PHANZ Policy Position on Institutional Racism 2020

Racism, in the context of Aotearoa, often manifests as mono-culturalism and the systematic denial of Indigenous worldviews, values and mātauranga (Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare, 1988). Racism can take the form of action and/or inaction. The existence of institutional racism – a pattern of differential access to resources, cultural capital and political power, that disadvantages one group while advantaging another often, illustrates ongoing breaches of *te Tiriti o Waitangi* (H Came, 2014).

Te Tiriti (the Māori text) reaffirmed Māori sovereignty, established as settler government, guaranteed equal citizenship rights for Māori, and the protection of tikanga and spirituality (Berghan et al., 2017). Upholding *te Tiriti* is central to the mission of the New Zealand Public Health Association.

In terms of health status, racism is a man-made modifiable determinant of health (Y Paradies et al., 2015; Talamaivao, Harris, Cormack, Paine, & King, 2020). It is associated with depression, anxiety, psychosocial stress, poor physical heath, behavioural problems, and poor pregnancy/birth outcomes. It has a cumulative premature aging effect over time, that Geronimus (1992) describes as 'weathering'.

Ethnic health inequities between Indigenous and other peoples can be linked to the shared experience of inter-generational legacies of colonisation (Y Paradies, 2016; Reid, Cormack, & Paine, 2019). Informed by ideologies of white supremacy, colonisation continues to have substantial and negative economic, political, cultural and social impacts on Indigenous health.

Decolonisation remains a public health imperative if we are to uphold our ethical values and principles (Public Health Association, 2012). Linda Tuhiwai Smith (2010, p. 33) describes decolonisation as a "...long-term process involving the bureaucratic, cultural, linguistic and psychological divesting of colonial power". Chandanabhumma and Narasimhan (2020) maintain it is crucial for public health practitioners to recognise the intergenerational structural impact of colonisation and know how to effectively engage with impacted communities.

A growing body of research is exposing the dynamics of racism and privilege within the administration of the public health sector. Came (2014) has identified how racism manifests in health policy making, health advisory groups (Came, McCreanor, Haenga-Collins, & Cornes, 2019), and public health contracting (H Came, Doole, McKenna, & McCreanor, 2017). Moving forward, there is more work to be done to identify racism within human resources, public health practices, and health investment. Once specific sites of racism are identified this allows for targeted interventions to prevent, eliminate or minimise institutional racism and its impacts.

Te Tiriti o Waitangi

Public health organisations, and practitioners working in Aotearoa need to be competent in meaningfully applying *te Tiriti o Waitangi*. This requires Tangata Tiriti to have specific learning objectives in professional development plans and public health providers to have living *te Tiriti* responsiveness plans, both of which must be regularly monitored to ensure accountability. Working with te Tiriti is relational work that involves Tangata Tiriti sharing power as allies to enable the pursuit of tino rangatiratanga for Māori.

Though preparing evidence for the WAI 2575 Waitangi Tribunal hearings (Waitangi Tribunal, 2019) Came, O'Sullivan and McCreanor (2020) have developed Critical *te Tiriti* Analysis – a new methodology to determine compliance with *te Tiriti o Waitangi*. This involves a five-stage process i) orientation, ii) close reading, iii) a determination, iv) strengthening practice and v) Māori final words. This process can be used to inform: policy development, critique existing policy, competency, curricula, evaluation and planning documents, and research.

There are a range of resources available to support practitioners and public health providers to strengthen their engagement with *te Tiriti o Waitangi* as a pathway to disrupting, minimising and eliminating institutional racism (Baker, Baxter, & Crampton, 2019; Berghan et al., 2017; H. Came, O'Sullivan, Kidd, & McCreanor, 2020; Health Promotion Forum, 2000; Healy, Huygens, & Murphy, 2012; Margaret, 2013, 2016; Matike Mai Aotearoa, 2016; Mutu, 2010; Waitangi Tribunal, 2019).

Anti-racism praxis

Anti-racism is the science and art of disrupting racism. It is intentional and challenging work to shift power, expose injustice and privilege, and pursue racial justice in the world. As individuals we can take action within our limited spheres of influence. As public health practitioners we can engage in collective action, pursue a planned approach to anti-racism, and magnify our impact and reach.

Public health practitioners (and providers) need to have a reasonable level of proficiency in anti-racism praxis. For Tangata Tiriti this is likely to be a process of lifelong-learning that requires ongoing monitoring of specific learning objectives in professional development plans and similarly, for public health providers to have a clear anti-racism strategy with measurable objectives identified. At a sector level we need an anti-racism strategy and as a nation we need an anti-racism strategy in place. Racism is not going to end spontaneously.

At organisational, sector and national levels an anti-racism plan requires people or groups to be responsible for outcomes and inputs. It requires SMART objectives, timeframes, resources, political will, courage and persistence. The following actions might be included in an anti-racism strategy:

- Form a change team and secure organisational buy-in for an 'undoing racism' initiative.
- Engage in educational initiatives so staff can feel confident to identify and disrupt racism while maintaining mana and relationships.
- Actively promote strength-based reflective practice.
- Ensure there a formal process in place so complaints about racism can be made safely.
- Map racism within your organisation and/or sector and identify how you can contribute to disrupting these sites of racism. This may involve changing policy and governance structures.

- Advocating about racism within the wider health system through submissions or media statements. such as the need to lower the bowel screening age for Māori
- Ensure your organisation has robust processes for collecting ethnicity data.

Organisational initiatives need to be grounded in more than the passionate commitment of charismatic individuals to be sustainable. It is important to undertake a clear change process that engages across the organisation and sector and requires all individuals to come on board with.

The NZ PHA commits to unapologetically and consistently speaking out about institutional racism throughout its advocacy work. This will involve challenging racism in our submission writing, media commentary and in political forums within the sector. This may involve

- Promoting informed debate and specific calls to action to address racism
- Supporting the Matike Mai campaign for constitutional transformation (Matike Mai Aotearoa, 2016).

The NZ PHA commits to proactively working with STIR: Stop Institutional Racism and other interested parties to eliminate racism in the public health sector by 2025. This may involve:

- contributing to United Nations human rights shadow reports,
- supporting the development of anti-racism competencies for the public health sector to inform practice and curricula
- advocating for kaupapa Māori tier one service specification for public health services
- continuing to monitor the Crown's performance in relation to public health contracting and policy work.

There are a range of useful resources to support this mahi (Berman & Paradies, 2010; Bourke, Marrie, & Marrie, 2018; Breny, 2020; Came & Griffith, 2017; H Came, Baker, & McCreanor, In press; H Came & da Silva, 2011; H Came & McCreanor, 2015; Ferdinand, Paradies, & Kelaher, 2017; Chandra Ford & Airhihenbuwa, 2010; C Ford, Griffith, Bruce M, & Gilbert, 2019; Griffith et al., 2007; Livingston, 2020; Margaret & Came, 2019; Nelson, Dunn, & Paradies, 2011; Yin Paradies, Franklin, & Kowal, 2013).

Heather Came – 24-10-2020

References

Baker, G., Baxter, J., & Crampton, P. (2019). The primary healthcare claims to the Waitangi Tribunal. *The New Zealand Medical Journal, 132*(1505), 7-13.

Berghan, G., Came, H., Doole, C., Coupe, N., Fay, J., McCreanor, T., & Simpson, T. (2017). *Te Tiriti-based practice in health promotion*. Auckland, New Zealand: STIR: Stop Institutional Racism.

Berman, G., & Paradies, Y. (2010). Racism, disadvantage and multiculturalism: Towards effective anti-racist praxis. *Ethnic and Racial Studies, 33*(2), 214-232. doi:10.1080/01419870802302272

Bourke, C. J., Marrie, H., & Marrie, A. (2018). Transforming institutional racism at an Australian hospital. *Australian Health Review*, -. doi:https://doi.org/10.1071/AH18062

Breny, J. M. (2020). Continuing the journey toward health equity: Becoming antiracist in health promotion research and practice. *Health Education & Behavior, 47*(5), 665.

Came, & Griffith, D. (2017). Tackling racism as a “wicked” public health problem: Enabling allies in anti-racism praxis. *Social Science & Medicine, 199*, 181-188. doi:10.1016/j.socscimed.2017.03.028

Came, McCreanor, T., Haenga-Collins, M., & Cornes, R. (2019). Māori and Pasifika leaders’ experiences of government health advisory groups in New Zealand. *Kotuitui: New Zealand Journal of Social Sciences*, 1-10. doi:10.1080/1177083X.2018.1561477

Came, H. (2014). Sites of institutional racism in public health policy making in New Zealand. *Social Science and Medicine, 106*(0), 214-220. doi:10.1016/j.socscimed.2014.01.055

Came, H., Baker, M., & McCreanor, T. (In press). Structural racism, constitutional transformation and the New Zealand health sector: Learnings from the Matike Mai Aotearoa report. *Journal of Bioethical Inquiry.*

Came, H., & da Silva, S. (2011). Building political competencies for the transformation of racism in Aotearoa. *Kotuitui, 6*(1-2), 113-123. doi:10.1080/1177083X.2011.615332

Came, H., Doole, C., McKenna, B., & McCreanor, T. (2017). Institutional racism in public health contracting: Findings of a nationwide survey from New Zealand. *Social Science and Medicine*. doi:10.1016/j.socscimed.2017.06.002

Came, H., & McCreanor, T. (2015). Pathways to transform institutional (and everyday) racism in New Zealand. *Sites: Journal of Social Anthropology and Cultural Studies, 12*(2), 24-48. doi:10.11157/sites-vol12isss2id290

Came, H., O'Sullivan, D., & McCreanor, T. (2020). Introducing Critical Tiriti Analysis through a retrospective review of the New Zealand Primary Health Care Strategy *Ethnicities*. doi:10.1177/1468796819896466

Came, H., O’Sullivan, D., Kidd, J., & McCreanor, T. (2020). The Waitangi Tribunal’s WAI 2575 report: Implications for decolonizing health systems. *Health and Human Rights, 22*(1), 209-220.

Chandanabhumma, P. P., & Narasimhan, S. (2020). Towards health equity and social justice: An applied framework of decolonization in health promotion. *Health Promotion International, 35*(4), 831-840. doi:10.1093/heapro/daz053

Ferdinand, A. S., Paradies, Y., & Kelaher, M. (2017). Enhancing the use of research in health-promoting, anti-racism policy. *Health research policy and systems, 15*(1), 61. doi:10.1186/s12961-017-0223-7

Ford, C., & Airhihenbuwa, C. (2010). Critical race theory, race equity, and public health: Toward antiracism praxis. *American Journal of Public Health, 100*(S1), S30-35.

Ford, C., Griffith, D., Bruce M, & Gilbert, K. (Eds.). (2019). *Racism: Science and tools for the public health professional*. United States: APHA Press.

Geronimus, A. (1992). The weathering hypothesis and the health of African-American women and infants: evidence and speculations. *Ethnicity and Disease, 2*(3), 207-221.

Griffith, D., Mason, M., Yonas, M., Eng, E., Jefferies, V., Pliheik, S., & Parks, B. (2007). Dismantling institutional racism: Theory and action. *American Journal of Community Psychology, 39*, 381-392. doi:10.1007/s10464-007-9117-0

Health Promotion Forum. (2000). *TUHA-NZ: Treaty Understanding of Hauora in Aotearoa New Zealand*. Auckland, New Zealand: Author.

Healy, Huygens, I., & Murphy, T. (2012). *Ngāpuhi speaks*. Whangarei, New Zealand: Network Waitangi Whangarei, Te Kawariki.

Livingston, R. (2020). How to promote racial equity in the workplace. *Harvard Business Review, 98*(5), 64-72. Retrieved from https://ezproxy.aut.ac.nz/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=bth&AN=144910744&site=eds-live

Margaret, J. (2013). *Working as allies: Supporters of indigenous justice reflect*. Auckland, New Zealand: Auckland Workers Educational Association.

Margaret, J. (2016). *Ngā rerenga o te Tiriti: Community organisations engaging with the Treaty of Waitangi*. Auckland, New Zealand: Treaty Resource Centre.

Margaret, J., & Came, H. (2019). Organizing—What do white people need to know to be effective antiracism allies within public health? . In C. Ford, D. Griffith, Bruce M, & K. Gilbert (Eds.), *Racism: Science & Tools for the Public Health Professional*. United States: APHA Press.

Matike Mai Aotearoa. (2016). *He whakaaro here whakaumu mō Aotearoa*. New Zealand: Author.

Ministerial Advisory Committee on a Māori Perspective for the Department of Social Welfare. (1988). *Puao te ata tu (Day break)*. Wellington, New Zealand: Department of Social Welfare.

Mutu, M. (2010). Constitutional intentions: The Treaty of Waitangi texts. In M. Mulholland & V. M. H. Tawhai (Eds.), *Weeping waters : the Treaty of Waitangi and constitutional change*. Wellington, New Zealand: Huia Publishers.

Nelson, J., Dunn, K., & Paradies, Y. (2011). Bystander anti-racism: A review of the literature. *Analyses of Social Issues and Public Policy, 11*(1), 263-284. doi:10.1111/j.1530-2415.2011.01274

Paradies, Y. (2016). Colonisation, racism and indigenous health. *Journal of Population Research, 33*(1), 83-96. doi:10.1007/s12546-016-9159-y

Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., & Pieterse, A. (2015). Racism as a determinant of health: A systematic review and meta-analysis. *PLOS One, 10*(9), e0138511. doi:10.1371/journal.pone.0138511

Paradies, Y., Franklin, H., & Kowal, E. (2013). Development of the Reflexive Antiracism Scale – Indigenous. *Equality, Diversity and Inclusion: An International Journal, 32*(4), 348-373. doi:10.1108/EDI-03-2012-0017

Public Health Association. (2012). *Te ture whakaruruhau: Code of ethical principles for public health in Aotearoa New Zealand*. Wellington, New Zealand: Author.

Reid, P., Cormack, D., & Paine, S.-J. (2019). Colonial histories, racism and health—The experience of Māori and Indigenous peoples. *Public Health*. doi:10.1016/j.puhe.2019.03.027

Smith, L. (2010). *Decolonizing methodologies*. London, England: Zed Books.

Talamaivao, N., Harris, R., Cormack, D., Paine, S.-J., & King, P. (2020). Racism and health in Aotearoa New Zealand: A systematic review of quantitative studies. *New Zealand Medical Journal, 133*(1521), 55-68.

Waitangi Tribunal. (2019). *Hauora report on stage one of the health services and outcomes inquiry*. Wellington, New Zealand: Author.