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ORAL PRESENTATIONS

SAVING LIVES ON THE SPECTRUM: EXPLORING THE EXPERIENCES OF NEURODIVERGENT PROFESSIONALS IN HIGHLY REGULATED HEALTHCARE ENVIRONMENTS

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BACKGROUND

Neurodivergent individuals—those with autism, ADHD or related conditions—are increasingly represented in the Aotearoa New Zealand healthcare workforce. However, little research exists on how these professionals experience the demands of highly regulated clinical environments. Definitions of professionalism, shaped by neurotypical norms, may unintentionally disadvantage neurodivergent staff and impact wellbeing, performance and retention.

AIMS

This research aimed to explore the workplace experiences of neurodivergent professionals in regulated healthcare settings, identify systemic barriers and enablers, and offer practical recommendations for inclusion and workforce sustainability.

METHODS

A qualitative approach was used. Semi-structured interviews were conducted with neurodivergent professionals working across various healthcare roles in Aotearoa. Data were thematically analysed to identify recurring challenges, coping strategies and systemic patterns.

RESULTS

Participants reported high levels of stress, masking, executive dysfunction and burnout. Many

felt misunderstood by colleagues and managers due to different communication styles, sensory needs or work pacing. Workplace policies and cultural expectations often clashed with their neurodivergent needs. Few reported access to formal support or safe disclosure pathways.

DISCUSSION

The findings reveal that current healthcare systems may be inadvertently disabling for neurodivergent staff. However, small systemic adjustments—such as clearer communication, sensory-friendly environments, flexible expectations and leadership education—could significantly improve retention and staff safety.

CONCLUSION

Creating neurodivergent-affirming workplaces supports both staff wellbeing and patient care. This research contributes to the growing evidence base for inclusive healthcare practice, with relevance to workforce equity strategies at Health New Zealand – Te Whatu Ora Waitematā and beyond.

ACKNOWLEDGEMENTS

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A QUALITATIVE STUDY OF PRE-DIAGNOSTIC EXPERIENCES AND AWARENESS OF ENDOMETRIAL CANCER AMONG WĀHINE MĀORI AND PACIFIC WOMEN IN AUCKLAND HEALTH DISTRICTS

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BACKGROUND

Endometrial cancer (EC) burden is rising in Aotearoa New Zealand, particularly among wāhine Māori and Pacific women.

AIMS

To explore pre-diagnostic experiences and awareness of EC among wāhine Māori and Pacific women with EC.

METHODS

One-on-one semi-structured interviews were undertaken with wāhine Māori and Pacific women who had undergone EC treatment across Waitematā, Te Toka Tumai Auckland and Counties Manukau (01/09/2022–30/06/2024). Kaupapa Māori and talanoa research approaches were used to ensure cultural responsiveness, with thematic analysis of data.

RESULTS

Interviews with 12 wāhine Māori and 13 Pacific (4 Tongan, 7 Samoan and 2 Cook Island Māori) women revealed themes of symptom awareness, navigating the diagnostic pathway and cultural influences. There was low awareness of EC among women. Some women normalised EC symptoms. Premenopausal women recognised their symptoms were abnormal and experienced repeated GP visits resulting in diagnostic delays. While many participants cited positive interactions with clinicians, some encountered challenges including poor communication and being treated differently due to their ethnicity. Participants valued empathy and culturally safe care. Wāhine Māori reported restricted access and whānau support during COVID-19. Pacific women emphasised the importance of faith, family support and the availability of Pacific health providers.

DISCUSSION

Improving early diagnosis of EC requires better

awareness and improved access to timely diagnosis. Addressing ethnic bias and ensuring culturally appropriate care are crucial for equitable EC diagnostic experiences and outcomes.

CONCLUSION

Improved EC awareness and strengthened diagnostic pathways through culturally safe approaches are essential for achieving equitable EC outcomes for wāhine Māori and Pacific women.

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SWALLOW SCREENING OF OLDER ADULTS AT HOSPITAL ADMISSION

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BACKGROUND

Swallowing difficulties are associated with pneumonia, malnutrition, poor quality of life and longer, more costly hospitalisations. Risk of swallowing difficulties increases in older adults due to a combination of factors including multiple comorbidities and may be further destabilised by onset of acute illness. At hospital admission, identifying those at risk through a simple screening tool holds merit.

AIMS

This prospective quasi-experimental non-controlled cross-sectional study aimed to screen hospitalised adults over 75 years (>65yr for Māori and Pacific peoples) for swallowing risks, regardless of reason for admission, to North Shore Hospital.

METHODS

Six hundred and forty-four participants were screened with the Eating Assessment Tool (EAT-10) self-report questionnaire (August 2021–December 2023). Clinical outcomes were monitored for 30 days post-discharge, and EAT-10 scores and

subsequent clinical management were explored.

RESULTS

Age and ethnicity were not correlated with increased EAT-10 ($p > .05$), but comorbidity and number of medications on admission were correlated with higher EAT-10 ($p < .001$). There were associations between elevated EAT-10 scores and readmission, pneumonia and mortality ($p < .01$).

DISCUSSION

Elevated EAT-10 scores were associated with increased comorbidities and polypharmacy as well as increased readmissions, pneumonia and mortality. Screening for swallowing difficulties in at-risk older patients adds valuable information that allows teams to take action to prevent adverse health outcomes. Further investigation is required to explore optimal clinical pathways for those identified at risk.

CONCLUSION

Routine screening for swallowing difficulties in older patients is quick and low cost and should be considered in general emergency and acute admission settings to ensure equitable services and better health outcomes for all.

ACKNOWLEDGEMENTS

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GOLD LASER MYECTOMY FOR CRICOPHARYNGEAL DYSFUNCTION

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BACKGROUND

Swallowing difficulties are often due to upper oesophageal sphincter pathology such as cricopharyngeal (CP) bar or Zenker's diverticulum (ZD). Surgery is the treatment of choice, previously a mid-line CP myotomy. However moderate recurrence rate is seen following myotomy. We developed laser myectomy to remove muscle and reduce risk of recurrence.

AIMS

Describe cricopharyngeal myectomy (CPMec) with Gold laser for treatment of CP bar with ZD and evaluate long-term outcomes, using quantitative

fluoroscopic and patient-reported metrics.

METHODS

All patients undergoing CPMec over 14 years were evaluated. Division and removal of approximately 1cm² of CP muscle was performed with laser. Demographic data, EAT-10 scores and VFSS parameters were compared pre- and post-myectomy.

RESULTS

Eighty-four patients underwent 90 successful CPMec. EAT-10 scores decreased from 20 to two ($p < 0.00$), and mean opening of the pharyngoesophageal segment improved from 0.56cm to 0.85cm ($p < 0.007$). Pharyngeal constriction ratio improved from 0.15 to 0.09 ($p < 0.00$) and bolus clearance from 16% to 4% residue ($p < 0.00$). Six recurrences (6.7%), all treated with further CPMec, and four post-operative leaks occurred (4.4%), all managed conservatively.

DISCUSSION

CPMec addressed symptomatic and physiologic changes caused by obstructive UES pathology. Long-term follow-up demonstrated lower recurrence rate than current literature reports, and revision endoscopic surgery was successful in recidivistic cases. Few complications were experienced, and these were managed conservatively.

CONCLUSION

CPMec with Gold laser is safe, achievable and provides significant symptomatic and objective improvement in swallowing for those with CP bar and Zenker's diverticulum. Removal of tissue reduced recurrence and did not increase risk of adverse events.

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PARENT PARTNERSHIP: CO-DESIGNING SLEEP SYSTEM CARE

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BACKGROUND

Sleep systems are part of a 24-hour postural care approach providing support in lying for individuals with disability. However, caring for a child with complex neurodisability is challenging, with sleep systems frequently abandoned. Findings from a master's-level study exploring caregivers' experience of implementing sleep systems for children

with complex neurodisability identified multiple barriers that impact on implementing and sustaining use. The Enabling Good Lives (EGL) approach aims to shift authority towards disabled people and families. Integrating caregiver priorities and preferences provides opportunities for health services improve 24-hour postural care.

AIMS

To co-design night-time postural care recommendations in partnership with caregivers to address their priorities and improve sleep system experiences.

METHODS

Interviews of 12 caregivers across New Zealand, explored service attributes that support sleep system care provision. A co-design process guided this study. Thematic analysis identified proposed solutions and recommendations.

RESULTS

Recommendations: Co-produce and develop 24-hour postural care resources with caregivers; Develop a national Postural Care Pathway; Refine national clinician training process; Advocate for change.

DISCUSSION

IF we enact EGL principles and provide timely co-designed postural care services,

THEN caregivers capacity to implement night-time postural care will improve,

BECAUSE disabled people and caregiver needs will be prioritised, clinicians' skill will be addressed, thus supporting sustained implementation of recommended 24-hour postural care programmes.

CONCLUSION

Caregivers' perspectives offer valuable insights into practice change solutions. Enacting EGL principles is needed to transform services and the disability support system to improve care and well-being outcomes. Advocacy and cross-sector collaboration is required to implement change.

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TĀNGATA WHAI ORA EXPERIENCE OF AN OCCUPATION-FOCUSED COGNITIVE REMEDIATION THERAPY (CRT) PROGRAMME WITHIN AN AOTEAROA NEW ZEALAND MENTAL HEALTH SERVICE

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BACKGROUND

People with lived experience of enduring psychotic illness and mental health/addiction issues face difficulties with attention, memory, information-processing speed, executive functioning and social cognition. Cognitive difficulties affect social and occupational functioning. Evidence shows that cognitive remediation therapy (CRT) addresses cognitive difficulties, but interventions lack an occupational focus. Secondary mental health services in New Zealand have started implementing CRT led by occupational therapists. However, little is known about the strategies needed to effectively implement and deliver this intervention, and even less is known from tāngata whai ora perspectives.

AIMS

This presentation reports research exploring the delivery of an occupation-focused CRT programme from tāngata whai ora perspectives, with an aim to innovate future implementation of the programme into services.

METHODS

The research used case study methodology. Themes were constructed from tāngata whai ora interview data using reflexive thematic analysis. Māori cultural support was provided by a Māori elder. One theme and five subthemes were co-constructed.

RESULTS

The theme “Making Way” describes an internal change process that occurred as tāngata whai ora journeyed through the programme. The subthemes, lifting the anchor, experiencing learning, enjoying the challenge, being at the helm and seeing new horizons describe how fusion of CRT and an occupation focus inspired change and moved them through their recovery journey.

DISCUSSION/CONCLUSION

Tāngata whai ora perspectives have provided vital information for occupational therapists and management, to guide implementation of occupation-focused CRT programmes that create engagement and facilitate a positive change in tāngata whai ora occupations and lives.

ACKNOWLEDGEMENTS

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PERCEPTIONS OF THE DIALECTICAL BEHAVIOUR THERAPY—SKILLS TRAINING FOR EMOTIONAL PROBLEM SOLVING FOR ADOLESCENTS (DBT STEPS-A) IN AOTEAROA NEW ZEALAND:

A THEMATIC ANALYSIS OF THE VIEWS OF SCHOOL STAKEHOLDERS

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BACKGROUND

Mental health issues among rangatahi have sharply risen over the previous decade in Aotearoa, including a marked increase in anxiety, depression and suicidal behaviour. Research has shown that school-based mental health programmes can decrease emotional distress and conduct issues.

AIMS

Evaluate school stakeholder views of a school-based social-emotional programme (STEPS-A) facilitated by Marinoto Child and Adolescent Mental Health Service across diverse school settings.

METHODS

Thirteen stakeholders from schools that delivered STEPS-A were interviewed about their views of the programme. Transcripts were analysed using Braun and Clarke's thematic analysis framework.

RESULTS

Several themes emerged: skill acquisition was evident in a number of settings; decreased resources required by skills to manage challenging behaviours; skill acquisition was perceived to lead to long term benefits; students perceived the programme to be valuable and became promoters of the programme; and schools hoped to continue the programme once support from Marinoto stopped. Several recommendations for adapting the programme were also made, including consideration for neurodiverse students, students from diverse cultural backgrounds and further adaptations for Aotearoa.

DISCUSSION

STEPS-A was considered to be widely acceptable for schools and a valuable part of the curriculum that benefits both rangatahi and the schools. Despite the considerable resources required to run the programme, the benefits outweighed these costs. Further adaptations could be made to make the programme more engaging for rangatahi, and more appropriate to the populations of Aotearoa.

CONCLUSION

School-based programmes adapted for Aotearoa may be key in reducing mental health distress and

improving wellbeing.

ACKNOWLEDGEMENTS

The Well Foundation with support from Rotary Club of Downtown Auckland, The Trusts, Lottery Community Grants, ProCare and Henderson Rotary fundraised NZ\$275,000 of funding for the salaries of the STEPS-A clinical team as part of service delivery for STEPS-A.

THE EFFECTIVENESS OF DIALECTICAL BEHAVIOUR THERAPY—SKILLS TRAINING FOR EMOTIONAL PROBLEM SOLVING FOR ADOLESCENTS (DBT STEPS-A) IN AOTEAROA NEW ZEALAND: AN ANALYSIS OF PSYCHOMETRIC OUTCOMES FROM REAL-WORLD IMPLEMENTATION

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BACKGROUND

Rangatahi in Aotearoa face high rates of emotional distress, with limited access to early intervention services. Dialectical Behaviour Therapy – Skills Training for Emotional Problem Solving for Adolescents (STEPS-A) is a manualised school-based programme that aims to build emotion regulation and coping skills.

AIMS

This study evaluated the real-world effectiveness of STEPS-A across diverse school settings.

METHODS

STEPS-A was implemented across 14 schools and delivered to 262 students. Self-report psychometrics completed pre- and post-programme assessed emotion regulation (DERS-18), personal difficulties and strengths (SDQ), mindfulness (CAMM), life satisfaction (SLSS) and DBT skill use (DBT-WCCL). Changes were assessed after the programme. Effectiveness was assessed via clinically meaningful change thresholds benchmark (≥ 0.5 SD), band score shifts and subgroup analyses.

RESULTS

Significant improvements were observed in DBT skill use ($p < .0001$), emotion regulation strategies ($p < .01$), goal-directed behaviour ($p < .01$), mindfulness ($p = .02$) and life satisfaction ($p < .001$). Half of students improved their SDQ total difficulties band,

and among those in the borderline or abnormal range for emotional problems, 65.6% shifted to the normal range. The greatest benefits were observed among students with clinically elevated baseline scores. Exploratory analyses suggested differential effects by ethnicity and school equity index.

DISCUSSION

STEPS-A was associated with meaningful improvements in emotion regulation, wellbeing and psychological skills across a number of schools. Future research should explore long-term outcomes, cultural adaptation and implementation fidelity.

CONCLUSION

Findings support STEPS-A through schools as a feasible Tier 2 early intervention for youth with emerging emotional difficulties that may prevent future morbidity and mortality.

ACKNOWLEDGEMENTS

The Well Foundation with support from Rotary Club of Downtown Auckland, The Trusts, Lottery Community Grants, ProCare and Henderson Rotary fundraised NZ\$275,000 of funding for the salaries of the STEPS-A clinical team as part of service delivery for STEPS-A.

THE UNSEEN RISK: UNDERDOSING DUE TO NON-FLUSHING OF IV ADMINISTRATION SETS

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BACKGROUND

Intravenous (IV) medications are commonly used in the hospital setting. A change in administration practice across Waitematā in 2024 led to concerns that administration sets were not always flushed and patients not receiving the full dose. Underdosing, particularly with antibiotics, can lead to treatment failure and the emergence of antimicrobial resistance.

AIMS

To quantify the frequency and type of drug discarded in administration sets across a range of clinical ward settings.

METHODS

All IV administration and sets were collected from eight different clinical areas, across North Shore and Waitākere Hospitals, over a 10-day period. The total number of administration sets were recorded along with the drug name and dose, diluent and volume of bag. The presence of a 50mL or 100mL bag of

sodium chloride 0.9% attached to an administration set was considered to represent the use of a flush.

RESULTS

A total of 327 administration sets were collected and of these 230 (70%) were not flushed. The largest class of medication not flushed was antibiotics (152/230). The most frequent antibiotics were flu-cloxacillin (n=58) and piperacillin/tazobactam (n=33). All bags collected were 100mL, and the administration sets had an average volume of 20mL.

DISCUSSION

The non-flushing rate of 70% reflects the international literature. The high rate of antibiotics not flushed was unsurprising but concerning, given that up to 20% of the dose was left in the administration set.

CONCLUSION

The results show that many patients are not receiving the full dose of IV medication prescribed, particularly antibiotics.

ACKNOWLEDGEMENTS

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ENHANCING ICU NURSE REDEPLOYMENT PRACTICES: A QUALITATIVE IMPROVEMENT STUDY OF SUPPORT INTERVENTIONS

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BACKGROUND

Nurse redeployment is a common strategy employed to meet the dynamic staffing needs that has been occurring for a long period but was highlighted during the COVID-19 pandemic. A primary study that looked into ICU nurses' experiences showed negative perceptions and challenges. Given the significant impact of this practice for staff and the limited amount of research into this topic, this research was conducted to answer gaps in this practice.

AIMS

This study aims to explore and evaluate interventions made to improve the Intensive Care Unit (ICU) staff experience during redeployment to other clinical areas.

METHODS

A qualitative study design using purposive convenience sampling was employed following the implementation of interventions from the primary study. All participants who completed a buddy redeploy-

ment shift were eligible to participate in the interviews. An external qualitative nurse researcher conducted semi-structured interviews. Data were analysed using the inductive analysis method.

RESULTS

Data analysis showed major themes of communication challenges, risks, emotional burden and perspective. Subthemes included lack of communication, unclear instructions, escalation of concerns, safety concerns, task uncertainty, task division, negative comments, negative sentiments, feedback and suggestions.

CONCLUSION

The findings indicated that though efforts were made to improve the redeployment experience through information and education focused on exposure, preceptor and mentorship, the challenges and gaps between an exposure shift to gain a targeted understanding of the ward's workflow compared to a structured orientation process are significant. Further research on the feasibility of conducting a structured orientation process should be studied and analysed.

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Peter Groom, nurse unit manager for support and approval of funding.

IMPACT OF POWER DYNAMICS ON COLLABORATIVE PRACTICE IN THE NICU

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BACKGROUND

Despite international initiatives to promote and encourage interprofessional collaboration in health-care, barriers such as power dynamics can disrupt teamwork, hinder communication and influence clinical decision-making.

AIMS

To uncover dominant discourses that influenced power relationships, collaborative practices and clinical decision-making within an MDT in a Neonatal Intensive Care Unit (NICU) in New Zealand.

METHODS

Using a Foucauldian-informed discourse analysis, data were collected through semi-structured interviews, direct observations of team meetings and ward rounds. This allowed an in-depth examination of how language and discourses reflect and reproduce power structures in practice.

RESULTS

While analysis revealed four primary discourses—biomedical, culture of blame, sanctity of life and collaborative practice, none acted in isolation. Each discourse ascended to dominance as the situation required. Collaboration was viewed and enacted in different ways depending on multiple factors including patients' need for life-saving medical care, time constraints and how an individual views a given interaction. The shifting prominence of each discourse significantly shaped how power was exercised and negotiated among team members.

DISCUSSION

Collaborative practice in the NICU is guided by oscillating discourses that not only influences interpersonal skills and the way in which institutions are designed but also shapes MDT practice into what it is today. Recognising these discourses and power dynamics offers opportunities to foster more inclusive and participatory decision-making environments.

CONCLUSION

Understanding the flow of power and the interplay of discourses can empower staff to recognise and navigate power structures, fostering more effective collaborative decision-making thereby enhancing healthcare delivery.

ACKNOWLEDGEMENTS

Dr Rhona Winnington and Prof Clare Hocking.

SELF-REPORTED ANXIETY SYMPTOMS IN 8-YEAR-OLD CHILDREN IN AOTEAROA NEW ZEALAND AND ASSOCIATIONS WITH PARENTAL BIRTH REGION

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BACKGROUND

Childhood anxiety is a growing concern, with various factors influencing its development. The role of parental birth region in shaping anxiety symptoms in children remains an area of limited exploration.

AIMS

To describe the frequency of self-reported symptoms of anxiety in NZ children at age 8 years.

METHODS

The sample included 4,862 children from the Growing Up in New Zealand cohort who completed the 8-year wave and self-reported anxiety symptoms. Anxiety was measured using the 10-item Pediatric PROMIS Anxiety Short Form, covering fear, worry and hyperarousal. Each item is rated on a 5-point scale (0=never to 4=almost always). T-scores were derived using standard methods.

RESULTS

The PROMIS T-score had a mean (\pm s.d.) of 49 (10) and median (interquartile range) of 48 (41–56).

DISCUSSION

Anxiety symptom scores varied by parental birth region. Lower scores were observed in children of mothers from Europe, compared with those of New Zealand-born mothers. Higher scores were reported among children of mothers born in Pacific Island countries or in Malaysia, Indonesia, Philippines, SE Asia, Other Asia.

For paternal birth region, higher scores were seen for children whose fathers were born in Pacific Island countries, Korea or Japan, Malaysia, Indonesia, Philippines, SE Asia, Other Asia and in South America. These differences may reflect cultural influences and migration-related stressors affecting child emotional development

CONCLUSION

The observed differences in child anxiety symptom scores by parental region of birth suggest that cultural background and migration-related experiences may influence the emotional wellbeing of children in New Zealand. These findings reinforce the importance of incorporating culturally informed frameworks into early mental health assessment and support services to ensure they are responsive to the needs of diverse families.

ACKNOWLEDGEMENTS

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Data Access Protocol.

EVALUATING THE USE OF ULTRASOUND IN GRADING REFERRALS FOR PATIENTS WITH SUSPECTED GIANT CELL ARTERITIS IN HEALTH NEW ZEALAND – TE WHATU ORA WAITEMATĀ

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BACKGROUND

Non-invasive temporal artery ultrasound (TAUS) is increasingly used to support the diagnosis of giant cell arteritis (GCA). Since 2023, TAUS has been available at Health NZ – Te Whatu Ora Waitematā to assess patients referred to the rheumatology service for suspected GCA.

OBJECTIVES

The primary objective was to evaluate the performance of TAUS in excluding GCA among patients who were low risk for GCA. The reference standard was clinical diagnosis. Test performance was assessed in terms of sensitivity and specificity. The secondary objective was to compare the usefulness of TAUS in diagnosing GCA with the Southend GCA probability scoring model.

METHODS

This retrospective audit included patients with suspected GCA referred to North Shore or Waitākere hospitals between 1 March 2023 and 28 February 2025. Data were extracted from electronic medical records for individuals who underwent TAUS, temporal artery biopsy (TAB), or both.

RESULTS

A total of 110 patients were included; 87 underwent TAUS and 46 had a TAB. Fifty-two percent of the patients were aged >75 years. TAUS demonstrated a sensitivity of 15.8% and specificity of 98.5%, with a positive predictive value of 75% and a negative predictive value of 80.7%.

CONCLUSION

This audit highlights that TAUS can be a diagnostic tool with high specificity but limited sensitivity in a cohort of patients with low pre-test probability of GCA. The relatively high negative predictive value suggests that a negative TAUS would support the exclusion of GCA in low-risk patients, reinforcing its role as part of a multi-

modal diagnostic approach.

MĀORI AND PACIFIC WOMEN'S VIEWS ON ENDOMETRIAL CANCER MICROBIOME RESEARCH

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BACKGROUND

Endometrial cancer (EC) is the most common gynaecological cancer and the incidence and mortality is increasing worldwide and in Aotearoa. EC is a significant health and equity issue for Māori and Pacific women. There is no current screening test; however, the microbiome has been identified as a potential marker of EC with research planned by our group to investigate this in Aotearoa. This study was conducted to explore Māori and Pacific women's perspectives on the acceptability and feasibility of the planned EC microbiome research.

AIM

Inform the culturally safe design, approach and methods for a planned EC microbiome study.

METHODS

Kaupapa Māori Research with kōrero and Pacific methodology with talanoa with women who have had a hysterectomy or who been treated for abnormal uterine bleeding. Reflexive thematic analysis was undertaken.

RESULTS

Conversations were conducted with 28 Māori and Pacific women. Five themes were generated from the stories shared with us: This is my Personal Health Journey, Building Trusting Relationships, Engaging to Feel Informed, Motivated by Value for Others, Respecting Beliefs and Culture.

DISCUSSION

Participation in healthcare and research occurs when women trust the information and see its value and is often driven by collective cultural values like responsibility to family. Also, trust is built when healthcare practices and research align with cultural values and when beliefs are respected.

CONCLUSION

Recommendations have been made to inform the culturally safe design of the EC microbiome research based on the results of this study; the changes have been accepted by the research team

and the microbiome research is now underway.

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SENIOR NURSES' PERSPECTIVES ON KAWA WHAKARURUHOU AND CULTURAL SAFETY FOR MĀORI ACCESSING MENTAL HEALTH SERVICES IN AOTEAROA NEW ZEALAND

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BACKGROUND

The recent New Zealand mental health Inquiry He Ara Oranga highlighted the poor experiences and outcomes for Māori accessing mental health services (MHS), including high rates of seclusion, compulsory treatment and the need to improve cultural responsiveness of services. Dr Irihapeti Ramsden highlighted similar issues of Kawa Whakaruruhau and Cultural Safety for Māori in nursing practice. There has been limited research in Aotearoa in the past 20 years on Kawa Whakaruruhau, Cultural Safety and adult MHS, particularly from a nursing perspective.

AIMS

To explore senior mental health nurses' perspectives on the status of Kawa Whakaruruhau and Cultural Safety for tāngata whaiora Māori and their whānau accessing adult MHS in Aotearoa.

METHODS

This qualitative research study followed a Māori centred approach within a Te Tiriti o Waitangi framework and involved interviews and a focus group with 10 Māori and non-Māori mental health nursing leaders from four Health New Zealand – Te Whatu Ora localities and Te Ao Māramatanga.

RESULTS

Key themes were: "Kawa Whakaruruhau and Cultural Safety for tāngata whaiora Māori is about cultural competence", also it's about "...power in relationships" between nurses and tāngata whaiora, and "...there are several opportunities for improv-

ing the status of Kawa Whakaruruhau and cultural safety in adult mental health services”.

CONCLUSION

Many mental health nurses do not have a clear understanding of Kawa Whakaruruhau; training is limited and leadership needs strengthening. An initial model of Kawa Whakaruruhau is proposed that is aimed at improving service experiences and outcomes for Māori accessing adult mental health services across Aotearoa New Zealand.

ACKNOWLEDGEMENTS

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EVALUATING PRIMARY CARE PRACTICE'S LCS SMOKING HISTORY ACCURACY FOR MĀORI PATIENTS— IMPLICATIONS FOR A FUTURE LUNG CANCER SCREENING PROGRAMME

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BACKGROUND

Lung cancer is a leading cause of cancer death with significant ethnic inequities in incidence and mortality in Aotearoa. It is the largest contributor to the life expectancy gap between Māori and non-Māori. Developing a screening strategy that ensures benefit for Māori is crucial. Accurate smoking history is essential for identifying individuals eligible for lung cancer screening.

AIMS

As part of a broader lung cancer screening research programme in the Waitematā and Auckland districts, we evaluated primary care records to determine the extent of misclassification of smokers and former smokers as “never smokers”.

METHODS

One thousand and thirty-three Māori participants from participating practices were recorded as “never smokers”. After exclusions and non-responses, 571 participants completed a phone audit to verify their smoking history. Those reporting any smoking history were invited to undergo a lung cancer screening assessment.

RESULTS

Of the 571 participants, 476 (83.4%) were confirmed as never smokers, while 90 (15.8%) were ex-smokers and 5 (0.9%) were current smokers. Of those with a smoking history, 49 agreed to screening assessment. Twelve (12.6%) were eligible for a CT scan, and 11 completed the scan. Ten had no significant nodules (PC1) and one had a low-risk nodule (PC2).

DISCUSSION

Findings show that 16.7% of individuals recorded as never smokers were ex- or current smokers, revealing a gap in primary care data accuracy. This misclassification could lead to missed screening opportunities.

CONCLUSION

Improving the accuracy of primary care smoking records is essential to ensure equitable and effective implementation of a future lung cancer screening programme.

ACKNOWLEDGEMENTS

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A MULTIPLE CASE STUDY EXAMINING THE RISK FACTORS CONTRIBUTING TO AMIODARONE INFUSION RELATED PHLEBITIS IN A NEW ZEALAND CARDIAC CARE CENTRE

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BACKGROUND

The incidence of amiodarone infusion related phlebitis is common and can have ongoing implications for the patient and health care system.

AIMS

To investigate amiodarone infusion related phlebitis in a local cardiac centre focusing on assessing its incidence, contributing factors, treatment practices and uncovering policy gaps.

METHODS

Yin's multi-case analysis methodology was used to analyse two cases: a seven-year clinical audit from March 2016 to June 2023 in the local cardiac

centre and four local policies. Cross case analysis examined the two cases using triangulation to determine the gaps between practice reality and policy.

RESULTS

The incidence of amiodarone infusion related phlebitis was 8.4%. Contributing factors revealed that intravenous catheter locations were in the antecubital fossa (63%), a size 20 or larger cannula was used (90%). The visual infusion phlebitis scores for assessment were seldom used. Of the audit case 45% of phlebitis occurred during the amiodarone infusion and 55% after infusion. Seventy percent of patients were seen by a doctor and 54% were charted oral antibiotics.

DISCUSSION

The Infusion Nurse Society benchmark rate for amiodarone phlebitis is 5%; however, practice reality is significantly higher. In a systematic review, phlebitis rates were reported, ranging anywhere from 0 to 85%.

CONCLUSION

There is a need to promote nurses' awareness of amiodarone related phlebitis prevention, especially in relation to which site and gauge cannula should be used, increasing assessment frequency and scoring to assess phlebitis severity. It is recommended that local policies are updated to address the identified gaps.

ACKNOWLEDGEMENTS

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AUT: Postgraduate dissertation supervisor Dr Rebecca Mowat.

POSTERS

BEVERAGE CONSUMPTION PATTERNS OF 11–14-YEAR-OLD NEW ZEALAND CHILDREN IN SPORT

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BACKGROUND

Children spend a considerable amount of time in sporting environment in New Zealand (NZ). However, children's beverage consumption patterns in the sporting environment have yet to be investigated.

AIM

To assess the beverages 11–14-year-old NZ children consume before, during and after organised sport and the factors influencing beverage choice.

METHODS

Participants self-reported beverage intake at sporting events using a Qualtrics survey on iPads to report: the beverages they consumed before, during and after sport; the quantity of the beverage(s) consumed; who provided them with the beverage(s); the location they sourced the beverage(s) from; their preferred beverage and why and from whom they source nutritional information.

RESULTS

The mean age of the participants (n=1,339) was 12.1 (±0.9) years, 51.3% were female, 50.3% were European and 53.7% attended high-decile schools. The top three beverages consumed by participants were water (91.7%), sports drinks (25.7%) and milk (23.4%). Water was the leading beverage consumed before (67.3%), during (70.6%) and after (51.1%) sport. Water was also the most preferred beverage by participants (63.9%). The leading motivation for water preference was hydration (89.9%). Parents or guardians (81.4%) were the primary source of nutritional information for participants.

DISCUSSION

Gender, age and socio-economic differences were observed in water consumption. Males consumed more sugar-sweetened beverages (SSB) than females. School decile had a significant effect on SSB consumption (p<.001). Participants from low decile schools consumed more SSB than participants from medium-decile and high-decile schools.

CONCLUSION

Water was the most consumed and most preferred beverage. Gender, age and socio-economic status (SES) influenced water, milk and sport drink consumption in agreement with previous literature.

ACKNOWLEDGEMENTS

Massey University School of Sport and Exercise Nutrition, Massey Human Ethics Committee Northern, and North Island regional sporting organisations

A PILOT STUDY TO ASSESS THE EFFECTIVENESS, ACCEPTABILITY AND FEASIBILITY OF TWO MODELS OF CONSENT FOR HEPATITIS C TESTING IN COMMUNITY LABORATORY COLLECTION CENTRES

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Hikaka, Colin Mexted, Helen Liley, Lesley Overend, Matt Blakiston, Angela Fraser, Sarah Hartnall, Jean Wignall, Malcolm Fletcher, Jaylane Karanui, Ed Gane

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BACKGROUND

Hepatitis C (HCV) is a blood-borne virus affecting approximately 18,000 New Zealanders that may cause chronic infection, liver cirrhosis, failure and cancer. Māori are disproportionately impacted. Māori are diagnosed with liver cancer at three to five times the rate of non-Māori. Treatment is curable for 95% of those infected, improving quality of life and life expectancy.

AIMS

To assess the effectiveness, acceptability and feasibility of two models of consent for HCV testing in community laboratories.

METHODS

Four community labs were randomised to have an offer of testing by a phlebotomist working at the site or a research assistant embedded at the site for the recruitment period. Eligible adults were aged 35 years and older. Documented verbal consent was obtained for testing, HCV antibody tests were done, with reflex HCV PCR testing for confirmation of chronic infection.

RESULTS

Of 4,936 eligible attendees, 72% were offered HCV testing. Of those offered testing, 79% consented. The consent rate was 75% at research assistant sites compared with 80% at phlebotomist sites. The consent rate for Māori was 81%. Of 2,814 people tested, 14 people had a positive HCV antibody test only indicating past infection (0.5%) and two had a positive HCV PCR indicating chronic infection (0.07%) and completed curative treatment. Six people who consented were not tested.

CONCLUSION

The study determined that consenting people for HCV testing in community laboratory settings is acceptable and feasible. A larger national study powered to determine the comparative effectiveness of the consent models has subsequently been approved.

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Māori Health Pipeline Team.

MIGRANT NURSES' CULTURAL COMPETENCE IN NEW ZEALAND INTENSIVE CARE UNIT: A CROSS-SECTIONAL SURVEY

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BACKGROUND

Global migration has led to a diverse healthcare workforce in New Zealand, with migrant nurses or internationally trained nurses playing a vital role in intensive care units (ICUs). Cultural competence is essential for patient-centred care, yet migrant nurses often face adaptation challenges. Existing training programmes, such as the Competency Assessment Programme (CAP), may not fully address these needs.

AIMS

This study investigates the cultural competence of migrant ICU nurses in New Zealand.

METHODS

A cross-sectional survey (November 2023–February 2024) was conducted using the Healthcare Provider Cultural Competence Instrument (HPCCI), with a snowball sample of 61 nurses. The HPCCI evaluates five key cultural competence domains: awareness and sensitivity, behaviour, patient-centred communication, practice orientation and self-assessment. Descriptive and inferential analyses, including the Kruskal–Wallis test, were performed.

RESULTS

Participants demonstrated satisfactory cultural competence (mean score: 226.8, 77.14%). A positive correlation among HPCCI subscales was found, with significant differences based on age and ethnicity ($p < 0.01$).

DISCUSSION

This first-of-its-kind survey in New Zealand highlights gaps in awareness, communication and behavioural adaptation. While self-assessed competence was high, behaviour-based evaluations showed challenges in applying cultural knowledge. Age and ethnicity influenced scores, with older and Asian nurses reporting lower competence.

CONCLUSION

Structured workplace interventions—mentorship, interactive training and policy support—are crucial for enhancing cultural competence and

ensuring inclusive, patient-centred care in ICUs. Addressing these gaps can improve care quality for diverse patient populations.

ACKNOWLEDGEMENTS

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CLINICAL OUTCOMES AND CARE PATTERNS IN ADVANCED PANCREATIC DUCTAL ADENOCARCINOMA—“DEFINING THE DEFAULT”

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BACKGROUND

Pancreatic ductal adenocarcinoma (PDAC) continues to have poor survival outcomes, with most patients presenting with incurable disease. These patients represent a large proportion of those seen by health professionals, where care focuses on quality of life.

AIMS

To characterise service requirements and care patterns for patients with palliative PDAC.

METHODS

A retrospective review was conducted of patients with a pathological diagnosis of PDAC treated with palliative intent at Waitematā (2014–2024). Patients were categorised into three groups: locally advanced, metastatic and those unsuitable for treatment due to comorbidities or personal choice. Analyses included survival, interventions, support service use, inpatient requirements and associated healthcare costs.

RESULTS

Four hundred and twenty-five patients with PDAC; 313 (74%) were treated palliatively. Two hundred and sixteen (69%) had metastatic disease, 69 (22%) locally advanced and 28 (9%) were unsuitable for treatment. Median survival was significantly shorter in the metastatic group (70 days, range 3–1,495) compared to those with locally advanced disease (220 days, range 13–960; $p=0.001$). Biliary interventions were more frequent in the locally advanced group (59% vs 38%, $p=0.001$). Inpatient admissions rose from 14% to 53% in the final 3 months. Most patients (84%) died outside hospital. Median inpatient care cost was NZ\$12,695.12.

DISCUSSION

Locally advanced and metastatic PDAC patients have differing care trajectories, underscoring the need for tailored approaches to intervention timing, supportive services and end-of-life planning.

CONCLUSION

These findings inform efforts to improve quality of care, personalise management and support decision-making for curative treatments in borderline candidates.

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Health Research Council of New Zealand, Gut Cancer Foundation, Waitematā District Contestable Research Grant, Cancer Research Trust New Zealand, Newmarket Rotary Charitable Foundation, Maurice Wilkins Centre for Molecular Biodiscovery.

THE ROLE OF TE IRA KĀWAI, THE AUCKLAND REGIONAL BIOBANK (ARB) WITH WAITEMATĀ SUPPORTING ETHICALLY AND SCIENTIFICALLY APPROVED RESEARCH

Joe McDermott, Namrata Nancy Yuhanna, Bhavisha Solanki, Bernice Joy Maravilla, Karen Callon and the members of the scientific advisory board and the and core operations group of the Auckland Regional Biobank

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Auckland Regional Biobank

BACKGROUND

Biobanking is the collection of blood or tissue during routine clinical procedures, with patient consent and ethical approval, for use in research to better understand disease and improve future patient care.

AIMS

Providing essential support for researchers using state of the art storage facilities.

METHODS

We will describe the biobank and discuss two examples of projects in which Waitematā patients, clinicians and scientists have played/are playing a major role.

Project 1. Pancreatic cancer: Many tumours are more prevalent and have worse outcomes for Māori compared to non-Māori. The ARB and a clinical Waitematā team working together to better enable biobanking for Māori with pancreatic cancer.

Project 2. Circulating tumour DNA: This study, part of NZ's National Science Challenges, implemented methods for DNA sequencing

of blood plasma to enable better clinical decisions for advanced stage melanoma patients.

RESULTS

Exciting networking between the ARB, Hospital and Māori partners ensures a focus on improving communication for the benefit of facilitating research and enhancing the patient's journey.

DISCUSSION

The entire ARB team shares a passion for research. Based upon their personal health experience, each person has been supported by research that have led to medical advances.

CONCLUSION

I am eager to share and inspire others through a presentation covering the role of the Biobank in the patient's journey.

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The University of Auckland and the Auckland Regional Biobank.

FACTORS INFLUENCING CHANGE IN FRAILTY STATUS IN RETIREMENT VILLAGE RESIDENTS

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AIMS

Retirement villages (RV) residents are thought to live in relatively age-friendly environments. Many RVs have facilities and resources for healthcare, home-based supports and opportunities for physical and social activity. Living within such environments may influence changes in frailty.

METHODS

Longitudinal cohort study of 578 residents recruited from 33 RVs. Frailty by interRAI-derived frailty index (FI) was measured using resident data at baseline and 2.5 years later. Village-level data was collected at baseline. Analysis of factors associated with worsening frailty or death was performed with multivariable logistic regression.

RESULTS

Follow-up data was available for 525 residents: 289 (55.0%) stayed within same frailty category, 23 (4.4%) improved, 166 (31.6%) worsened in frailty category and 47 (9.0%) had died. Age >90 at baseline (OR=3.34, 95%CI=1.61–6.93, p=0.001), poor/fair quality of life (OR=2.94, 95%CI=1.35–6.40, p=0.007),

participation in social activities of long-standing interest in the last 30 days (OR=1.99, 95%CI=1.06–3.71 p=0.03) and charitable trust-owned villages (OR=1.71, 95%CI=1.06–2.77, p=0.03) were associated with higher odds of worsening frailty category or death. There was borderline significance with not visiting a dentist in the past 12 months (OR=1.43, 95%CI=0.98–2.08, p=0.07), with significance found on sensitivity analysis (OR=1.51, 95%CI 1.05–2.17, p=0.03).

CONCLUSIONS

Individual and RV-level factors were associated with worsening frailty or death, some of which are potentially modifiable. Research addressing how differences between RV ownership models influences frailty is needed. Understanding how the wider social and physical environment influences frailty is essential for designing frailty prevention strategies at the neighbourhood level and in the creation of frailty-friendly environments.

STAKEHOLDER PERSPECTIVES ON THE CLINICAL UTILITY OF INTERRAI DATA

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BACKGROUND

In New Zealand, interRAI assessments are mandated to access government-funded home-based supports and residential care entry. Improving clinical utility of interRAI data is one of several national interRAI priorities.

AIMS

The aims here were to understand how clinicians and aged care service providers access and use interRAI currently and how clinicians and service providers, older people and family would like to access and use data in the future.

METHODS

Two mixed-methods online surveys were developed for aged care sector professionals and older people/their family and disseminated through researcher networks. Topics included: current access/use; barriers; content; delivery of content; perceptions of artificial intelligence (AI).

RESULTS

77 sector professionals participated: 48/71 (68%) use/would like to use interRAI data, predominantly for individual assessments and care planning. Perceived lack of clinical usefulness, difficulty navigating system and time constraints were reasons

identified by those not using interRAI data. Other concerns included: lack of real-time responsiveness, redundancy with other systems, preference for better data visualisation and concise summaries, lack of training or resources to use data. A high degree of uncertainty about AI-generated summaries was identified. Eighty-nine older people/family participated; mean age 69 years. Thirty-one out of fifty (62%) thought information was useful, 34/56 (61%) wished for more information following assessment, 28/53 (53%) thought information provided informed actions/access to support, 13/55 (24%) were comfortable with AI generated summaries.

CONCLUSIONS

Overall interRAI assessments were valued by professionals and older people/family. Priority areas for improvement have been identified, and piloting changes in aged care will be initiated in the future.

DELIVERY OF AN OCCUPATION-FOCUSED COGNITIVE REMEDIATION THERAPY (CRT) PROGRAMME WITHIN AN AOTEAROA NEW ZEALAND MENTAL HEALTH SERVICE: OCCUPATIONAL THERAPISTS AND SERVICE LEADERS' PERSPECTIVES

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BACKGROUND

Enduring psychotic illnesses lead to cognitive challenges for people, affecting day-to-day occupations. These challenges have not been addressed within mental health services. Evidence shows CRT can address clients' cognitive challenges, but little is known how to deliver CRT and deliver CRT incorporating an occupational focus.

AIMS

The study aimed to gain understanding of the factors influencing the delivery of an occupation-focused CRT programme, to support an effective roll-out of the programme through Aotearoa mental health services. This presentation explores managers' and occupational therapists' experiences of delivering the programme as part of a wider study.

METHODS

A qualitative constructivist case study was undertaken within an organisation delivering the programme. Managers and occupational therapists delivering the programme were interviewed and documents relevant to the case reviewed. Data were analysed using thematic analysis and direct

interpretation.

RESULTS

Findings highlighted complexities when delivering the programme. Managers faced tensions when embedding CRT within services. Therapists navigated the fusion of occupation and CRT, with strong relationships and training pivotal to successful delivery. Communication gaps hindered broader progress. Delivery barriers included lack of management direction and communication breakdowns, emphasising the need for leadership, training and cultural responsiveness. Recommendations include ministerial support, cultural consultation and an occupation-focused approach in CRT delivery.

DISCUSSION/CONCLUSION

CRT programmes can be delivered with a focus on occupation highlighting future innovation in delivering the programme that benefits tāngata whai ora. Occupational therapists are well suited to deliver the programme with adequate training in CRT to develop the necessary skills.

ACKNOWLEDGEMENTS

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THE ROLE OF COMMUNITY PHARMACIES IN THE PROVISION OF HPV SELF-TESTING: A RANGE OF DELIVERY MODELS AND PROOF-OF-CONCEPT STUDY IN AOTEAROA NEW ZEALAND

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BACKGROUND

Although HPV self-testing is well received in Aotearoa New Zealand, longstanding disparities in cervical screening and cancer rates remain for Māori, Pacific peoples and people not regularly screened. Community pharmacies have the potential to improve screening access.

AIMS

To explore the role of pharmacies in providing HPV self-testing through a small proof-of-concept study.

METHODS

We developed three delivery models for pharmacy involvement and tested two models in six Auckland pharmacies with high proportions of Māori and Pacific customers for six weeks: 1) promotion of self-testing by pharmacy staff with mailed test kits from the study team and 2) on-site provision of at-home test kits by study nurses. Telehealth support and results follow-up were provided by a centralised co-ordination team. Pharmacy staff were surveyed after the study.

RESULTS

Forty-five people received a self-test kit and 31 returned a sample (69%). A third (32%) of self-tested participants were overdue for screening by ≥ 2 years, and 29% were Māori (19%) or Pacific (10%). More people participated in the provision than in the promotion model. All survey respondents (n=16) supported pharmacy involvement; enablers and challenges were identified.

DISCUSSION

Although our numbers were small, pharmacy involvement can engage people with HPV self-testing. The proposed models require different levels of pharmacy infrastructure, resources and support, including collaboration with mail-out and centralised results management services.

CONCLUSION

Pharmacies, supported by a centralised co-ordination team, can be an additional primary care setting to increase access to HPV self-testing for groups less well served by standard national screening strategies.

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GENERAL PRACTITIONERS' PERSPECTIVES ON THE DIAGNOSIS OF ENDOMETRIAL CANCER AMONG WĀHINE MĀORI AND PACIFIC WOMEN IN AUCKLAND HEALTH DISTRICTS

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³Health New Zealand – Te Whatu Ora, Planning Funding and Outcomes

⁴The University of Auckland

⁵Health New Zealand – Te Whatu Ora during the study (now affiliated with Royal New Zealand College of General Practitioners)

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⁷Etu Pasifika, Manukau, Auckland

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BACKGROUND

The burden of endometrial cancer (EC) is rising in Aotearoa New Zealand, particularly among wāhine Māori and Pacific women.

AIMS

To explore general practitioners' (GPs) perspectives on EC-related awareness among wāhine Māori and Pacific women and provision of related healthcare.

METHODS

One-on-one semi-structured interviews were undertaken with GPs practicing in Waitemata, Te Toka Tumai Auckland and Counties Manukau between 1/09/2022–30/06/2024. Data were analysed thematically.

RESULTS

Fifteen GP were interviewed; seven had >5 years in GP practice. GPs described variable trainings in women's health and recognised a shortage of GPs performing pipelle biopsy. All GPs observed lim-

ited knowledge of EC among women and noted abnormal vaginal bleeding being normalised. GPs identified systemic barriers including limited appointment availability, short consultation time and the cost of visits. Institutional racism, obesity bias and the lack of culturally safe services also impacted the provision of equitable care. Cultural factors such as embarrassment related to discussing symptoms and respect for seniority among wāhine Māori and Pacific women influenced the diagnostic process. GPs recommended improved GP training, fast-track referrals, whānau-centred care and culturally diverse teams in primary care.

DISCUSSION

The findings suggested that suboptimal women's health-related GP training opportunities, reduced EC-related awareness among women and system barriers contributed to EC diagnosis delays. Cultural factors and bias amplified inequities for wāhine Māori and Pacific women.

CONCLUSION

Improved GP training, increased EC-related awareness among women, better access to timely diagnosis and heightened cultural safety of EC-related care are essential for achieving equitable EC outcomes for wāhine Māori and Pacific women.

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UNDERSTANDING ENDOMETRIAL CANCER AWARENESS AMONG WOMEN OF DIFFERENT ETHNICITIES: A COMMUNITY-BASED SURVEY IN AOTEAROA NEW ZEALAND

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⁵Te Puke Medical Centre

⁶Health New Zealand – Te Whatu Ora Counties Manukau

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⁸Health New Zealand – Te Whatu Ora Te Toka Tumai Auckland

BACKGROUND

The endometrial cancer (EC) burden is increasing in Aotearoa New Zealand, particularly among Pacific women and wāhine Māori.

AIMS

To examine awareness of EC-related symptoms, risk factors and health seeking behaviour in women of different ethnicities without EC.

METHODS

A community-based survey was conducted between 1/09/2022–30/06/2024 of women aged ≥18 years without EC residing in Waitematā, Te Toka Tumai Auckland and Counties Manukau. Snowball sampling was used with initial respondents recruited through primary care practices, a women's health clinic and online. Data were collected via an online survey link and analysed by prioritised ethnicity.

RESULTS

Four hundred and sixty-five respondents were included in analysis: 34% Māori, 33% Pacific Peoples, 12% Asian and 21% European/MELAA/Other women. Across these groups, only 26–47% of women were aware that abnormal vaginal bleeding or pelvic/lower abdominal pain were EC symptoms and awareness was significantly lower among Pacific peoples compared to European/MELAA/Other women (adjusted relative risk [aRR]=0.64, 95%CI 0.45–0.91; and aRR=0.57, 95%CI 0.40–0.82, respectively). Awareness that higher body weight and diabetes are EC risk factors was even lower across ethnic groups (7–21%) with statistically non-significant differences. Most women (63–73%) would seek healthcare for EC symptoms, and the majority (64–88%) preferred to see a GP or nurse.

DISCUSSION

Culturally tailored approaches are required to increase awareness of EC symptoms and risk factors across women of different ethnicities. Primary care and diagnostic capacity are also key considerations in relation to healthcare for EC symptoms.

CONCLUSION

Improvements in EC knowledge and awareness are required among women of all ethnicities, including Pacific women.

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