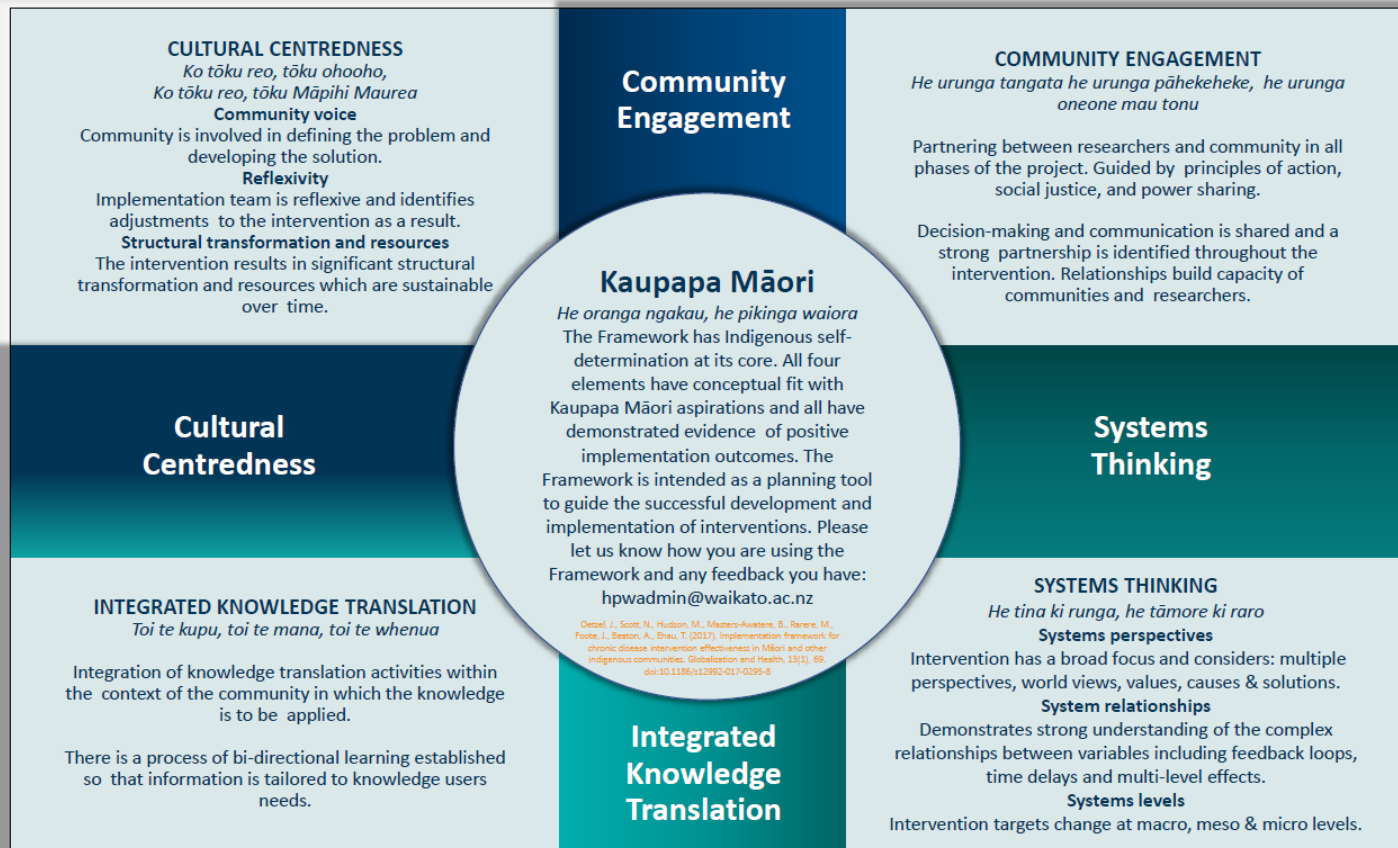
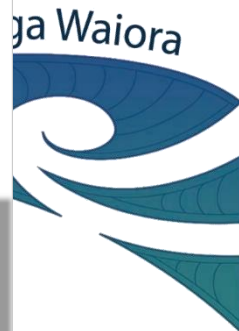
- Mātauranga—local knowledge
- Partnership
- Māori ways of doing
- Decolonising - Structural transformation, relationships, upholding rights, Māori ways of doing and knowing
- Research as a healing journey and source of wellbeing for individuals, families, communities





HE PIKINGA WAIORA IMPLEMENTATION FRAMEWORK

www.hpwcommunity.com



Integrated Knowledge Translation

Identify and engage with end users early

People who can use research findings to make changes at policy, programme or practice level.

- develop collaborative relationships
- work in partnership throughout
- plan knowledge exchange activities together and revisit continually
- tailor info to knowledge users needs
- evaluate IKT



Cultural centredness	Community voice	Community involved in defining the problem and developing the solution.	Community involved in either defining the problem or developing the solution.	Community only informed but has no direct involvement in the definition of problem or solution development.	Intervention implemented in the face of significant community opposition.
	Reflexivity	Explicit statements regarding reflexivity and identification of adjustments to the intervention as a result.	Methods to engage in reflexivity or state they were aware of it; adjustments to the intervention are unclear.	No evidence that the team was reflexive about its processes or no changes made in response to team learnings.	Victim blaming, unintended bias or overt racism in intervention design, implementation or evaluation.
	Structural transformation and resource	Significant structural transformation and resources which are sustainable over time.	Intervention receives significant resources but has a limited focus on structural transformation.	Intervention receives minimal resources and is only sustainable over a short term.	Less resources available or lower quality resources as a result of the intervention compared with no intervention.
Community engagement	Community engagement	Strong community leadership. Decision-making and communication is shared and strong partnership is identified throughout the intervention.	Communication is two-way and there is co-operation to implement the intervention with a partnership becoming apparent.	The intervention team has ultimate control over the intervention and communication, which flows one-way to the community.	Intervention is placed in the community with no consultation with community.
IKT	Integrated knowledge translation	There is a process of mutual learning established so that information is tailored to knowledge users needs.	Medium level support for knowledge user by intervention team for implementing the intervention.	Minimal or no support for implementing intervention or outsiders implement the intervention for the knowledge users.	Knowledge users have major concerns which they are not able to discuss with the intervention team.
Systems Thinking	System perspectives	Intervention includes the following: 1)multiple causes; 2)broad focus/multiple solutions; and 3)multiple perspectives/world views, values of multiple actors.	Intervention includes 2 of the 3 factors in the high category.	Intervention includes 1 or none of the 3 factors in the high category.	Intervention has a negative impact due to a lack of consideration of multiple perspectives necessary to support implementation.
	System relationships	Demonstrates a strong understanding of the complex relationships between variables including feedback loops, time delays and multi-level effects.	Moderate understanding of the complex relationships between variables including feedback loops, time delays and multi-level effects.	Limited understanding of the complex relationships between variables including feedback loops, time delays and multi-level effects.	Intervention has a negative impact due to lack of consideration of system relationships important for implementation.
	System Levels	The intervention targets change at the macro, meso and micro levels, and provides sufficient rationale and context for each level.	The intervention targets change at 2 levels with some rationale and context for each level.	The intervention targets change at 2 levels or less without providing rationale and context.	Intervention has a negative impact due to lack of consideration of systems levels necessary to support implementation.

We tested HPW in a community research project:

Kimi Ora – participants

35 whānau

- 100% retention
- 4.5% weight loss
- 12% HbA1c reduction
- 4% reduction in waist circumference
- 4.5% reduction in BP
- Increased wellbeing through social interaction



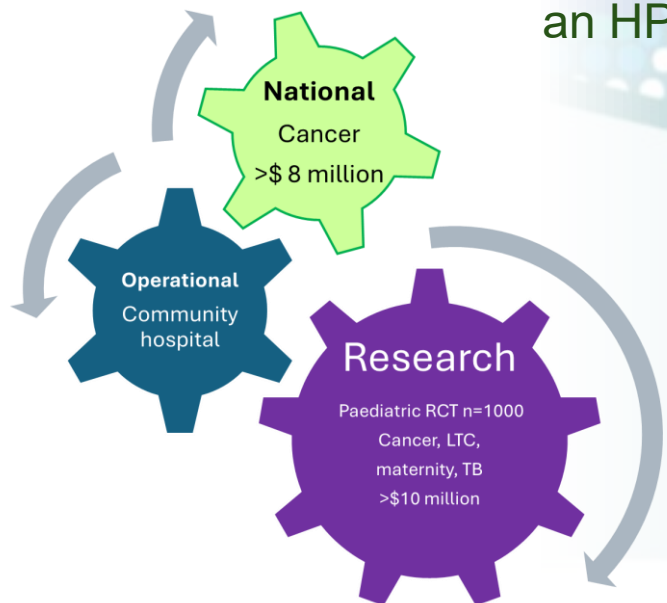
National
SCIENCE
Challenges

HEALTHIER
LIVES

He Oranga Hauora

Whiri

an HPW success



Whiri Whakapapa/history

Harti

- 2012 Waikato Hospital - paediatrics
- 3 year **Randomised Controlled Trial**
- ~1000 hospitalised children and their whānau/families > 1/2 Māori
- **Community navigators** with an **electronic wellbeing assessment & systems team**

COVID Kaumatua/Elder WHIRI

- Contacted and supported 1,000 kaumātua/elders
- **Clinical arm introduced**

Operational & Research Whiri

- Hospital – outpatient, emergency dept
- Community – 10+ partners + 27 cancer specific
- Research – cancer, long term conditions, maternity, tuberculosis



Health Needs Assessment

TE WHARE
TAPA WHA



WHĀNAU



- Whānau/family support
- Services already engaged
- Whānau members

WAIKUA



- Rongoā
- Iwi registration
- Cultural support

HINENGARO



- Mental wellbeing screening
- Supporting mental wellness

TINANA



- Family Dr enrolment
- Oral health
- Vaccinations
- Unmet health needs

TAIAO



HEALTH PROTECTION



- Cervical screening
- Breast screening
- Bowel screening
- COVID-19

HARMFUL BEHAVIOURS



- Smoking & vaping
- Alcohol & drugs
- Family violence
- Gambling harm

TRANSPORT



- National Travel Assistance
- Transport to appts
- Other transport options

HOUSING



- Living situation
- Smoke alarms
- Insulation & ventilation
- Repairs

IWI KATO



SOCIAL & FINANCIAL



- Kai/food support
- Community Services Card
- Govt benefits
- Disability Support

OTHER WHĀNAU MEMBERS



- Would anyone else in your whānau benefit from this support?

TAMARIKI <5yrs



- Family Dr Enrolment
- Immunisations
- Oral health
- Well Child Tamariki Ora

HEALTHCARE



- Support person for appts
- Compliments/ complaints
- Health information access
- Telehealth

Need for a standardised HNA with active follow-up pathways



Staff can't know of all services, criteria + pathways

e.g. Senior endocrinologist who was NOT clear on the eligibility criteria for podiatry services

It takes a lot of resource to do well – saves reinventing wheels

- Paediatric randomised trial = 6 mths to re-develop HNA
- Included engagement day with paediatric services
 - Services were unaware of other services, eligibility criteria + referral pathways
 - multi-level approach needed - Subject matter experts + service managers + frontline staff
- Need to regularly review HNA (daily, weekly, monthly depending on context)

Impact of the health needs assessment

Greater **documentation** of unmet need using the health needs assessment than usual care in the **Harti randomised trial (n=1,000 families)**

Of the 23 items in the health needs assessment:

- >**90%** of the screening questions and answers were documented for those having a health needs assessment

v

- Only **17%** on average of the questions and answers were documented in clinical notes for the usual care group
- Many items were only documented for <30% for usual care



Impact of the health needs assessment

Harti RCT examples...

- **Harti removed barriers to accessing community oral health**
 - 22% of Harti cohort seen within 60 days vs 8% in UC
 - Harti children 2.78 times more likely to access community oral health at 60 days v usual care
 - Harti doubles oral health enrolment (40% Harti vs 20% UC)
- **Harti = 15x more referrals for smoking cessation v usual care**
- **Referrals to healthy homes support**
 - Usual care **20%** compared to **33%** for Harti group



Wāhine Hapū Study WHA results

345 unmet needs identified in the WHĀ tool - average 11/wāhine hapū

Most common unmet needs

- **mental health support**
 - concern for 75% of those asked; 21/28
- social support and National **Travel** Assistance scheme
- **food nutrition** & access to more **kai** for the whānau / family
- problems with **housing** - referred to healthy homes initiative
- **clinical unmet needs** which resulted in referral to the WHIRI



Patient satisfaction

- Phone survey (n=14) - mama found the clinical support timely and **very helpful**
- Majority felt reassured by the nurse, average rating of 8.6/10

Long term conditions Study WHA results

30 patients had **331 unmet needs identified** - average 12/patient

Most common unmet needs

Welfare supports check, social supports + rongoā information and access, mental wellbeing, kai (food) access and weight loss/gain support.

Half (n=19) were connected to Whiri nurse + GP for clinical support:

- a new lump, insulin dosing, diet, depression, nausea and vomiting, and fatigue impacting ability to complete everyday activities.



Whānau Hauora Assessments

For those with LTC - 66% completed a comprehensive health needs assessment

Of those who completed WHA

- 57% requested support with mental health or addiction
- 48% requested healthy home support
- 39% requested dietician referral
- 37% accessed immunisation support

For our tamariki and their whānau

65% of those who received a WHA needed support with

Kai

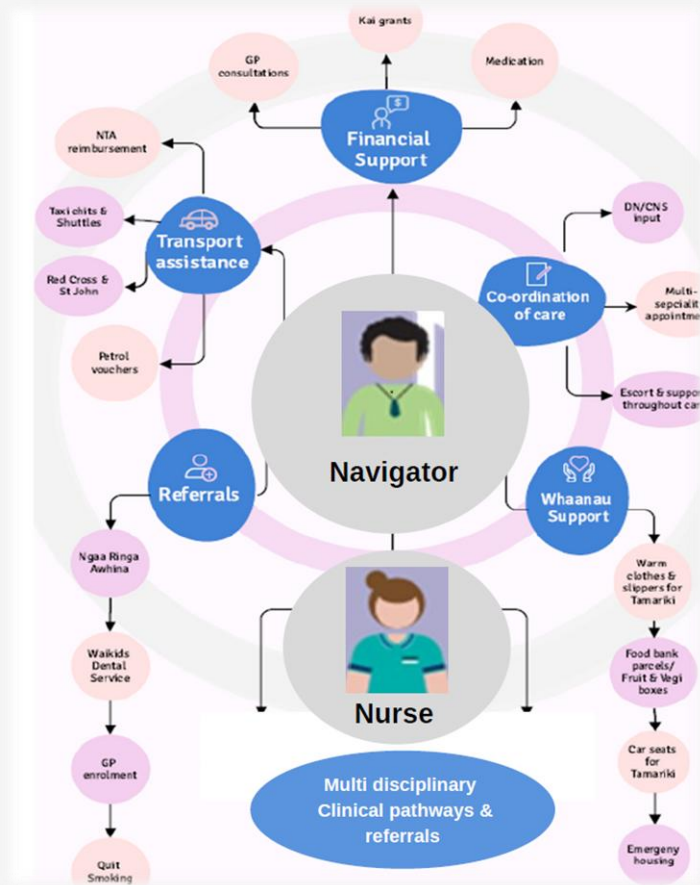
52% needed support with Healthy Homes

7% of our tamariki were either unenrolled or were unable to access a GP. All but one of these whānau were supported to GP enrolment

Evolution to WHIRI

Covid hit – we;

- Redesigned the needs assessment to meet needs of kaumatua with long term conditions
- Expanded the model to include a **nurse led clinical arm with a GP supported clinical team** – daily clinical “huddles”
- Set up a call centre
- Contacted and supported ~1,000 Māori and Pacific kaumatua



Need for a clinical arm

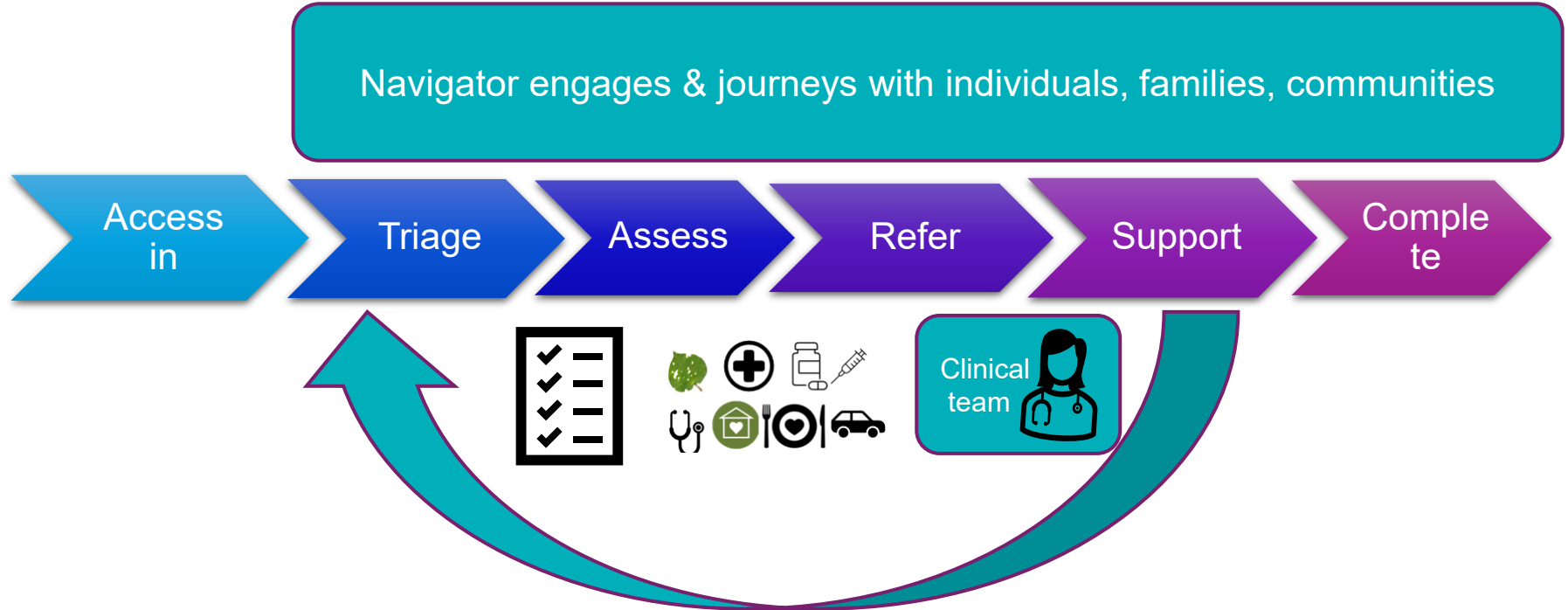
High levels of **unmet clinical need**

- Patients and whānau/families, and communities

Poor connections between primary + secondary care

- Patients & GPs often didn't know what was happening with hospital appointments
- Services develop **goat track solutions** between community and hospital care
- Whiri team developed an **equity highway**
 - Whiri nurse is hospital based so can access clinical records, view appointment details and create **fast effective solutions – e.g delays** in access to early investigations and diagnosis identified and mitigated.

Whiri Pathway



Monitoring, continuous quality gains, systems improvement, governance. **Working seamlessly across community & hospital settings** to meet Indigenous rights & maximise wellbeing



Whiri Case Study Covid Call Centre

Kaumātua/elder **called** by a Whiri navigator

- navigator identified **clinical issues**
- Referral to the **Whiri nurse**
- **nurse** reviewed clinical notes + **phoned patient**

Solutions (same day)

- Nurse phoned patient's **GP**
- **Antibiotics** prescribed & delivered
- Nurse arranged **sleep clinic** to **repair CPAP** machine
- **food delivery**

Discharge **summary to GP**

COORDINATING
URGENT REFERRALS
WOULD MAKE A HUGE
DIFFERENCE



FAST TRACK
CLINICS

INTEGRATED
PILOT



IT'S ABOUT NOT JUST
WHAT WE DID, BUT
HOW OUR WHĀNAU FEEL
AS THEY TRAVERSE
THE HOSPITAL
SYSTEM

EXTENDING CARE FROM
REFERRAL TO THE FULL
PATHWAY



HEALTH
NAVIGATORS
ARE HUGE
IMPORTANT

GIVE THEM
ACCESS TO ALL
THE TOOLS +
INFRASTRUCTURE
TO NAVIGATE
AND
CHANGE
THE
SYSTEM



WHIRI MODEL OF
CARE

DR NINA SCOTT
CHAIR - HEI ĀHURU MŌWAI

MURA RUKA
TE WHATU ORA - WAIKATO

SETTING THE SCENE



"MINI MĀORI UNIVERSE"
WE CREATED OUR OWN WORLD!

IT'S GENUINELY
CO-DESIGNED
+ WHĀNAU-LED

Cancer Whiri I & II studies

A model of care where a cancer journey includes:

- safe engagement with the health system
- timely access to high quality investigations and care
- well-being gain for individuals and whānau / families

2 x 3-year studies



CWI - 34 Māori patients referred for a suspicion of cancer

202 unmet needs across all ppt

- Transport + appointments common
- Health information needs (literacy)
- Support to enrol - family Dr, oral health, iwi/tribe
- Cancer screening
- Mental health support from Whiri nurse

Rongoā/Māori medicine

26, (76%) provided with rongoā information

- **6 actively supported or referred**
- **1** already accessing kaumātua/elder rongoā sessions
- **6** not interested at the time

Whānau **interested** in;

- mirimiri/massage
- whitiwhiti kōrero/cultural support & advice
- karakia/prayer

CWI - Clinical support intensive

Coordination and referrals required to support all patients and families - from one off calls to support for 3 months

- **Nurse assessments**
- Health Information support – discussed & explained a lot of procedures and processes with patients and families
- Attended appointments with patients
- Mental health support
- Follow – up and pre appointment phone calls
- Coordinated prescriptions
- Referred for in-home vaccinations, diabetes support



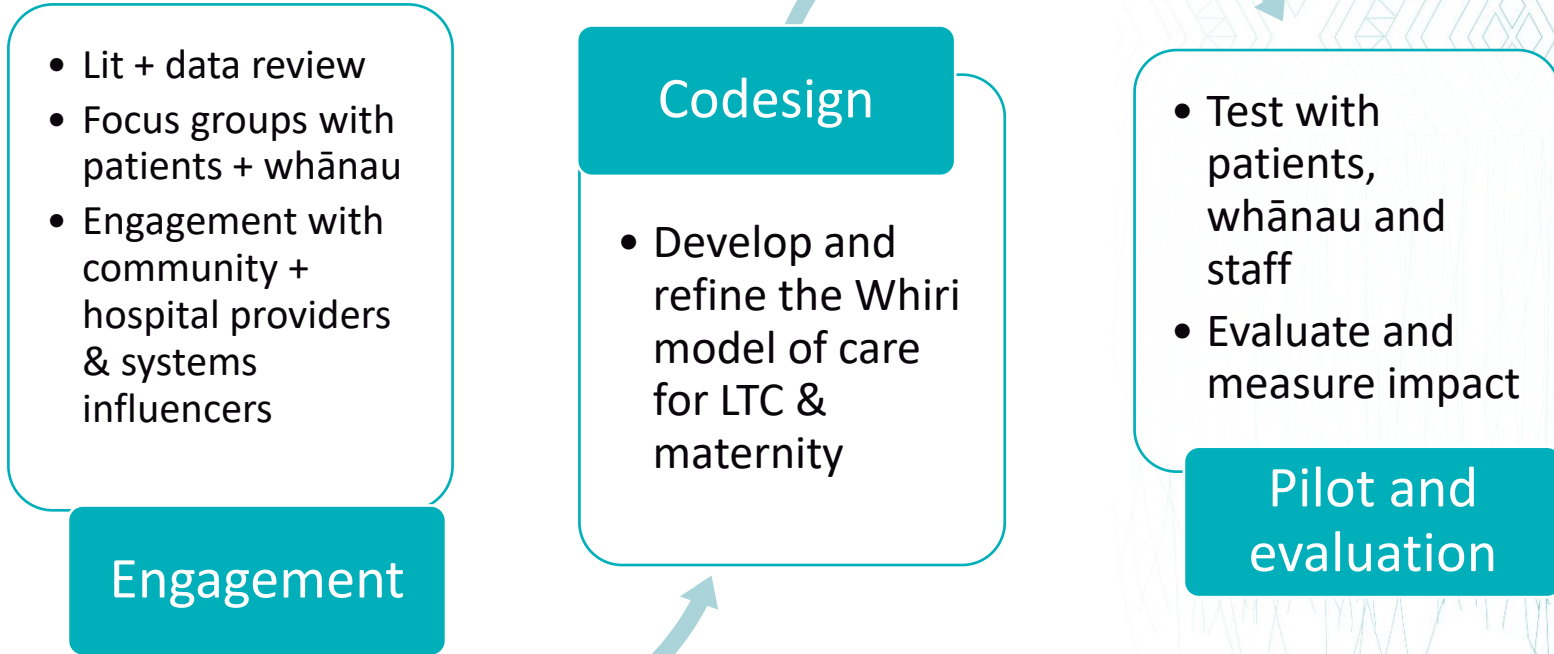
Whiria te Aka Matua - Developing and testing a Breast Cancer Whiri model of care

To improve survival for Māori women with symptomatic breast cancer by improving the approach to breast cancer care

- including fixing gaps in access to timely and holistic care
- 5 year research programme



Whiri long-term conditions + maternity studies



Health Sector Research Collaboration Grant, HRC funded project
Prof Ross Lawrenson, Dr Nina Scott, Dr Jade Tamatea, Dr Ryan Paul, Assoc Prof Polly Atatoa Carr, Dr Amy Jones, Dr Nikki Barrett, Dr Lynne Chepulis & Dr Lynley Uerata

Whānau/family led co-design

- Patient + family interviews
- Clinical note reviews of pathway
- Whānau (Māori patients & family) led wānanga/discussion



We knew it was working when whānau took over

Co-design: The value of engaging whānau

Draw on whānau experience of health and the health system

- What was important
- What to be careful about
- Dissatisfactions with mainstream processes → How to do things differently
- How to structure the WHA and what to include
- How to word things....
 - good engagement + hauora gains

[What whānau said] guides your conduct, right. So previously, as recommended by the Ministry of Health, if somebody says no [to a] vaccination, then you're encouraged to go A, B and C and say this and do that. But whānau are saying, “When we say no, respect that and close off”.

*That's good because whānau will see it as **they've been listened too.***

Whānau Voice

"Nurse and navigator were absolutely wonderful. They were very clear and supportive"

"I definitely feel a lot more supported knowing what options are available to me should I need them. You both did a great job of helping me feel at ease and safe to share with you"

Cancer Whiri 1 patients

Co-design: The value of engaging providers

Bringing together different kinds of expertise + experience of whānau engagement

- How to engage whānau
- Identify and address WHA gaps
- How to make health services accessible
- How to keep navigators safe.....
- Good engagement → achieve hauora gains

***“Having input from our first aid training and GP Hapori team has been a huge help and we have achieved some hauora gains. For example, one of our LTC participants, if we had not asked the questions, we would not have known that she tried to end her life the day before.*”**

Systems level

Multiple issues;

- Barriers to podiatry care (*in progress*)
- Barriers to accessing to the Supported Living Payment and Job Seeker (health condition + disability) (*accepted for publication - NZMJ*)
- Benefit receipt by ethnicity (*in progress*)
- Māori patient experiences of engaging with dietitians (*in progress*)
- Factors contributing to smoking cessation for pregnant Māori women (*in progress*)
- Food for whānau of hospitalised tamariki – practical solutions developed
- Children admitted on a Friday for dermatology conditions were not getting their creams until Monday. Whiri team bought dermatology and paediatrics together & developed a new pathway → implemented immediately.

Māori cancer navigation services

Where we are at and next steps

Indigenous cancer navigation services **growing** in number
Hei Āhuru Mōwai National Māori Cancer Leadership charity
provides national coordination and support

Further **national infrastructure for cancer navigation services is in development**

= *HPW implementation framework working!!*



Hei
Āhuru
Mōwai

Māori Cancer
Leadership
Aotearoa

We are in the process of developing Whiri resources. I can share publications and advice meanwhile.
nina.scott@teakawhaiora.nz

Vision: National Care Coordination Infrastructure

Systemic Anti-Cancer Therapy Programme = The Backbone

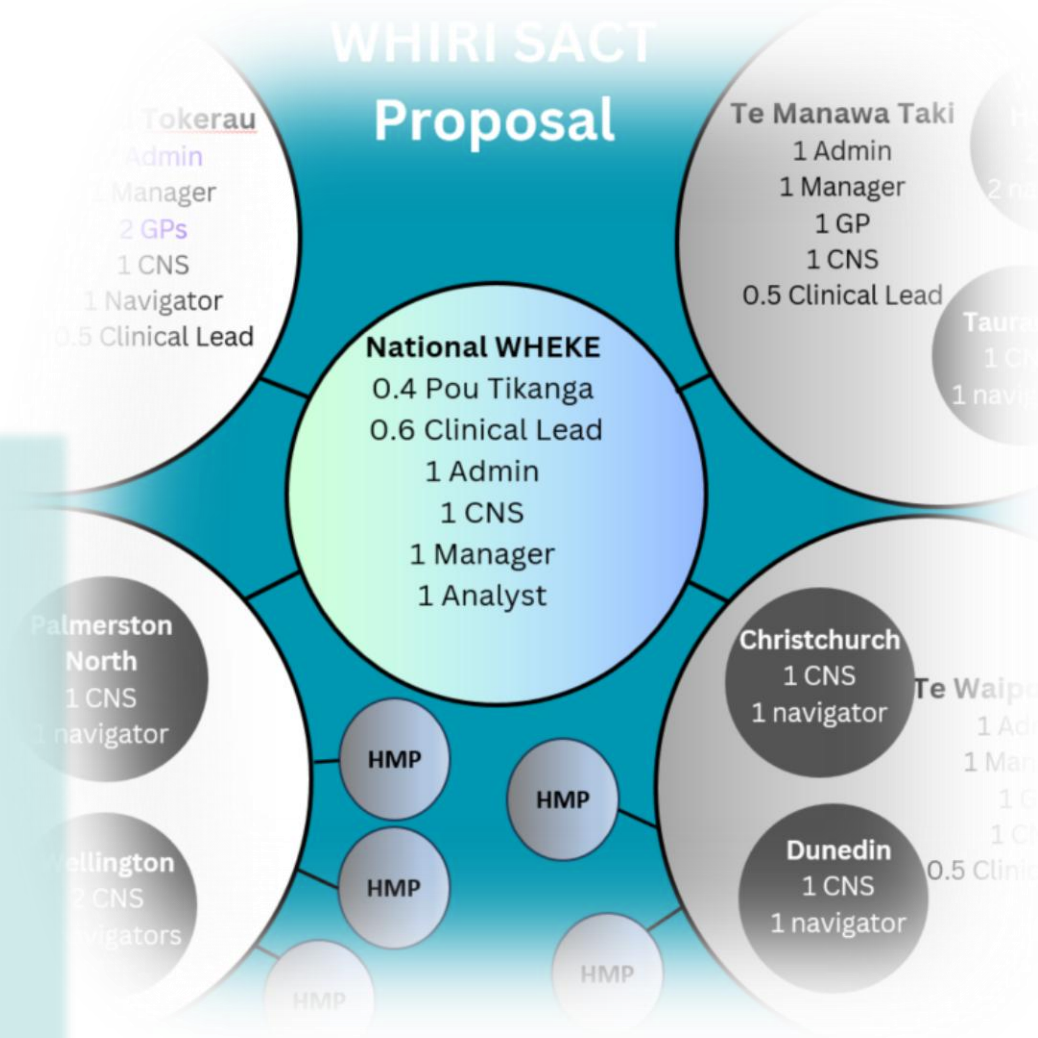
Cultural & clinical leadership

National network

- 1 national
- 4 regional hubs
- Staff in 8 cancer hospitals

Supporting 30+ services

E-training



2026 World Indigenous Cancer Conference Aotearoa – New Zealand

Hei Āhuru Mōwai and the
World Indigenous Cancer
Leaders Forum warmly
invite you to join us.

Nau mai, haere mai,
karahuihui ma ra, e.



Hei Āhuru
Mōwai

Māori Cancer
Leadership Aotearoa

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More information to come at heiahurumowai.org.nz/wicc2026



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CANCER CONFERENCE**

20-24 APRIL 2026

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**April 20-24
2026
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