Towards health equity: Institutional racism as a policy issue

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HEALTH EQUITY

- Health equity is a commitment to reduce and eliminate inequities in health. Inequities are used to track progress toward equity.
- Inequity is built into health systems and manifests as entrenched disparities of health outcomes between dominant and marginalised groups.
- To address inequities Starfield (2011) argues one needs to sustainably embed equity within organisational culture, practice, policies and systems.
Institutional racism is an unacceptable pattern of differential access to material resources and power by race, which advantages [privileges] one sector of the population while disadvantaging [enacting racism against] another. It can be both action and inaction.
IS HEALTH EQUITY THE ABSENCE OF RACISM?
Insanity: Doing the same thing over and over again and expecting different results.

Albert Einstein
WHY INSTITUTIONAL RACISM IMPORTANT?

- Te Tiriti o Waitangi
- Health inequities
- Ethical imperative
- Cost effective?
- Quality assurance failure
Decolonisation is the process of analysing the power dynamics imposed through colonisation (mono-culturalism and institutional racism) fortified with the political will to take action to support indigenous rights and aspirations.

Within such processes Nairn (2002) argues “...the descendants of the colonisers have different decolonisation tasks than the descendants of the colonised”.
“...it is not normal for any group in control to relinquish power and resources to the less powerful simply on the grounds of goodwill or a sense of moral obligation”.

Systems change is recommended for complex, and ‘wicked’ problems. It is suited for situations when change needs to be sweeping and achieve sustainable transformative impact.

Ottawa Charter is a multi-level systems change approach

The New Zealand health systems’ quality assurance strategy already utilises a systems change approach to quality improvement.
OUR RECOMMENDATIONS

- Invest and grow staff and leaders with robust cultural and political competencies that can transform institutional racism.
- Strengthen consultation processes (and advisory and reference groups) to ensure meaningful Māori input as Treaty partners.
- Ensure kaupapa Māori worldviews and Māori evidence informs policy development. Where evidence is lacking commission more.
- Avoid ‘white-washing’ policy by ensuring Māori involvement throughout the policy cycle.
- Urgently develop kaupapa Māori public health service specifications.
OUR RECOMMENDATIONS

- Culture of **transparent** funding practices
- Use decision-making processes **sophisticated** enough to secure meaningful Māori voice
- Use prioritisation tools **consistently** including (dis)investment
- Ensure the **fair and equitable** treatment of different types of public health providers
- Ensure service delivery to Māori communities is **monitored** and this informs investment decisions
- Strengthen **relationships** with Māori providers and establish mechanisms to engage with them collectively.
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Sure glad the hole isn’t at our end.
REFERENCES

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