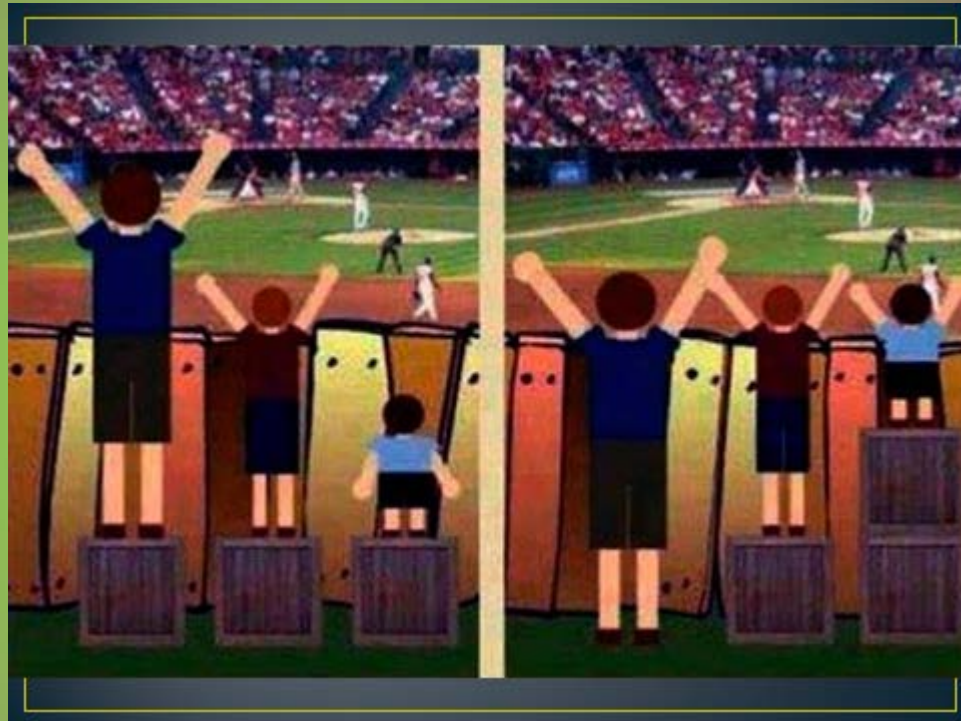


# **Towards health equity: Institutional racism as a policy issue**




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PHA Special Interest Group: Institutional Racism  
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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?**

A black and white portrait of Albert Einstein, showing him from the chest up. He has his characteristic wild, white hair and a mustache. He is looking slightly to the right of the camera with a thoughtful expression. His hands are clasped together in front of him, with his fingers interlaced. The background is dark and out of focus.

*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

- 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”.



# ANTI-RACISM PRAXIS

- *"...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".*
- Ramsden, I. (1994). A challenge to education. *Social Policy Journal of New Zealand* (3). (p 5).







# SYSTEMS CHANGE

- 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.

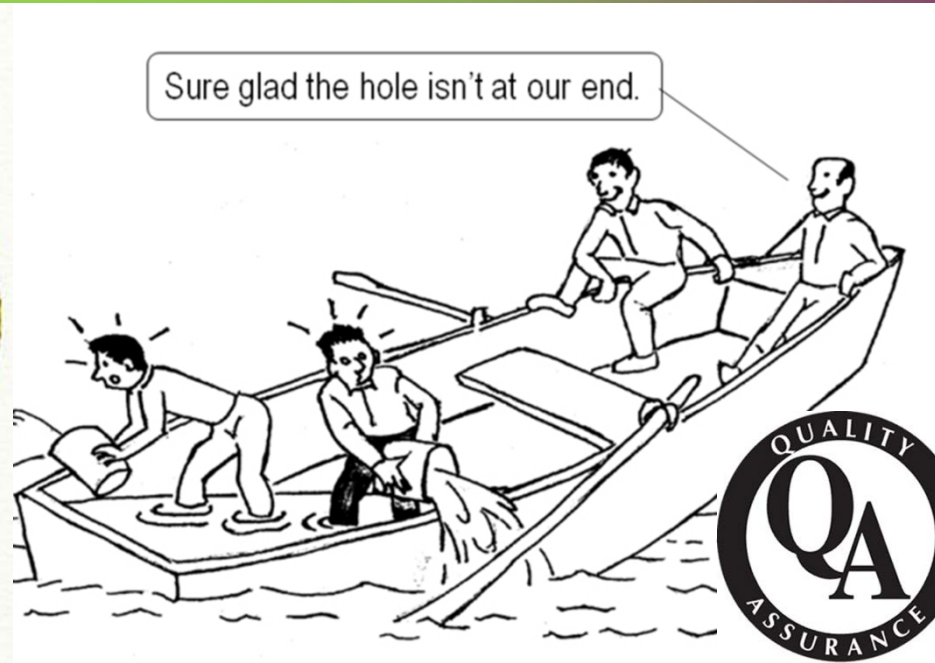
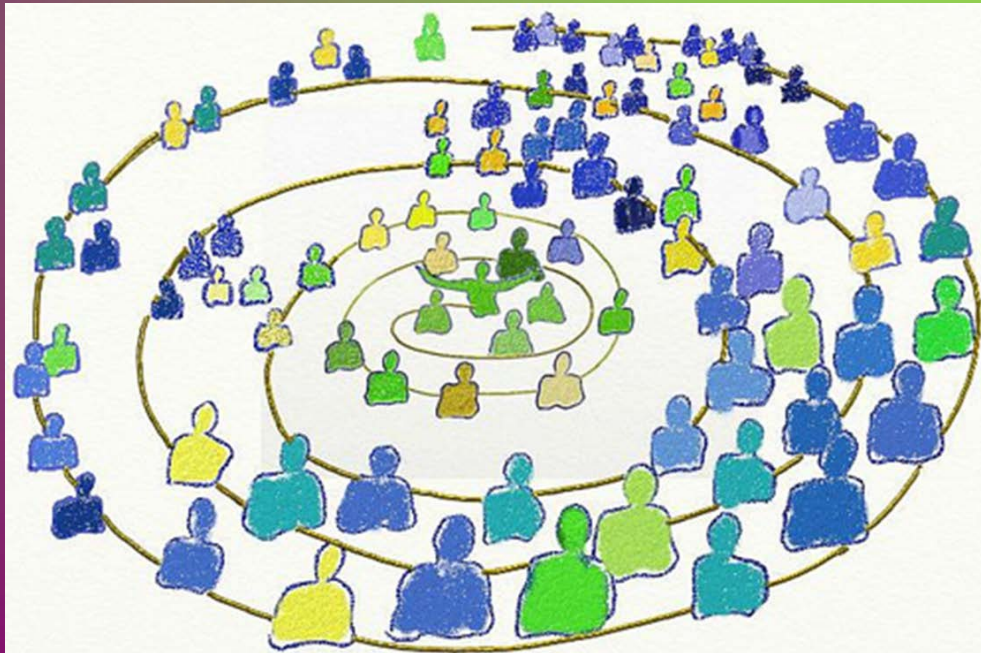




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