UNDER THE HEALTH AND DISABILITY SERVICES ACT 1993

IN THE MATTER OF THE MINISTERIAL INQUIRY INTO THE UNDER-REPORTING OF CERVICAL CANCER SMEAR ABNORMALITIES

EVIDENCE OF TRACEY MIHINOA TANGIHAERE

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1. My name is Tracey Mihinoa Tangihaere and I am the Chief Executive Officer of Te Runanga o Turanganui a Kiwa ("Te Runanga") which was established in 1986. Te Runanga is the mandated iwi authority for the three main tribes of the Gisborne area, being Te Aitanga a Mahaki, Rongowhakaata and Ngai Tamanuhiri. Te Runanga o Turanganui a Kiwa is a charitable trust registered under the Charitable Trusts Act 1957. Our main objectives are to improve the social, cultural, economic and political well being of those people we represent from the three tribes.

2. I have been the Chief Executive Officer of Te Runanga since February 1999. Prior to that I was involved in health services as a registered nurse since 1985 although practising in Taumaranui..

3. One of the ways in which Te Runanga tries to meet its objectives is in relation to health which generally fits into the goals and objectives relating to social well being. However, the poor status of Maori health affects all

dimensions of the Maori way of life and has impact on whanau, hapu and iwi development.

4. Since 1993 Te Runanga has operated predominantly in the health area. That has been the main focus of our work and involved the establishment of a Joint Venture Board with Midland Health. Essentially the Joint Venture Board was set up to provide a platform for Maori as a secondary health provider. The outcome was the two iwi health companies Turanga Health and Ngati Porou Hauora

5. Te Runanga has been aware for some time of Government policies and aspirations relating to Maori health. I have read the evidence of Ria Earp and concur with her conclusions regarding the Maori health policy context. The purpose of my evidence is to highlight the disparity between the policy that may be espoused at a Government and Ministry level and the reality that exists in relation to implementation of that policy at a regional or district level.

6. This inquiry has given an example of what we see as systemic failure by Tairawhiti Healthcare Limited and the Ministry of Health to provide for the health needs of our Maori women. The issue from our perspective seems to be one of a lack of appropriate resources and there has been an erosion of quality control systems and a failure of robust monitoring systems that have resulted in pain and suffering for our women, their whanau, hapu and iwi.

7. It is easy to identify policy and statements that have been made that point to Maori having an integral involvement in the delivery of health services. Our experience is that that policy has not carried through into action and that can be seen in the limited role given to iwi health providers such as Turanga Health and Ngati Porou Hauora. In respect of the Cervical Screening Programme that role has essentially been to provide support and coordination in respect of dealing with the results of the misread smears.

In terms of providing these services prior to the misreading being detected, neither Turanga Health nor Ngati Porou Hauora were involved in providing any services in respect of the programme.

8. It would seem that from the Ministry of Health's evidence, that their basis for assessing the success or otherwise of the National Cervical Screening Programme was to look at the numbers of women registered on the Programme. From this perspective the Gisborne region was particularly successful, due largely to the efforts of Sharon Reid and Rose Stewart, in encouraging Maori women, in particular, to register. It is a sad indictment that Gisborne was pointed to as an example for other regions to follow because of the success measured by a result of 63% of eligible Maori women being enrolled on the register in Gisborne. Gisborne was the only area where the Maori enrolment was higher in terms of the eligible population, than non-Maori enrolment. Despite this situation, resources were not made available for Maori providers nor for a programme that was more appropriate for Maori women.

9. It is also of concern that there was no monitoring of the results and no appropriate assessment of data held on the Register. Had monitoring been undertaken with the objective of assessing the effectiveness of the Programme in terms of closing the gap between Maori and non Maori then a basic perusal of results concerning Maori women would have shown a reasonably high number of "normal smears" for Maori women when clearly Maori women in Tairawhiti had the highest incidence at the outset of the Programme. Such results would seem to defy common sense and should, if someone was monitoring the results, have triggered a response. results that seemed to defy common sense.

10. While the Ministry is responsible for the policy there has been no directive or requirement on Tairawhiti Healthcare Limited to demonstrate its capacity to meet Maori health needs. There have been no internal or external organisational developments that are aimed at meeting these needs

and it is certainly our experience that there have been no attempts by Tairawhiti Healthcare Limited at a governance level to work together with Maori to carry out policy objectives. The Cervical Screening Programme is an example of this. Internal organisational developments that are required include:

(i) Maori health representation on the Board.
(ii) Maori health specific key performance indicators at governance level.
(iii) Maori specificity in all organisational strategic and business plans.
(iv) A Maori workforce development policy for reinvestment, retention and career development.
(v) Identification of financial allocation to Maori specific “activities” (both internally and externally).
(vi) Measurable key performance indicators in relation to Maori health in employment contracts.
(vii) Dedicated Maori health staff positions.

External organisational developments include:

(viii) Proactive, reciprocal and mutually beneficial partnerships with external independent Maori health organisations for improved Maori health gain.
(ix) Explicit implementation of Maori Health Action and Quality Plans.
(x) Targeted consultation and communication with Maori including annual reporting of Maori health gains.
(xi) Explicit consumer complaints procedure for tangata whenua.

11. Given the current numbers of Maori women who are victims of the system failure we want to participate in the overall management of the screening

and monitoring process to ensure cultural safety. No longer can we rely on a system, which has written policies but does not implement them. Each year between 20-25 Maori women die from cancer of the cervix and a further 35 cases are diagnosed. Unlike many other cancers, cervical cancer affects women from as young as 25 years, although death rates peak in the older age groups (65+ years) (Te Puni Kokiri, 2000). This is the national perspective. Obviously these statistics are alarming, however we fear that our local circumstances exceed the normal benchmarks. We believe the Ministry of Health must include the iwi authorities in the strategy design to protect the health of our Maori women who are high risk. The future looks bleak with further restructuring to take place with the establishment of District Health Boards. Can the Ministry of Health prevent future system failure? We do not have any information or evidence that provides tangata whenua with any confidence about the future. We want to see in the context of the National Cervical Screening Programme recommendations promoting future Maori participation to design an acceptable accountability process to ensure health gains for our women and to ensure our Treaty rights are protected in the future.