Māori Health

Addressing Inequities and Racism in the Health System

By Sue Claridge

The 2019 Matariki Awards on the 30th of June underlined a disturbing truth; Māori, by and large, are let down by our health system. The reasons are many and varied and range from institutionalised racism through to over-representation of Māori in the most deprived sectors of our communities.

At the awards, the Hiwa i te Rangi Award for Community was presented to Smear Your Mea – a campaign to raise awareness of cervical cancer and encourage women to have a smear test.

Sadly, the campaign's champion Talei Morrison, was not there to receive the award; she died in June 2018 after having been diagnosed with stage IV cervical cancer. She launched Smear Your Mea out of frustration at not finding educational material that connected with her as a Māori woman. Although Talei Morrison has died, the campaign continues to raise awareness for wahine in Aotearoa.

Māori women are almost twice as likely to be diagnosed with cervical cancer (9.4 per 100,000 for Māori in 2017 versus 5.4 per 100, 1000 for non-Māori[1]). The disparity is greatest in the highest deprivation quintile, while in the least deprived areas, Māori women have a significantly lower rate of cervical cancer.[2] The disparity continues in the mortality statistics, with the 2016 cervical cancer death rate for Māori women more than twice that of non-Māori.[3] Again the disparity is exacerbated by deprivation.

The outcomes for Māori are just as bleak for all cancers combined, cardiovascular disease, diabetes and respiratory disease (see Figure 1).

Deprivation is a significant predictor for health outcomes in Aotearoa New Zealand and Māori are over-represented in the areas of highest deprivation. Figure 2 shows that higher proportions of Māori live in areas with higher NZDep2013 scores; that is, in more deprived areas. In 2013, 23.5% of Māori lived in decile 10 areas/ areas with the highest level of deprivation (compared with 6.8% of non-Māori), while only 3.8% lived in decile 1 areas/ areas with the lowest level of deprivation (compared with 11.6% of non-Māori).[4]

In July 2019, the report *A Window on the Quality of Aotearoa New Zealand's Health Care 2019*[5] was published by the Health Quality & Safety Commission. The report focuses on Māori health equity and concluded that there are the following health inequities for Māori:

- Inequity in access: services are less accessible for Māori, with health services being less likely to be accessible for Māori compared with non-Māori over the life course, beginning prior to birth.
- Inequity in quality: services are not providing the same benefits for Māori; even when they can access services, the evidence shows inequity in the quality of those health services and treatments for Māori.
- Improvement – efforts to improve quality do not always improve equity for Māori.

In his foreword to the report, Professor Sir Mason Durie says "It would be misleading to conclude that failures in the health system are the reason for all the disparities. Sub-standard housing, poor education, unemployment, low incomes, cultural alienation, alienation from land, and frank discrimination have all contributed to the problem. In that respect, a whole-of-society remedy must be sought."[5]

The HQSC states that they have a "vision of an Aotearoa New Zealand where no avoidable, unfair or unjust health inequities exist that are based on differences in ethnicity, socioeconomic circumstances, geography, gender, sexuality, age, specific health conditions or disabilities, or combinations of these."

They recognise that "Māori have their own health aspirations, priorities, goals and ways of working" and they "aim to partner with and work alongside Māori, offering tools, resources and support to advance Māori health, so all Māori can live long, healthy lives."

Significantly, the report states that institutional racism has "established and maintained advantage for most non-Māori and disadvantage for Māori within the wider determinants of health, and within the health system itself."

Two of the key messages of the report are that:

- the health system must acknowledge and understand inequities, and commit to equity and Māori health advancement by enabling services where needed, identifying and removing institutional racism from our organisations and services; and
- the health system requires Māori leadership and partnership to improve access, service and treatment.

There has been much discussion over the last year about the need for inequities and disparities in

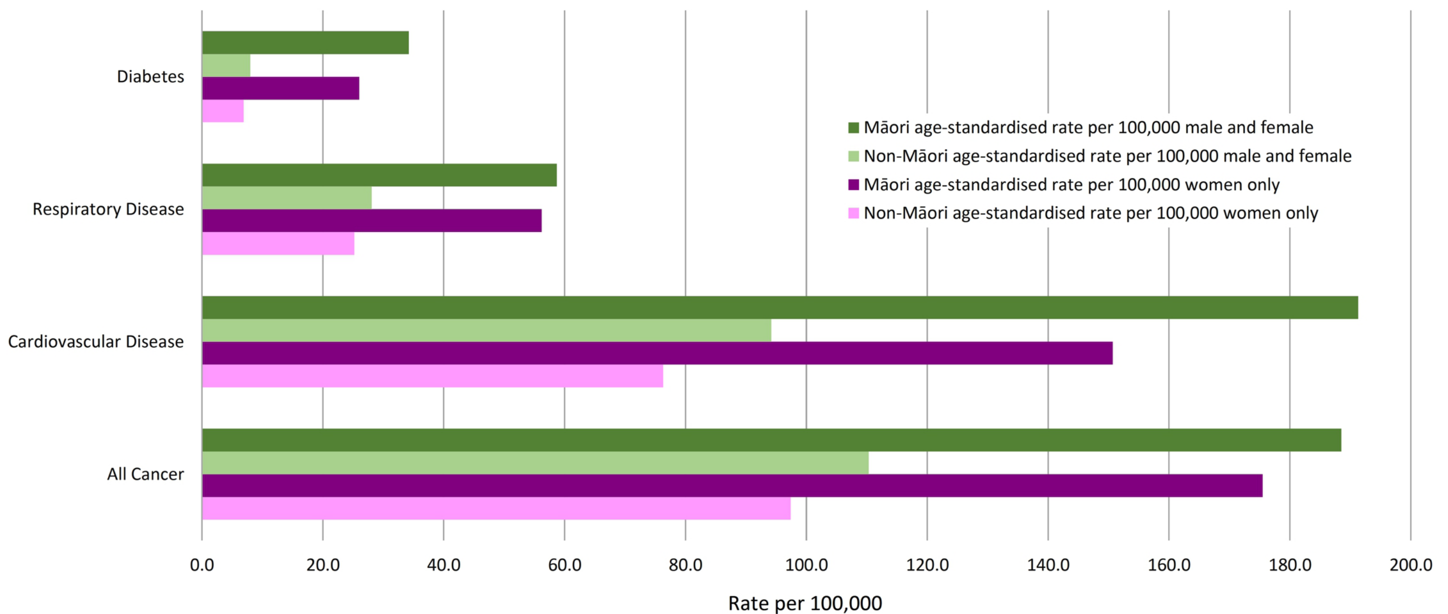

Figure 1 Age standardized death rate (per 100,000 of population) for Māori and non-Māori, for women only and total population for the four main non-communicable causes of death in 2016 (from data from *Mortality 2016: Data tables*[3])

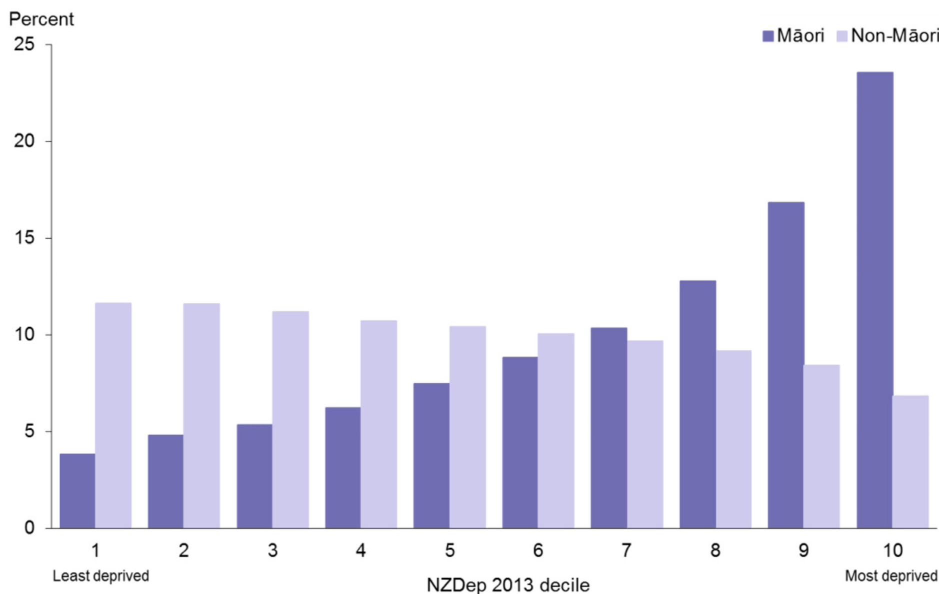

Figure 2 Neighbourhood deprivation distribution (NZDep 2013), Māori and non-Māori, 2013[4]

Māori health to be viewed and addressed through a Māori lens.

In October 2018, Lady Tureiti Moxon, managing director of primary health organisation Te Kōhao Health Ltd, presented evidence in the first stage of the WAI 2575 Health Services and Outcomes Waitangi Tribunal hearing at Tūrangawaewae marae. Claimants at the hearing said "institutionalised racism and inequity are at the heart of the disparities in outcomes, and they want Māori at the forefront of a new system based on mana motuhake, or self-determination."[6]

The Treaty of Waitangi claimants are lobbying for a Māori health agency outside the Ministry of Health.[6, 7] Simon Royal, chief executive of the National Hauora Coalition, the largest Māori primary health organisation, said "We need our own agency, to assist and drive health outcomes for Māori."[6]

While Director General of Health, Ashley Bloomfield, acknowledged that "the state of health for Māori is unacceptable and it is the core business of the New Zealand health and disability system to respond effectively", he said outcomes could be improved within the current system rather than through a separate agency.

However, the Waitangi Tribunal disagreed in their report published in July, in which they told the Government that a stand-alone Māori health agency should be set up and that they should consider compensation for failing to improve Māori health over the past 20 years.[8, 9] The Tribunal found "serious Treaty breaches concerning the way the Crown holds the primary health care sector to account and reports on its performance, finding that there were few mechanisms in place to ensure accountability and that those mechanisms that did exist were rarely used in relation to Māori health."[9]

It has been encouraging to see open discussion of what has all too often been swept under the carpet – institutionalised racism in Aotearoa New Zealand – and that conversation is now increasingly being had in our health sector. In a 29th of March editorial in the *New Zealand Medical Journal*, Came *et al.* write that "Compelling evidence suggests racism against Māori, in all its forms, has become a normalised part of New Zealand society", and that racist

policies and practices have "resulted in many Māori living in conditions that put their health at risk and has entrenched preventable health disparities."[10]

They further state that "many studies have documented critical influences of racism within the New Zealand health system… [that] spans a spectrum from health policy-making and contracting, through to the behaviour of health professionals, managers and receptionists."[10]

They make it clear that this racism differs from casual and deliberate racism in our communities, saying that "institutional racism does not involve the intention of those within the system, rather it turns on the structures, policies and practices of that system and the ways in which they reflect and maintain cultural dominance. Systemic inequities in social, educational and health outcomes are an indication of the effects of institutional racism that can also be seen in policies, practices and the racial climate within an organisation."[10]

The paper states that Aotearoa New Zealand needs a co-ordinated national action plan to end racism that includes:

- honouring te Tiriti o Waitangi and resolving the legacy of historic racism;
- improving racial climate through public education and conscientisation;
- transforming public institutions through systems-change;
- mobilising civil society; and
- the imperative to engage in constitutional transformation.

In July, the Auckland District Health Board received an Equity Deep Dive report at its Board meeting.[11] The Executive Summary stated that "Auckland DHB is committed to achieving equity that is rights-based for Māori as Tangata Whenua and needs-based for our Pacific and other priority populations."

The report went on to say that "eliminating healthcare inequities is a strong strategic focus at Auckland DHB and we are committed to ensuring our Māori and Pacific communities achieve equitable health outcomes. With the increasing recognition of racism as a basic underlying determinant of ethnic inequities in health, eliminating institutional racism within both workforce development and service delivery is integral to achieving health equity."[11]

The board has recognised racism as a "basic, underlying" reason for poor health suffered by Māori and Pacific New Zealanders, and will put managers through training modules as part of a new plan to stamp out institutional racism.[12]

Northland DHB has followed suit, with an internal briefing that states: "Northland DHB has been aware that as an institution we fitted the definitions which described racism, inequity and inequality."[13]

Harold Wereta, general manager for Māori health at Northland DHB, drafted a position statement on institutional racism, in which he said:

"It is the collective responsibility of the Northland health system to rid itself of this practice. We are committed to this within NDHB working together with people, whānau/families, communities, hapū, iwi, health agencies and other partners to influence this change and improve access to healthcare to Northland Māori."

The moves by ADHB and NDHB to stamp out racism within their services are an enormous step forward. It comes a year after the *Annual Report of the Perinatal and Maternal Mortality Review Committee* found significant racial disparities between Māori, Pacific and Indian mothers and babies compared with other ethnic groups that led to "significantly higher neonatal death rates for babies without congenital anomalies of Māori, Pacific and Indian mothers compared to mothers of Other Asian, Other European and New Zealand European [ethnicity]".[14] It also comes less than a year after research found racial bias in the treatment of life-threatening complications in pregnancy, leading to adverse outcomes for Pasifika and Indian women and their babies.[15]

We have to hope that this acknowledgement of racism as an underlying contributor to inequities and disparities in Māori (and Pasifika) health is contagious, and that the other Auckland metro DHBs* and the other 16 DHBs around the country follow suit.

All New Zealanders – irrespective of skin colour, ethnicity, post code, education or income – deserve the very best health care our system has to offer and to be supported to live long, healthy lives.

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* The Waitangi Tribunal Report was presented to and discussed at the Waitematā DHB Board meeting on the 3rd of August.

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UP AND COMING EVENTS

District Health Board

meetings for September to November 2019:

Waitematā DHB Board meetings 2 October* and 13 November at 9:45am; **Hospital Advisory Committee** meetings 11 September and 23 October at 1:30pm; **Community & Public Health Advisory Committee** meeting 30 October at 10am. Meetings held in the DHB Boardroom, Level 1, 15 Shea Terrace, Takapuna. (* this meeting to be held at the Mason Clinic)

Auckland DHB Board meetings 25 September and 6 November at 10am; **Hospital Advisory Committee** meetings 4 September, 16 October and 27 November at 1:30pm. **Community & Public Health Advisory Committee** meeting 30 October. Meetings are held in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital.

Counties Manukau DHB Board meetings 18 September and 31 October at 9:45am in room 101 at Ko Awatea, Middlemore Hospital; **Hospital Advisory Committee** meetings 9 October and 20 November at 1pm in room 101 at Ko Awatea, Middlemore Hospital; **Community & Public Health Advisory Committee** meetings 25 September and 6 November at 9am in the CM Health Board Office, 19 Lambie Drive, Manukau.

www.waitematadhb.govt.nz | www.adhb.govt.nz | www.cmdhb.org.nz

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Ethics Committee Meetings

Northern A and Northern B

(Ministry of Health, Level 3, Rangitoto Room, Unisys Building, 650 Great South Road, Penrose, Auckland)

Northern A: Tuesdays | 17 September | 15 October | 19 November | all at 1:00pm – open to public at 1:30pm

Northern B: Tuesdays | 3 September | 1 October | 5 November | all at 1:00pm – open to public at 12:30pm

https://ethics.health.govt.nz/about-committees/meeting-dates-venues-minutes

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7th International Preventing Overdiagnosis Conference

5th to the 7th of December 2019 | Sydney, Australia

More information at http://www.preventingoverdiagnosis.net/

Maternity Natural Health Symposium
The expo on Perinatal Integrative Medicine

Sunday, 22nd of March 2020 - 7:30 am – 5:30 pm

Novotel Auckland Ellerslie, 72-112 Green Lane East, Auckland

for more information go to https://www.eventbrite.co.nz/e/maternity-natural-health-symposium-registration-68973057271