Ao Mai Te Rā:
The Anti-Racism Kaupapa

Points for discussion

Overview of the approach
Establishing firm foundations built on evidence
Defining our pathway forward
Whiria te Muka Tangata – shifting from theory to practice

Introduction:

Ao Mai te Rā at a glance

Broader context

We all have a 'right' to be treated fairly, with respect and to be free from unwelcome racial discrimination.

These 'rights' are protected, supported and reinforced under various constitutional, legislative and international instruments, including:

- Te Tiriti o Waitangi
- The Human Rights Act 1993
- United Nations Declaration on the Rights of Indigenous Peoples
- United Nations Committee on the Elimination of Racial Discrimination

The development of a National Action Plan Against Racism (NAPAR). An all-of-government strategy to address racism and discrimination in Aotearoa New Zealand
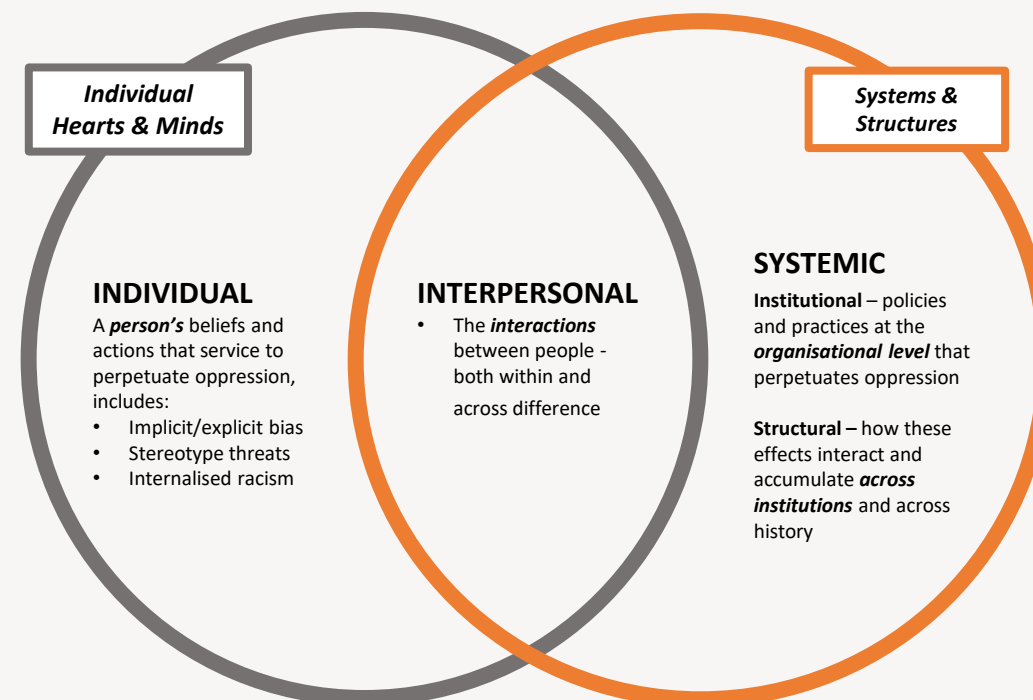
Our strategic direction

- Addressing racism and discrimination in all its forms is reflected as an outcome in:
  - Whakamaua: Māori Health Action Plan 2020-2025
  - Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025
  - New Zealand Cancer Action Plan 2019-2029

- Meeting our obligations under Te Tiriti o Waitangi:
  - Mana whakahaere – effective and appropriate stewardship of the health and disability system
  - Mana motuhake - enabling the right for Māori to exercise authority
  - Mana tangata – achieving health equity and supporting Māori wellbeing
  - Mana Māori – enable Māori to live and flourish as Māori

- This will require **courageous leadership,** a **long-term commitment to change** and **a shift in the cultural and social norms** of the health and disability system
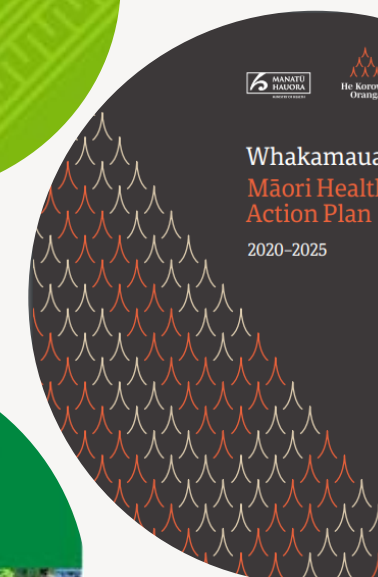
What is racism?

- "racism operates at multiple levels with various pathways to health" Talamaivao et al (2020)

- "these levels have been conceptualised by some scholars as internalised (or intrapersonal), interpersonal (personally-mediated) and systemic (structural or institutional)" Talamaivao et al (2020)

- "health professionals and health organisations are important contributors to racial and ethnic inequities in health care" Curtis et al (2019)

- "racial and ethnic inequities are attributed to unequal power relationships, unfair distribution of the social determinants of health, marginalisation, biases, unexamined privilege and institutional racism" Curtis et al (2019)

Individual Hearts & Minds

Systems & Structures

INDIVIDUAL
A *person's* beliefs and actions that service to perpetuate oppression, includes:
- Implicit/explicit bias
- Stereotype threats
- Internalised racism

INTERPERSONAL
- The *interactions* between people - both within and across difference

SYSTEMIC
Institutional – policies and practices at the *organisational level* that perpetuates oppression

Structural – how these effects interact and accumulate *across institutions* and across history

- *Source: National Equity Project: Lens of Systemic Oppression*

Our current state

Racial health inequities due to conditions set upstream:

- **LEADS** to the marginalisation of certain groups and the unequal distribution of power and resources

- **LEADS** to differential access to opportunities, treatment and quality of care
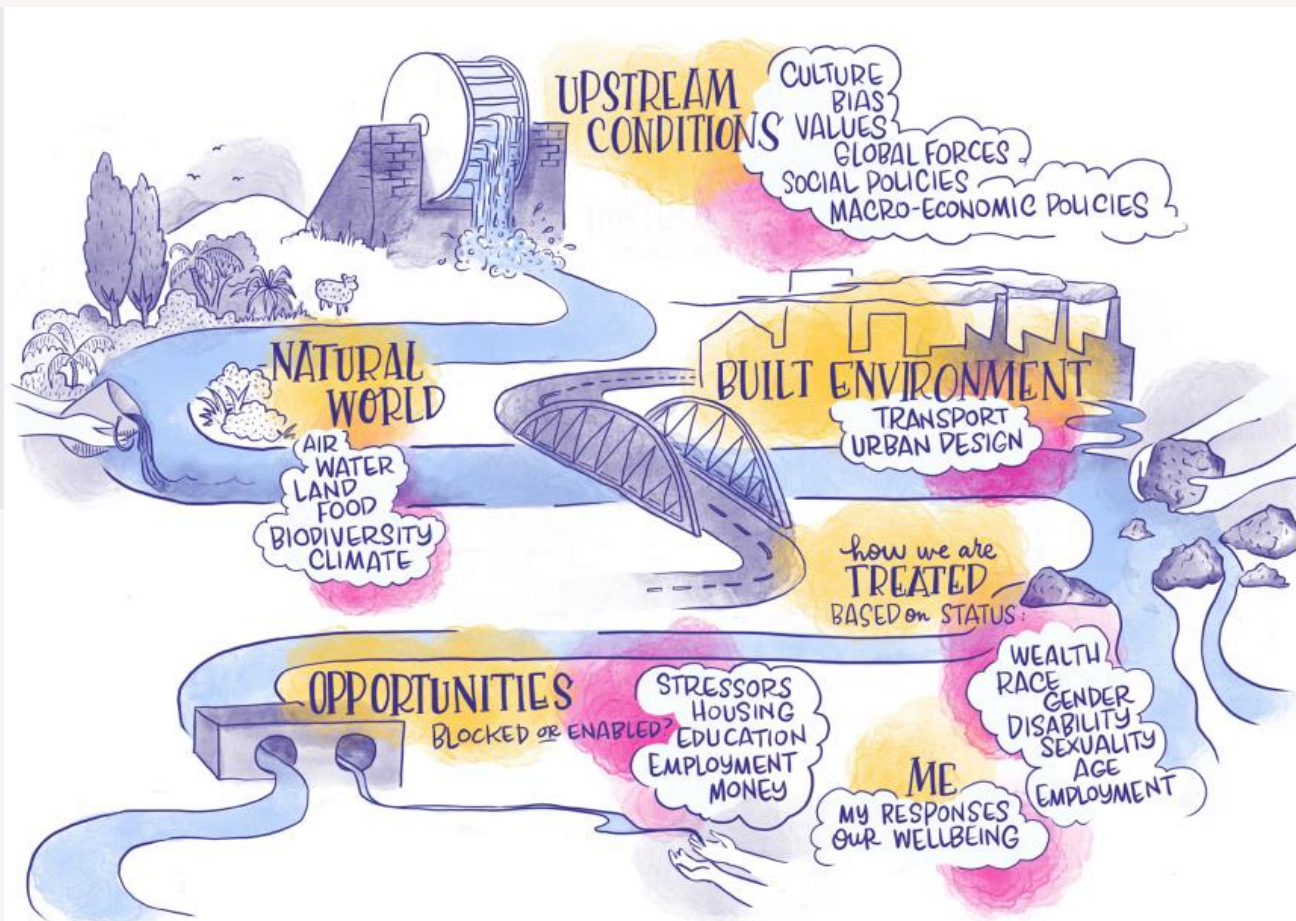
Source: Mapping the landscape by The Workshop, Tokona te Raki and The Southern Initiative

Racial health inequities due to the consequences downstream

- **LEADS** to differential exposure to risk and protective factors

- **LEADS** to differential health outcomes between (and within) population groups.
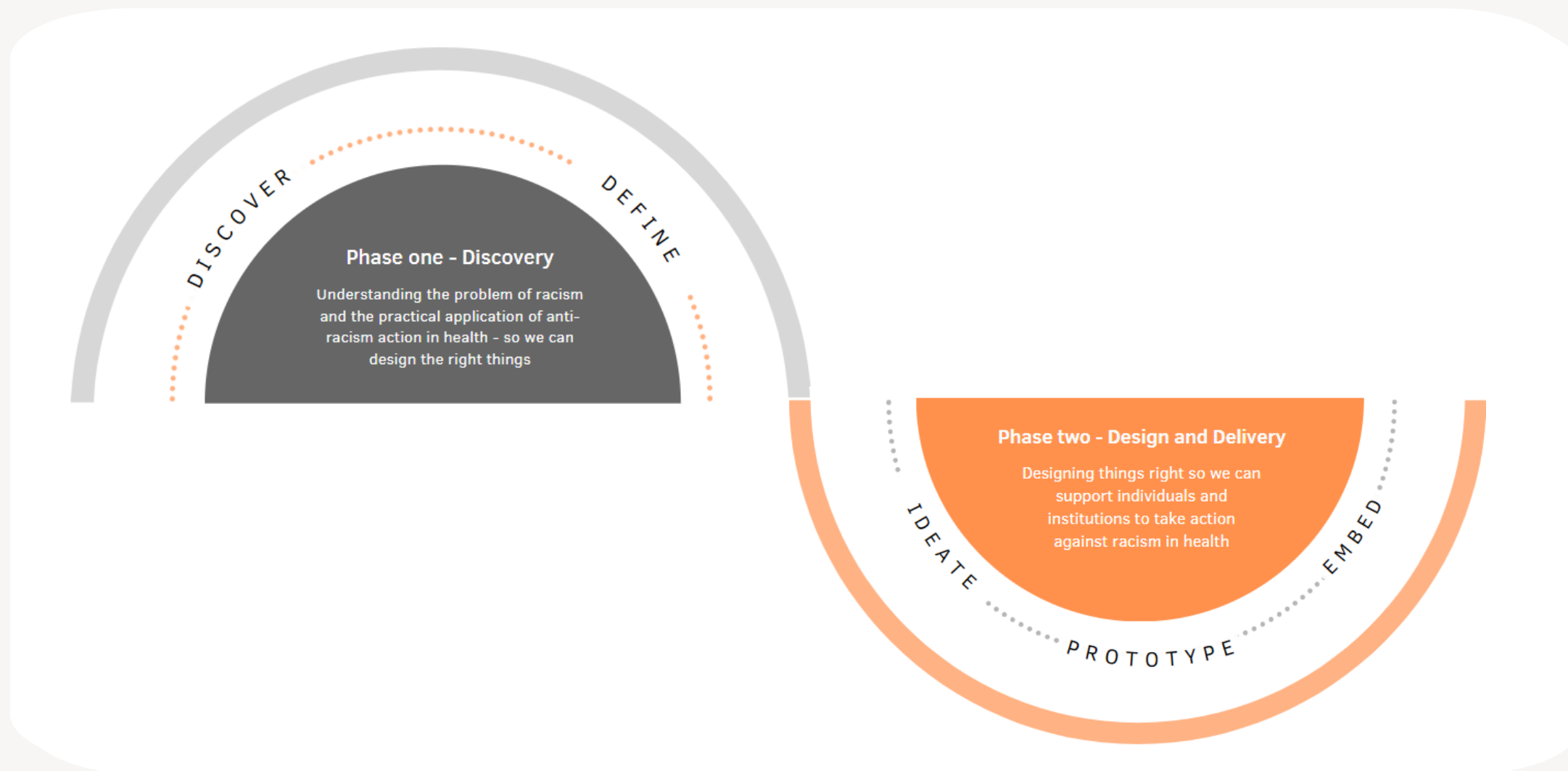
Our problem definition

- Despite the extensive research and evidence, action to address racism has been slow.

- The Ministry has a leadership role in driving efforts to address and reduce the harmful impacts of racism in the health and disability system.

- What problem are we trying to fix?
  - There are mixed understandings and approaches to addressing racism in all its forms
  - The development of anti-racism solutions is broad and varied
  - The evidence base for 'what works well' particularly at a systemic level is still emerging

Overview of Ao Mai te Rā

Phase one - Discovery

Understanding the problem of racism and the practical application of anti-racism action in health - so we can design the right things

DISCOVER

DEFINE

Phase two - Design and Delivery

Designing things right so we can support individuals and institutions to take action against racism in health

IDEATE

PROTOTYPE

EMBED

MANATŪ HAUORA
MINISTRY OF HEALTH

At a glance: Phase One of Ao Mai Te Rā

Project objectives

Building collective responsibility and ownership for addressing racism in the system

Building a shared understanding of racism and effective anti-racism solutions

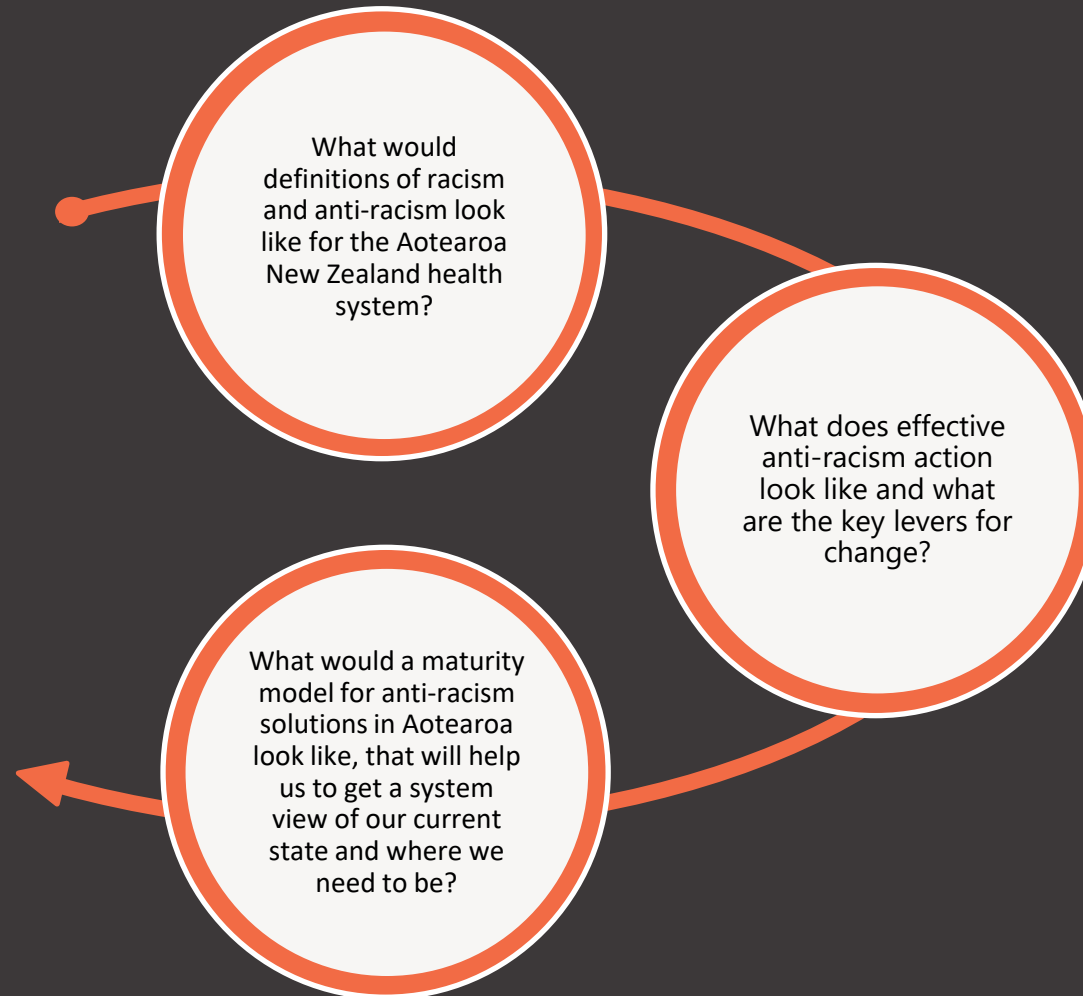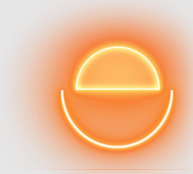Building an evolutionary pathway and roadmap to an anti-racist system

At a glance: Phase One of Ao Mai Te Rā

Project scope

- The project is designed to gain insight into three guiding questions

What would definitions of racism and anti-racism look like for the Aotearoa New Zealand health system?

What does effective anti-racism action look like and what are the key levers for change?

What would a maturity model for anti-racism solutions in Aotearoa look like, that will help us to get a system view of our current state and where we need to be?
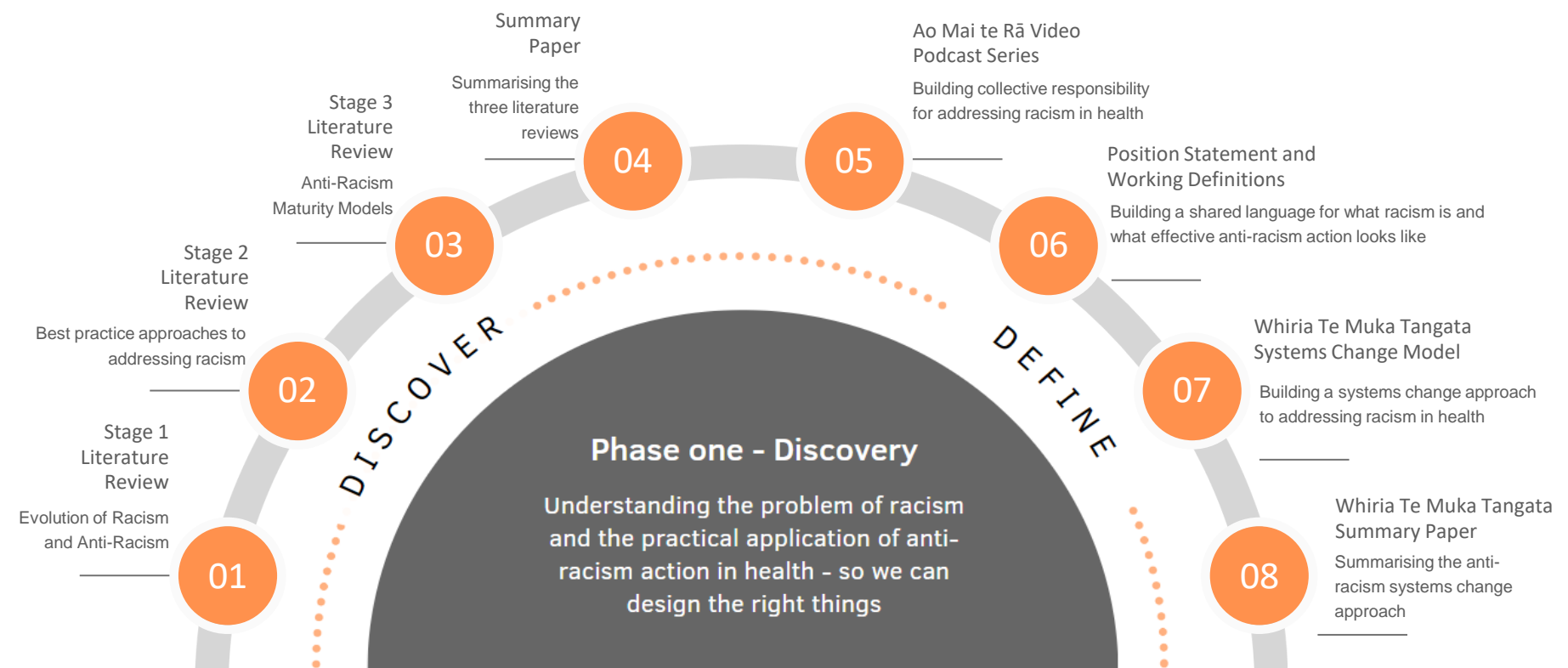
Phase One
Ao Mai te Rā: the Anti-Racism Kaupapa

In the infographic below, outlines the journey map for phase one of Ao Mai te Rā. Phase one is a discovery phase - supported by three discrete components of research that will help define our pathway forward.

01
Stage 1 Literature Review

Evolution of Racism and Anti-Racism

02
Stage 2 Literature Review

Best practice approaches to addressing racism

03
Stage 3 Literature Review

Anti-Racism Maturity Models

04
Summary Paper

Summarising the three literature reviews

05
Ao Mai te Rā Video Podcast Series

Building collective responsibility for addressing racism in health

06
Position Statement and Working Definitions

Building a shared language for what racism is and what effective anti-racism action looks like

07
Whiria Te Muka Tangata Systems Change Model

Building a systems change approach to addressing racism in health

08
Whiria Te Muka Tangata Summary Paper

Summarising the anti-racism systems change approach

DISCOVER

DEFINE

Phase one - Discovery

Understanding the problem of racism and the practical application of anti-racism action in health - so we can design the right things

The journey so far:

Establishing firm foundations

built on evidence

Stage one literature review for Ao Mai Te Rā

✔

Purpose

- To trace the evolution of the philosophical and ethical underpinnings of racism and anti-racism for Aotearoa New Zealand.

Objective

- To develop fit-for-purpose definitions for racism and anti-racism that are fit for the Aotearoa NZ health system context

- To support a common understanding and shared language for racism and anti-racism in the health system

Approach

- Explores how racism has shifted over time, including various concepts, language and definitions used

- Examines the relationship between racism and its impacts on health outcomes and the achievement of health equity

- Explores how anti-racism has shifted over time, including various concepts, language and definitions used

- Provides recommendations on a proposed definition for racism and anti-racism for the Aotearoa context

Stage two literature review for Ao Mai Te Rā

Purpose

- To explore best practice approaches to addressing racism in all its forms.

Objective

- To identify a suite of evidence-informed key levers for change for inclusion in an anti-racism maturity model

Approach

- Examines levers for change necessary to put aspects of the stage one anti-racism definition into practice.

- Explores the efficacy of each lever and draws out best practice approaches

- Draws on insights from health experts on the practical considerations that must be taken into account when applying a lever to the system

- offering critical recommendations on the suite of key levers for change that are necessary if the health system is to develop an anti-racism systems change model
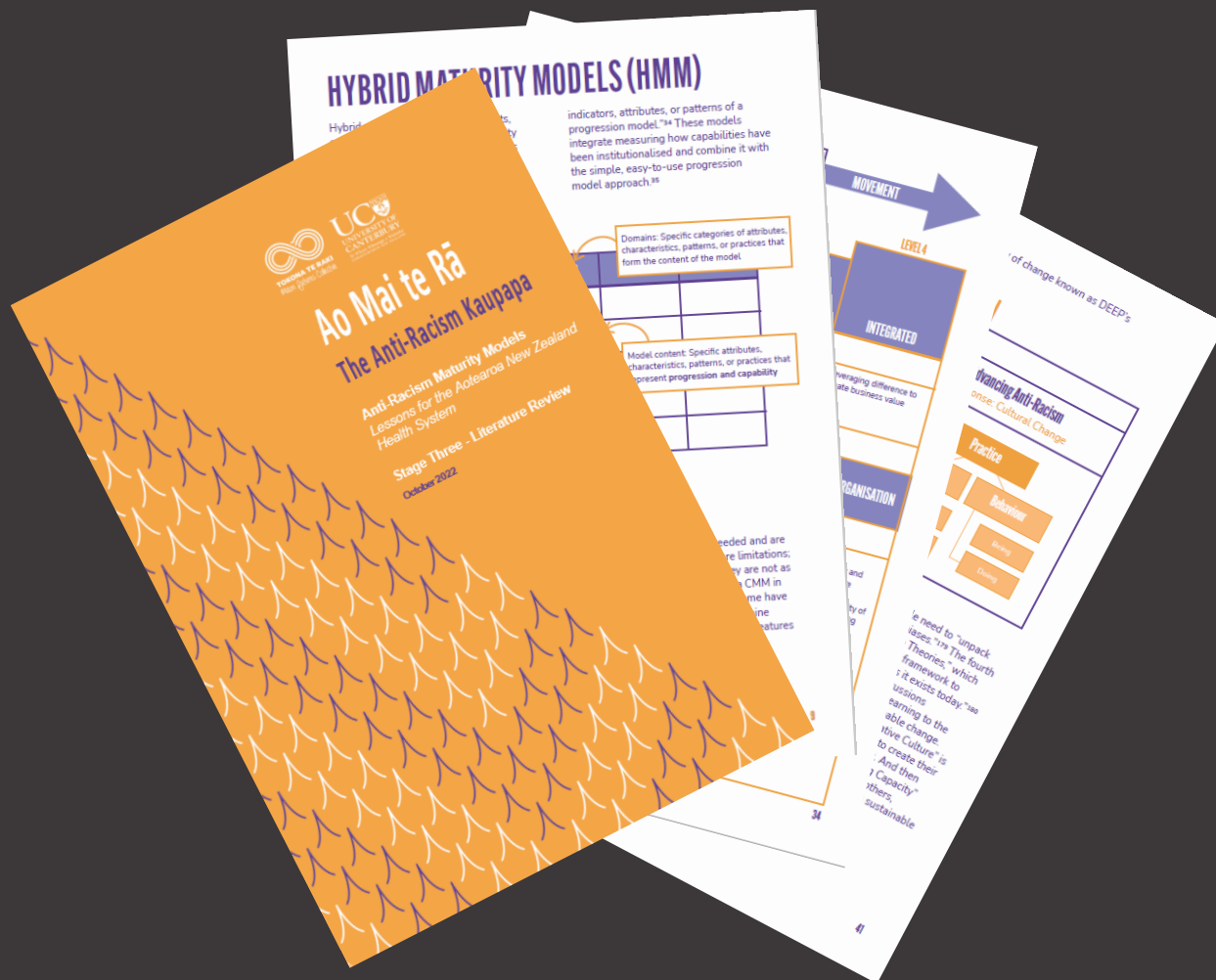
Stage three literature review for Ao Mai Te Rā

Purpose

- To explore and critically examine the key features and characteristics of anti-racism maturity models

Objective

- To build an anti-racism maturity (or anti-racism road map) that outlines our evolutionary pathway and shows us pragmatic and practical steps towards anti-racism action

Approach

- Examines a broad range of maturity models, their key features and characteristics and offers critiques

- Explores how we might overlay systems-change and critical theory approaches to a maturity model

- Outlines twelve examples used globally that we might draw from

- Provides critical recommendations on the key features and characteristics necessary for an anti-racism maturity model for health
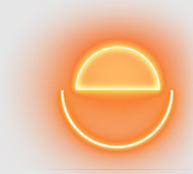
Summary Paper
Lessons for the Aotearoa NZ Health System

OUR HEALTH SYSTEM - TAKING THE UNIVERSAL 'ONE SIZE FITS ALL' APPROACH

MEDIATING FACTORS - WHAT IS SET IN MOTION

Māori health strategies suffer from a lack of proper resourcing and support. Māori working in mainstream health also feel isolated and overwhelmed by being expected to repair the damage caused by racist policies and practices. Their frustration at the lack of progress and at times culturally unsafe work environments results in more Māori feeling burnt out and exiting the organisation.

Māori services struggle due to under investment and short-term low-trust high-compliance funding approaches that make them unsustainable, shrinking the pool of by Māori for Māori services available to whānau.

FINAL CONSEQUENCES - EFFECTS

The end result is that whānau do not encounter a health system that is tailored to meet their needs. The prejudicial attitudes of some medical practitioners has led to many Māori not receiving access to the prevention and early detection of illness they not only deserve but also require to improve health outcomes. As a result, many Māori end up dissatisfied with their interactions with their primary care provider, feeling they haven't been listened to, are not given the information they require to make informed decisions and believe they have not been treated with dignity and respect. This results in fewer Māori choosing to seek out medical assistance and advice as is evidenced in the substantively lower numbers of wahine presenting for breast and cervical screening.

INITIAL FACTORS - CAUSE

Traditionally health services are driven by a universal/'one size fits all' approach. Māori may be acknowledged as a stakeholder but do not have the data or power to influence the types of services they need and how they are provided. Poorer Māori health outcomes are blamed on whānau or attributed to genetics or socio-economic status rather than auditing the quality of services they receive.

THE FOLLOWING DIAGRAM DRAWS UPON THE WORK OF IBRAM X. KENDI¹ TO CREATE A VISUAL CHAIN SHOWING HOW RACISM DRIVEN THROUGH OUR SYSTEMS AND STRUCTURES WORKS TO HARM PEOPLE, FROM THE IDEAS AND POLICIES THAT SUPPORT IT TO THE VISIBLE ACTIONS AND REAL-WORLD OUTCOMES IT CREATES.

A **RACIST IDEAS**

An idea suggesting one racial group is superior or inferior to another racial group

Māori people and culture are inferior therefore Pākehā are superior and must lead.

+

B **RACIST POLICIES**

Policies or rules that produce or sustain racial inequities

Policy makers design systems to benefit Pākehā as they are seen as the 'best way' to do things.

+

C **RACIST PRACTICES**

Behaviours or actions that produce or sustain racial inequities

People in the system, whether consciously or unconsciously, use their own bias to constrain opportunities for Māori.

=

RACIST INEQUITIES

When two or more racial groups are not on the same footing

Māori are blamed for their disadvantage with racist people using these inequalities as weapons to justify the racist ideas, policies and practices that produce and sustain them.

CASE STUDY: HOW SYSTEMIC RACISM PLAYS OUT IN OUR HEALTH SYSTEMS IN AOTEAROA AND DRIVES UNRESPONSIVE HEALTH CARE:

RACIST IDEAS + RACIST POLICIES + RACIST PRACTICES = RACIAL INEQUITIES

A "IT WORKS FOR PĀKEHĀ SO MĀORI MUST BE THE PROBLEM"

+

B "ONE SIZE FITS ALL"

+

C UNDERFUNDED INSENSITIVE UNRESPONSIVE

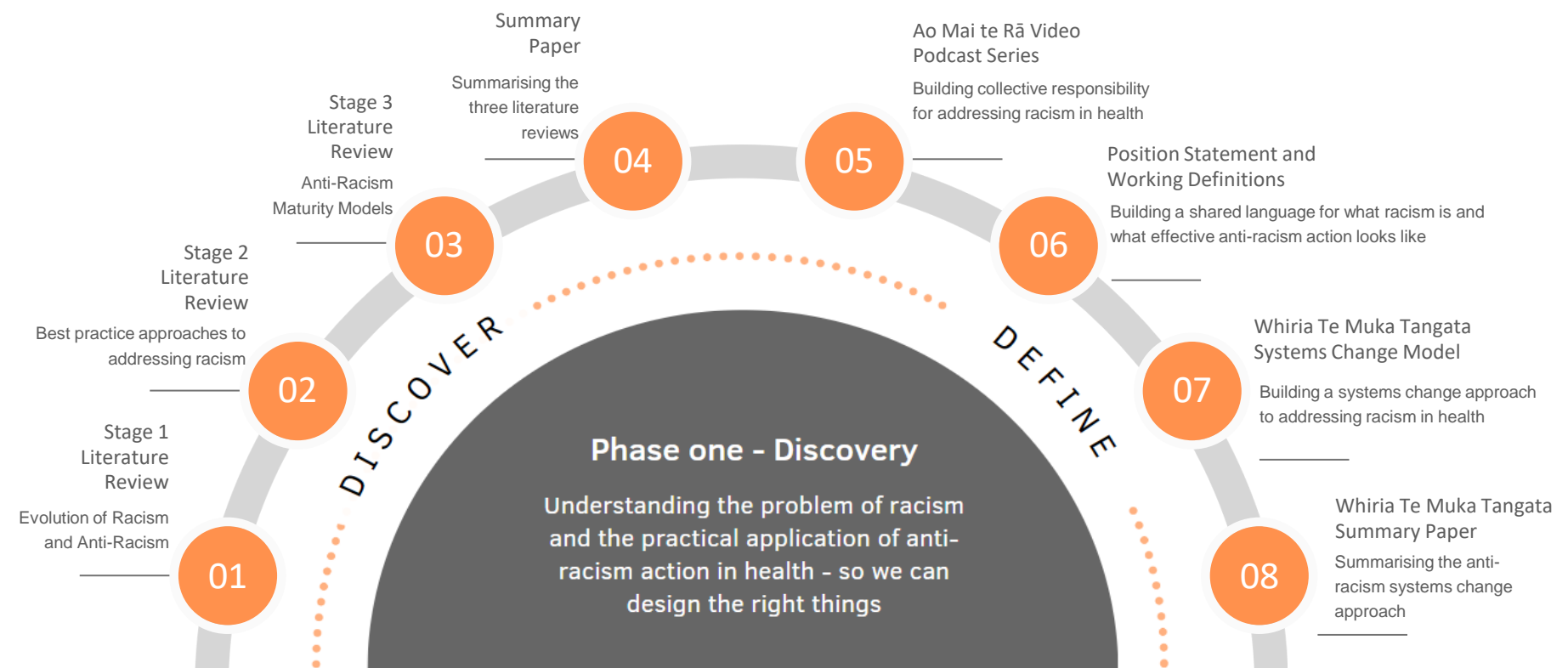**=**

D MISSED DIAGNOSIS FAILING PATIENTS

The journey so far:
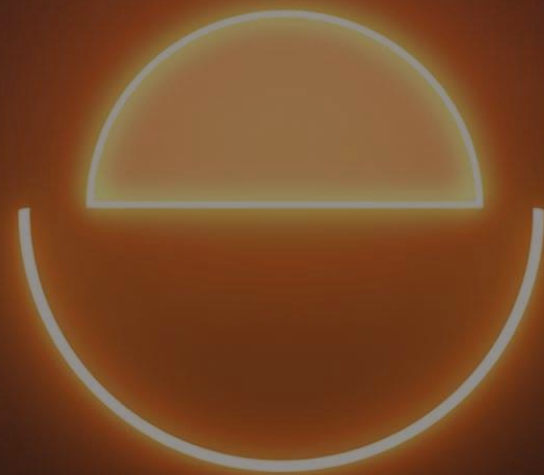Defining the pathway forward

Phase One
Ao Mai te Rā: the Anti-Racism Kaupapa

In the infographic below, outlines the journey map for phase one of Ao Mai te Rā. Phase one is a discovery phase - supported by three discrete components of research that will help define our pathway forward.
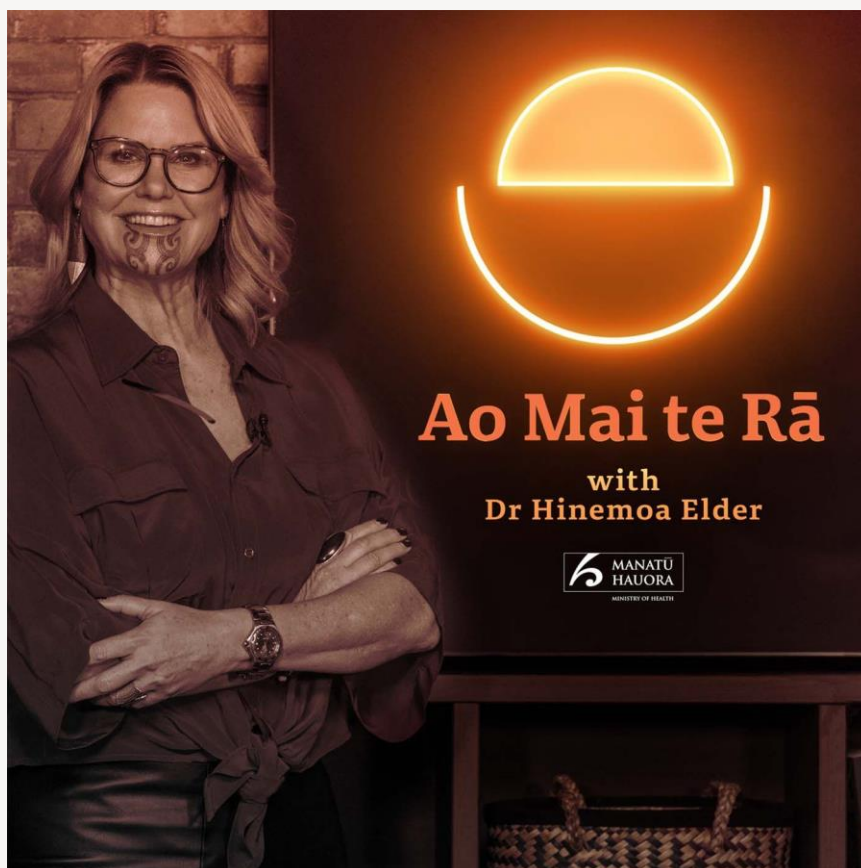
Stage 1 Literature Review
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Whiria Te Muka Tangata Summary Paper
Summarising the anti-racism systems change approach

01 02 03 04 05 06 07 08

DISCOVER

DEFINE

Phase one - Discovery

Understanding the problem of racism and the practical application of anti-racism action in health - so we can design the right things

An overview of the anti-racism video podcast series

Ao Mai Te Rā anti-racism video and podcast series

A social and digital communications campaign designed to:

- create widespread awareness of the Ao Mai Te Rā work programme
- promote collective action against racism across the system
- humanise the issue of racism by describing clear connections of how racism impacts on health outcomes and the achievement of health equity.

Draws creative influence from the video podcast series Indigenous 100. The campaign comprises:

- twelve 30-minute video interviews and audio podcasts
- the social media promotional packaging, including high-resolution images
- full branding for Ao Mai Te Rā including the logo, graphics and digital assets.

An overview of Position Statement and working definitions for Racism and Anti-racism

Position Statement and working definitions

● Building collective responsibility and a shared language for racism and anti-racism
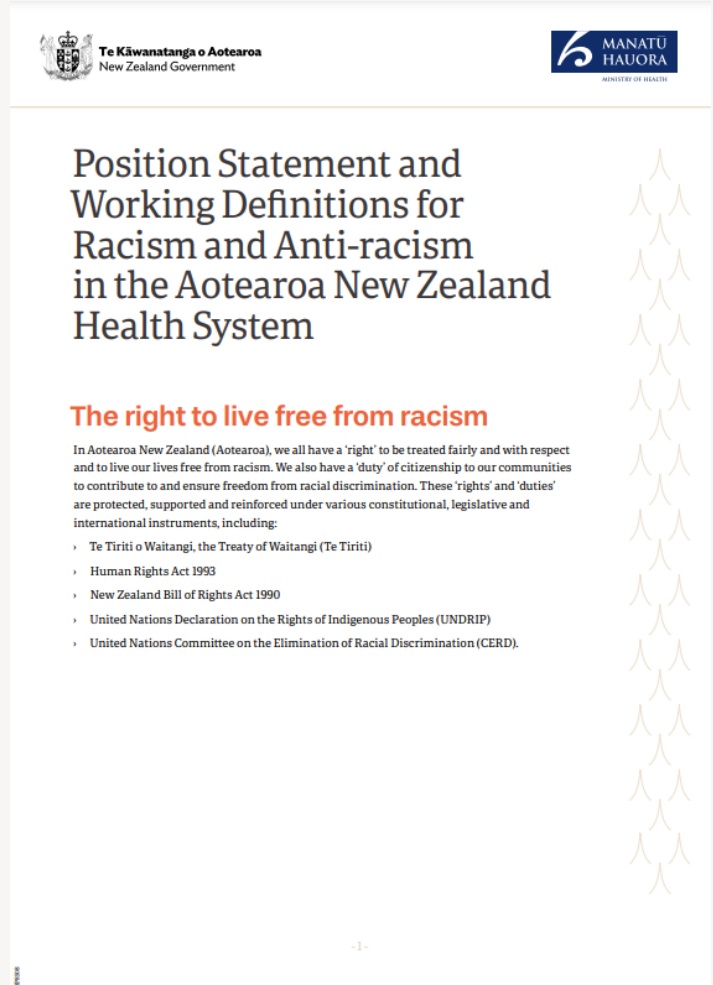
Context
- The Ministry is pro-actively issuing a statement against racism in its role as kaitiaki for the new system

Objective
- To build collective responsibility, a common understanding and shared language for racism and anti-racism

Intent
- Promotes collective responsibility
- De-sensitises the fear associated with the term 'racism'
- Enables the dialogue necessary to challenge, critique and resist the norms of racism.

Te Kāwanatanga o Aotearoa
New Zealand Government

MANATŪ HAUORA
MINISTRY OF HEALTH

Position Statement and Working Definitions for Racism and Anti-racism in the Aotearoa New Zealand Health System

The right to live free from racism

In Aotearoa New Zealand (Aotearoa), we all have a 'right' to be treated fairly and with respect and to live our lives free from racism. We also have a 'duty' of citizenship to our communities to contribute to and ensure freedom from racial discrimination. These 'rights' and 'duties' are protected, supported and reinforced under various constitutional, legislative and international instruments, including:

› Te Tiriti o Waitangi, the Treaty of Waitangi (Te Tiriti)
› Human Rights Act 1993
› New Zealand Bill of Rights Act 1990
› United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)
› United Nations Committee on the Elimination of Racial Discrimination (CERD).

At a glance: the working definitions

- Working definitions for racism and anti-racism in the Aotearoa New Zealand health system

Definition for racism

The Ministry's working definition for racism

"Racism comprises racial prejudice and societal power and manifests in different ways. It results in the unequal distribution of power, privilege, resources, and opportunity – to produce outcomes that chronically favour, privilege, and benefit one group over another. All forms of racism are harmful, and its effects are distinct and not felt equally."

Definition for anti-racism

The Ministry's working definition for anti-racism

"Anti-Racism actively opposes and addresses racism in all its forms. Anti-racism accepts the need to redistribute power, privilege, resources, and opportunity. It requires people and institutions to examine their power and privilege and acknowledge and address power imbalances. It is an essential enabler of equity and wellbeing, particularly for Māori, Pacific peoples, and communities of colour."

Describes 'what it is'

Describes 'what it results in'

Describes 'the outcome and impacts'

Embracing systems change beyond structural reform

The New Zealand Health Reforms
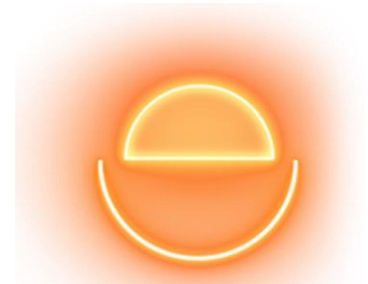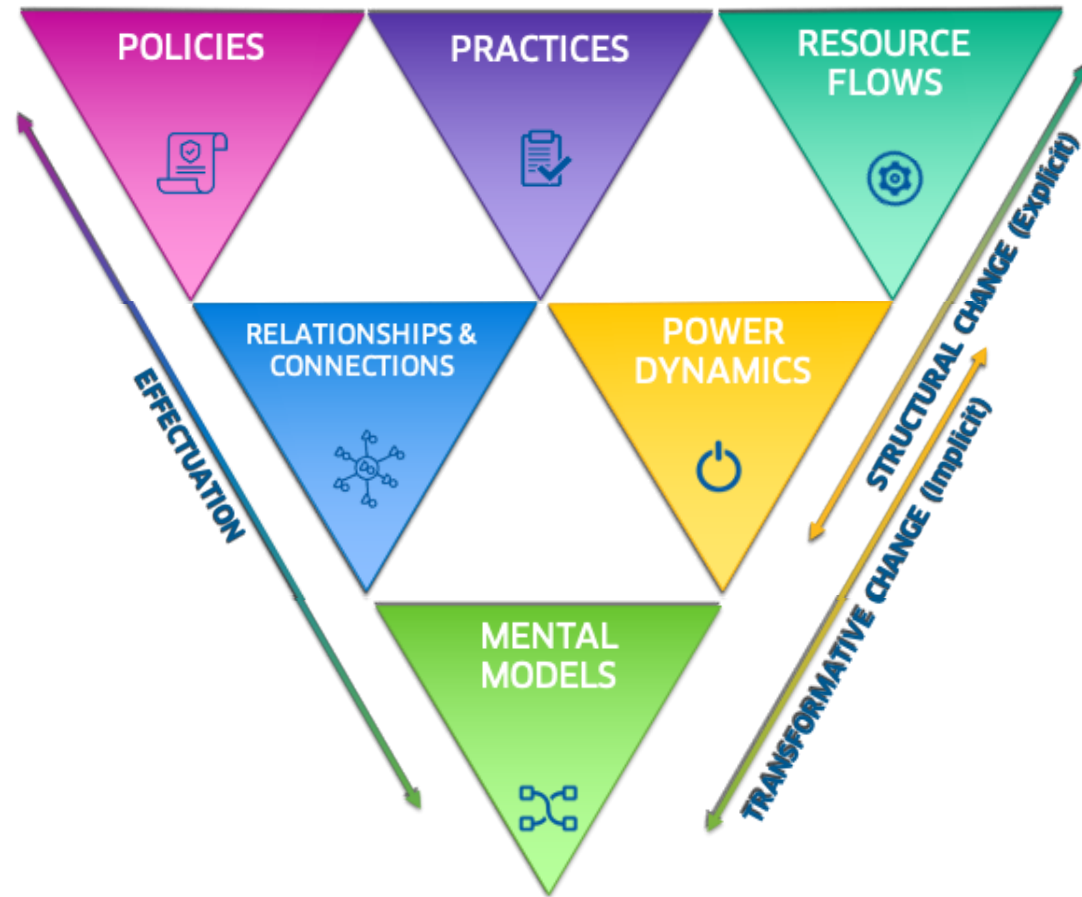
Ao Mai te Rā: the Anti-Racism Kaupapa

- *Source: The Water of Systems Change - Kania, Kramer & Senge (adapted by NASDAQ Entrepreneurial Centre*

Whiria te Muka Tangata:
An anti-racism systems change model

- Influenced by Prof Mānuka Henare's model for the Royal Commission on Social Policy
- Draws on the recommendations from the three literature reviews
- A model that gives us initial scaffolding for anti-racism systems change
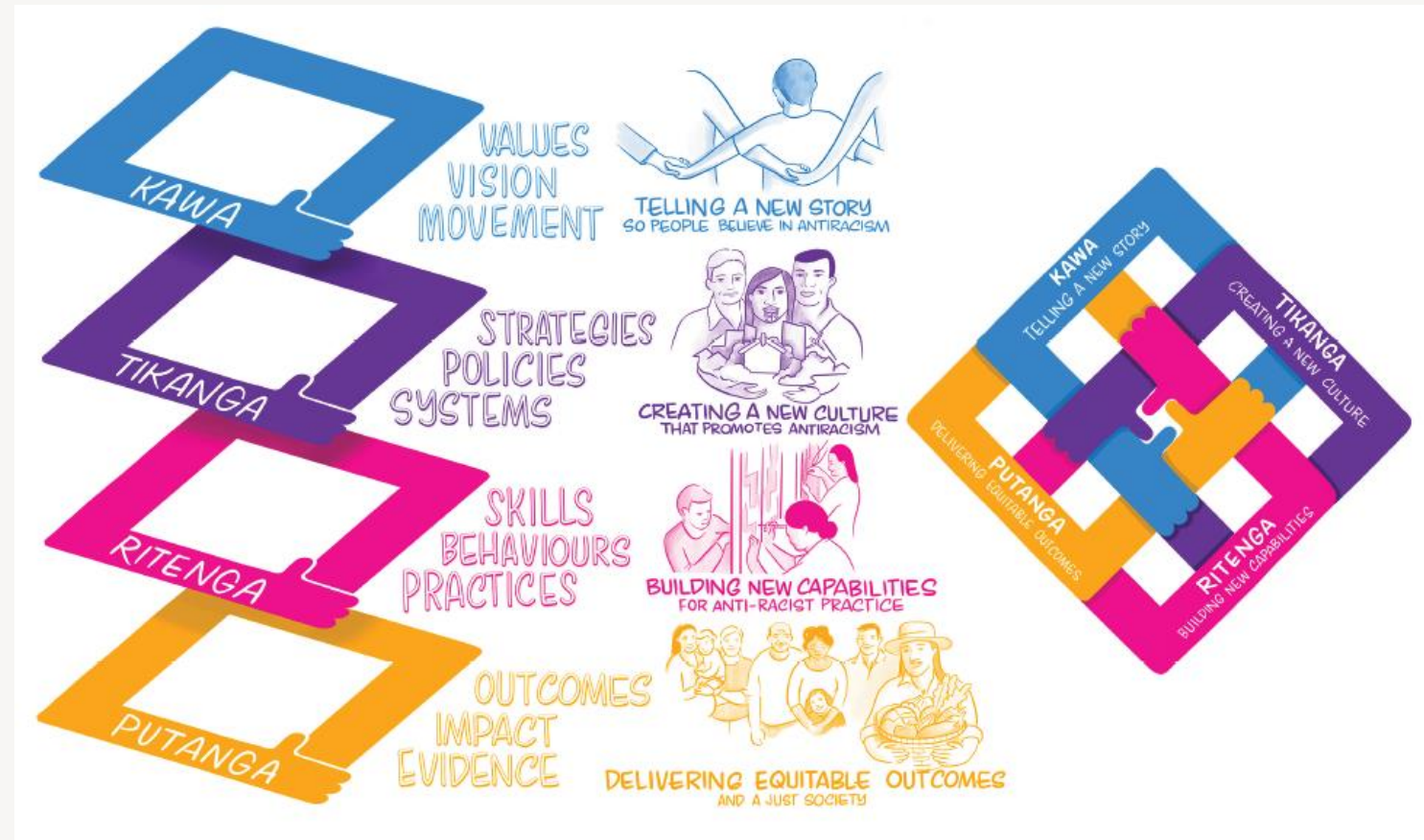
The dimensions and key levers for change

KAWA CREATING A NEW STORY

- Leadership
- Narratives

TIKANGA CREATING A NEW CULTURE

- Strategy and goals
- Power and Commitment
- Human resource policies
- Products, services and design

RITENGA CREATING NEW CAPABILITIES

- Training
- Practice

PUTANGA DELIVERING EQUITABLE OUTCOMES

- Data Collection
- Monitoring, auditing and reporting

An explanatory chain for anti-racism

A — **KAWA** **SOCIETAL**

Mindsets and social values that shape the way people view and understand the issue.

+

B — **TIKANGA** **INSTITUTIONAL**

Institutional systems and structures that sustain the issue.

+

C — **RITENGA** **INTERPERSONAL**

Human behaviours and practices that cause the issue.

=

D — **PUTANGA** **(OUTCOMES)**

The observable outcomes and evidence that demonstrate groups are not on equal footing
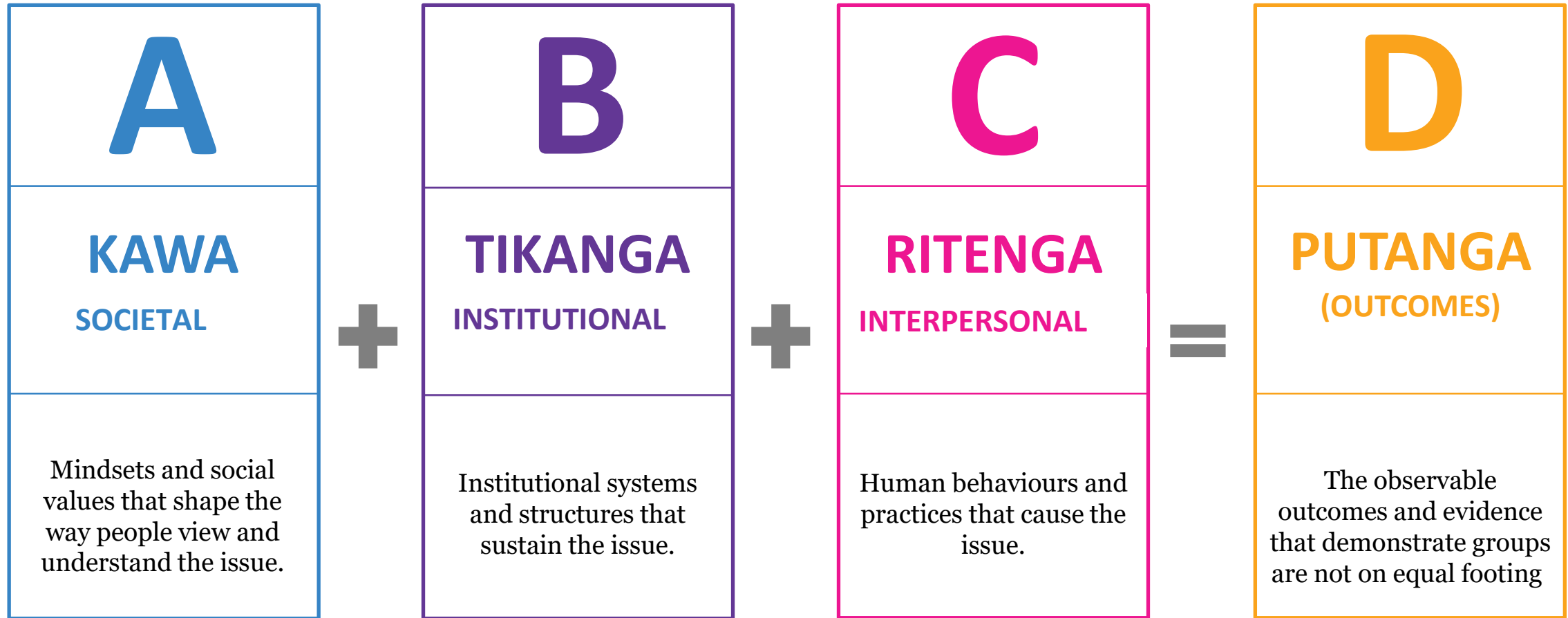
Mahi Raranga:
The weaving process
Process for shifting from theory to practice

MAHI RARANGA:
THE WEAVING PROCESS

Sensemaking

Understanding where we are now, where we need to be, and what needs to change.

Benchmarking

Assessing organizational performance and setting an organizational baseline for improvement

Stocktaking

Evaluating our portfolio of anti-racism related initiatives and actions

Strategising

Establishing a strategy with protective and corrective initiatives that will create sustainable and effective impact

Sensemaking: Uncovering the invisible drivers of inequity

The tangible (the visible consequences of racism)

Unweaving

Reweaving

What health equity issues we are seeing?
PUTANGA
What will success look like? How will we know when we have reached equity for all?

What are the behaviours that cause or perpetuate the issue?
RITENGA
What are the new capabilities we need to action the change?

What are the systems that sustain the issue?
TIKANGA
What are the new systems to create a new culture that promotes the change?

What are the values and narratives that inform the way we think about the issue?
KAWA
What are the new stories we need so people believe in the change?

The intangible (the invisible drivers of racism)

Benchmarking: Understanding where we sit on the pathway to equity

Maturity levels: Defined set of characteristics and outcomes

Ngā Whiri (Key dimensions): Specific system change categories of attribute's, characteristics, patterns or practices

Aho (Key levers of change): Specific levers that have the potential to deliver wide ranging positive change

Whenu (micro-levers): Specific micro-levers that are discrete and measurable

Scoring Averages: Aggregated score for each key thread

Capability outcome : Specific capability outcomes, which represent progression

KAHA

WHIRI	AHO	WHENU	1. RESISTANT	2. PASSIVE	3. CURIOUS	4. DETERMINED	5. CONNECTED	SCORE	AVERAGE
KAWA	K1. Leadership	K1.1	Leaders actively support dominant racist narratives	Leaders passively tolerate dominant racist narratives	Variable levels of visible leadership and commitment to changing narratives	Consistent and strong communication from organisation's leaders about tana Tangata	Mana tangata embedded in leadership cultural	2	2.5
		K1.1	Denies relevance of sector alliances for change	Reluctant participation in relationships and alliances focused on creating equity	Recognises value of equity-focused relationships and alliances but minimal implementation	Active relationships and alliances with others helping to advance broader equity objectives	and trusted partner in advancing Mana tangata	2	
		K1.1	Leaders oppose performance transparency and accountability for equity outcomes	Leaders comfortable to support low transparency and low accountability for equity outcomes	Variable levels of leadership commitment to transparency and accountability for equity outcomes	Consistent visible commitment from organisations leaders to transparency and accountability for equity outcomes	Leadership transparency and accountability for equity outcomes is normalised	5	
	K2. Narrative	K2.1	Opposes a Mana tangata narrative	Passively supports the status quo	Tentative/irregular attempts to describe what Mana tangata would look like in the organisation	Deliberate, sustained effort to describe what Mana tangata would look like in the organisation	A fully-formed narrative of 'the why' and 'the how' of Mana tangata is created	3	
		K2.2	Overtly discredits impacts of historical racism	No effort is to made to understand impacts of the past	Ad-hoc attempts to understand impacts on the past	Acknowledgement of the history of the organisation and it's role	Promotes on-going		
		K2.3	Overt minimisation of contributions of MAPIC	'Colour-blind' whitewashing	Tentative/irregular recognition of value of MAPIC	Visible acknowledgement of MAPIC contributions	normalised and embedded in practice	2	

Benchmarking: Understanding where we sit on the pathway to equity

Scoring Averages: Aggregated score for each **dimension**

Scoring Averages: Aggregated score for each **key lever of change**

Stocktaking – Evaluating our portfolio of initiatives
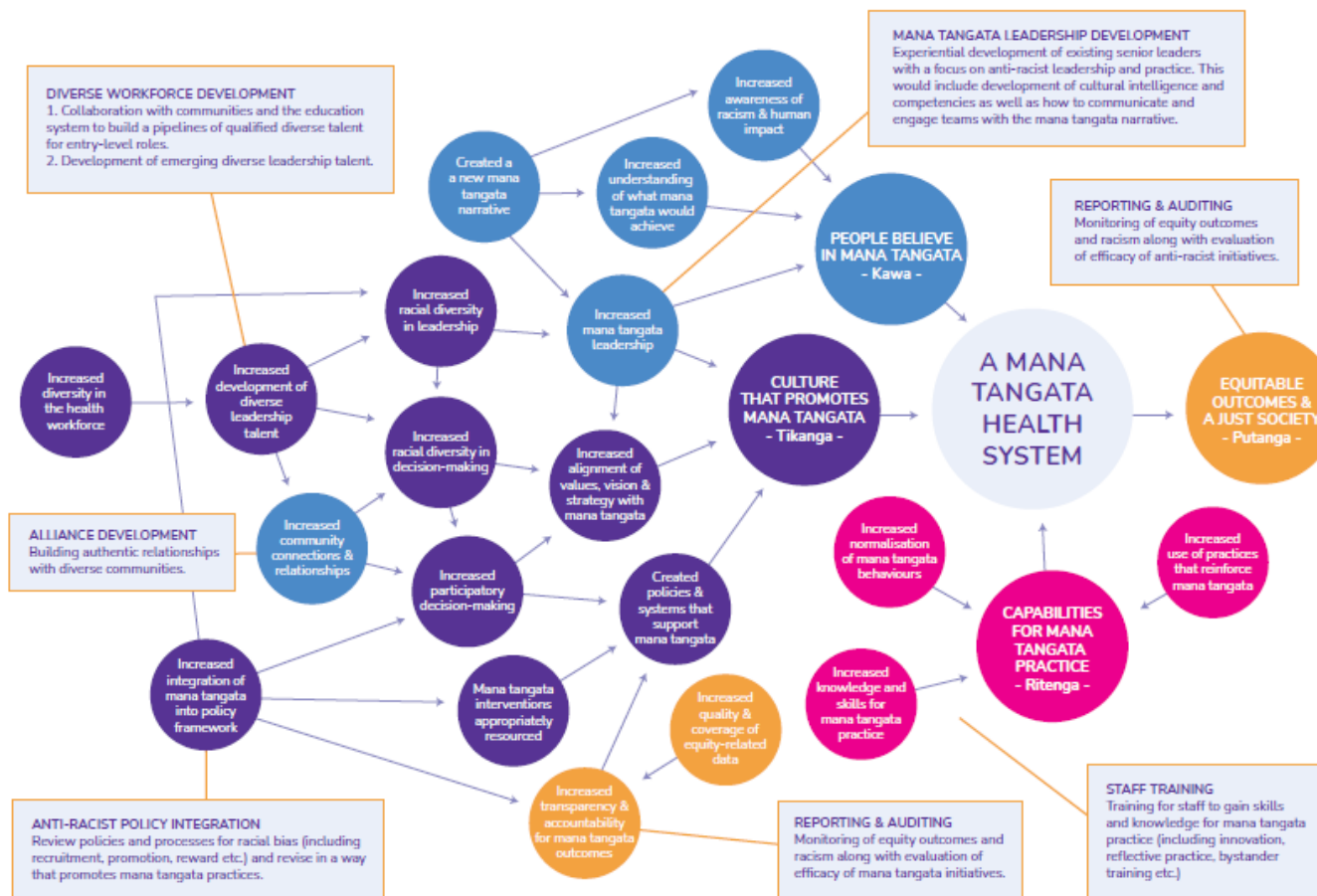
Strategizing: Understanding the impact of our initiatives
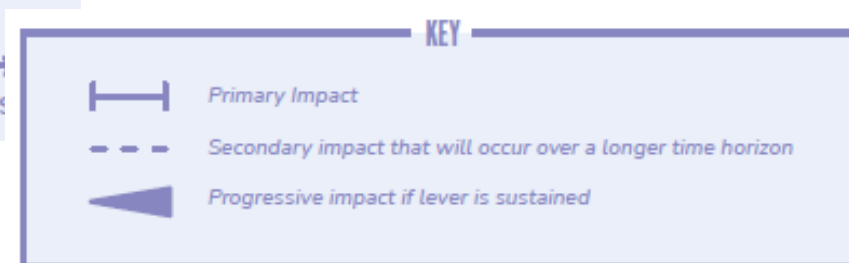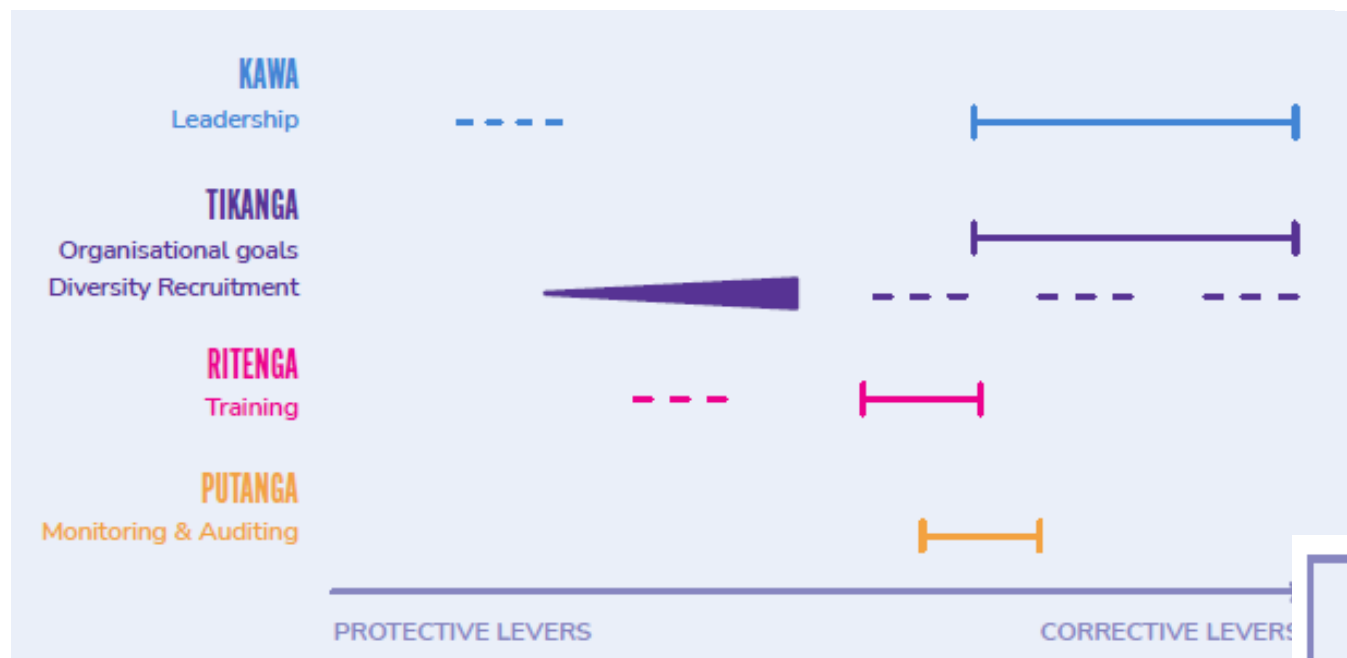
Taking practical and pragmatic steps towards equity for all

5. CONNECTED

Leading with equity embedded in an organisation means the threads are in place and strong. While this takes ongoing leadership, the ideal state is that this is normalised and sustained by the organisation's people.

4. DETERMINED

- ❑ Power & commitment
- ❑ Equity-driven practices
- ❑ Practice reviews
- ❑ Trainings
- ❑ Service design

3. CURIOUS

- ❑ Leadership
- ❑ Narrative
- ❑ Strategy, vision, goals
- ❑ HR policies
- ❑ Data collection

2. PASSIVE

- ❑ Monitoring, reporting & auditing

1. RESISTANT

If you would like more information, please visit

www.health.govt.nz