

ShowCase

Don't Just SAY It Matters

Topic: Cancer

Organisation: National Screening Unit,
Ministry of Health, New Zealand

Location: New Zealand

Dates: 2007 to 2013

Budget: NZ\$2 million per annum

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Overview

'Don't Just SAY It Matters' addresses ethnicity-based health inequalities in New Zealand. It aims to increase cervical screening amongst New Zealand's Māori and Pacific women by creating an understanding of the importance of screening and enhancing the service to support uptake.

Funded by the New Zealand National Screening Unit, the three-phase programme launched in September 2007 and is ongoing until 2013. Phase One aimed to start conversations about cervical screening, Phase Two aimed to motivate women to be screened, and Phase Three has built on this work with the introduction of further interventions, such as continued use of humour in the adverts, addressing lingering barriers, and running a web-based competition.

Results:

By April 2010, screening coverage was:

- Pacific women – 60 per cent, a relative increase of 29.31 per cent over the course of the campaign (since September 2007)
- Māori women – 54.8 per cent, a relative increase of 15.37 per cent over the course of the campaign
- All women – 75.6 per cent, a relative increase of 7.23 per cent over the course of the campaign

1. BEHAVIOUR

- Increase understanding of cervical cancer and benefits of screening
- Increase discussion about cervical screening
- Increase calls to 0800 information line
- Increase number of Maori and Pacific women who make appointments and have smears

2. CUSTOMER ORIENTATION

- Interviews and focus groups with Maori and Pacific participants, including key community informants
- Telephone interviews with stakeholders, including health workers and NGOs
- Review of screening data and New Zealand Cancer Registry data showing incidence and mortality from all reported cancers
- Telephone survey of key audiences to benchmark awareness, attitudes and understanding of cervical cancer and screening
- Pretesting campaign concepts with target audience

3. THEORY

- **Health Belief Model:** Individuals carry out health-related behaviours based on: perceived susceptibility; perceived severity; perceived benefits; and perceived barriers

4. INSIGHT

- Lack of discussion and ways of talking about the issue
- No 'sense of collective'
- A backdrop of failure amongst these communities
- For Maori women, there was a strong feeling of individual responsibility
- For Pacific women, there was a strong focus on collective responsibility

5. EXCHANGE

Barriers:

- Misunderstanding of cervical cancer and screening process
- Clinics were difficult to access and inconvenient
- Embarrassment
- Worry about a painful procedure
- Cost

Motivators:

- Staying well for the sake of others, especially family, was important for both groups
- Pacific women: Ensuring their friends stay healthy
- Maori women: Ensuring they stay healthy for their family

6. COMPETITION

- Health professionals - potential for confusing or competing messages
- Cervical screening bottom of the 'to-do' list
- 'Cross selling' with National Breast Screening Programme
- Standing out from other health promotion campaigns

7. SEGMENTATION

Primary audience:

- Maori and Pacific women who have ever been sexually active and who have not had a cervical smear test within the last three years

Secondary audiences:

- Family, friends and community members supporting and influencing these women
- All women aged 20 to 69 who have ever been sexually active and who have not had a cervical smear test within the last three years
- Key stakeholders, e.g. health professionals

8. METHODS MIX

- Free smears provided to high priority women
- Health education resources for priority ethnic audiences
- Workforce development for health promotion and screening staff
- Enhancements to 0800 phone service
- Private and third sector partnerships
- Cervical Screening Awareness Month (including free giveaways for women attending smears)
- Media campaign, including real-life stories on TV, radio and magazines