

He Tapu Te Whare Tangata - a model for empowering rural solutions: Community and Primary Care Engagement in a PoC study screening for Human Papilloma Virus

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Background/Approach: Māori face inequitable high rates of cervical cancer and are almost three times more likely to die than Pākehā (non-Māori). These cancers are preventable. Data shows that Māori experience specific barriers to access of diagnostic and treatment services following an abnormal cervical screening test. This study utilises Point-of-Care (PoC) technology in two rural communities, testing self-taken vaginal swabs for high-risk HPV providing timely results. This allows for immediate referral to colposcopy appointments for follow up of positive tests. We hypothesise that this intervention will lead to quicker colposcopy and treatment. We demonstrate the importance of community involvement in the design, development, and implementation of PoC technology in rural settings.

Analysis/Argument: The consultation plan was led by Kaumātua (Māori Elders, Knowledge Holders) and is ongoing – informing the design, its development, and trialling of this innovative clinical care pathway. Importantly the governance of this project is with the Iwi (local tribes) through Ngāti Pāhauwera Development Trust and Ngāti Porou Hauora, enabling community control of leading edge PoC technology. This study will inform theory and practice about rural models of utilisation of innovative technology, addressing Māori cervical cancer inequities, facilitating Māori wellness.

Outcome/Results: The early involvement of Iwi and Kaumātua in the development of this study led to successful implementation of HPV self-testing to those due and overdue cervical cytology, training of clinic staff and Kaiāwhina (Indigenous non-clinical health workers) in the use of POC technology and the development of innovative clinical pathways to colposcopy.

Conclusions/Applications: This study is ongoing but early involvement and governance of local Iwi reflects the positive engagement by community and primary care clinics in the successful use of PoC. This technology can be used in rural settings for populations with restricted resources for many other PoC diagnoses and management such as COVID, Influenza, Group B streptococcal infections, and sexually transmitted infections.

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