<table>
<thead>
<tr>
<th>Language</th>
<th>Greeting</th>
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<tbody>
<tr>
<td>Aere mai</td>
<td>Halo oloketa</td>
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<tr>
<td>Bula</td>
<td>Halo</td>
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<tr>
<td>Fakaalofa lahi atu</td>
<td>E komo mai</td>
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<td>Afio mai</td>
<td>歡迎</td>
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<td>Taloha ni</td>
<td>환영</td>
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<td>Malo e lava mai</td>
<td>Mabuhay</td>
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<td>Ulufale mai</td>
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Welcome to all peoples

Nau Mai Haere Mai Nga Tangata O Te Ao

www.hauora.co.nz
Towards Health Equity-
Putting tools in the kete

Dr Viliami Puloka & Trevor Simpson
With appreciation to the Health Promotion Forum Team
October 2015
Health Promotion Forum

• Vision: Hauora – Everyone’s right
• Commitment to Te Tiriti o Waitangi
• We build
  – Leadership
  – Relationships
  – Workforce
• Over 150 organisations are members
HPF priorities and work

Te Tiriti and equity
- Maori health
- Pacific health
- Activities which benefit those who are least advantaged

Leadership
Distributed, networked, forward looking, courageous

Relationships
Collaborative, strategic

Workforce development
Education and training
Communications and information
Professional infrastructure
Learning outcomes

At the end of the workshop you will have

As a result of attending this workshop, participants will:
• Further their understanding of the importance of Te Tiriti o Waitangi causes of inequities
• Have tools for developing and improving their practice when working in communities where inequities are most prevalent
• Gain knowledge that will enhance the effectiveness in advocating for social change and health policy
• Gain an understanding of the link between health promotion and the wider determinants of health
Welcome
• Karakia / mihi whakatau
• Whakawhanaungatanga
• Learning outcomes

Break

10.00am Session 1
• Setting the scene- what are we going to discuss?
• Equity, Equality and SDH

12.00 - 1.00 Lunch
Session 2
• Determinants of inequity, Pacific Health and group work

3pm Review
• Review
• Where to from here? A call to action.
Minimising Health Inequities Through Systems Change
Health inequality and inequity

Health inequalities can be defined as differences in health status or in the distribution of health determinants between different population groups. For example, differences in mobility between elderly people and younger populations or differences in mortality rates between people from different social classes. It is important to distinguish between inequality in health and inequity. Some health inequalities are attributable to biological variations or free choice and others are attributable to the external environment and conditions mainly outside the control of the individuals concerned. In the first case it may be impossible or ethically or ideologically unacceptable to change the health determinants and so the health inequalities are unavoidable. In the second, the uneven distribution may be unnecessary and avoidable as well as unjust and unfair, so that the resulting health inequalities also lead to inequity in health.

http://www.who.int/hia/about/glos/en/index1.html
Why are there health inequities?

- Social determinants of health?
- Ethnicity?
- Racism?
- Ongoing affects of colonisation?
- Policies?
“...white terrorists bomb a black church and kill five black children that is an act of individual racism...

But when in the same city – Birmingham, Alabama-five hundred black babies die each year because of the lack of proper food, shelter and medical facilities, and thousands more are destroyed and maimed physically, emotionally and intellectually because of conditions of poverty and discrimination in the black community that is a function of institutional racism”.

Māori health inequities?

1. **Differential access to the determinants of health** with respect to the determinants of health such as education, employment, income, housing, income etc. These factors also pattern exposures to other risks like tobacco use, poor nutrition, problem gambling, and ‘binge’ patterns of alcohol use.

2. **Differential access to health care.** Examples include: Māori experiencing longer and slower pathways through health care, hospitalisation rates are lower in diseases with high death rates.

3. **Differences in the quality of care received.** Evidence of Māori being less likely to receive appropriate levels of care is seen in screening for and treatment of heart disease, pain relief during labour, diagnosis and treatment of depression and diabetes screening and management.

http://www.otago.ac.nz/wellington/departments/publichealth/research/erupomare/research/otago019494.html
Improvements in life expectancy in New Zealand

Tobias, Blakeley et al, 2009
How to Reduce health inequities

• Undertake health promotion that addresses social determinants of health
• Ottawa Charter
• Treaty of Waitangi
• Health promotion equity tools
• Others?
Outline

• What is the current operating environment?
• What are the causes of the causes of health inequities?
• Later....your community response
  – What is a potential process?
  – What do we bring?
  – What do we want?
Minimising Health Inequities Through Systems Change

Neo-liberalism Environment
To Summarise

Inequity refers to unfair, avoidable differences arising from poor governance, corruption or cultural exclusion.

What are some examples?

Inequality refers to the uneven distribution of health or health resources as a result of genetic or other factors or the lack of resources.

What are some examples?
Minimising Health Inequities Through Systems Change

THE TREATY OF WAITANGI IS THE FOUNDING DOCUMENT OF AOTEAROA NEW ZEALAND

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What are the causes of the causes?
Minimising Health Inequities Through Systems Change
INSANITY: doing the same thing over and over again and expecting different results.

~ Albert Einstein
Minimising Health Inequities Through Systems Change

Maintain Backbone

Mobilise Allies
E-network

Engagement
Te Tiriti o Waitangi

Policy position: e.g. HPF

Monitoring
Nationwide survey

Systems Change Research

Master the context & understand the System

Capacity Building, Advocacy & Awareness Raising

UN & other Mechanisms e.g. CERD

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Towards Health Equity

• "Systems change" is a shift in the way that a community makes decisions about policies, programs, and the allocation of its resources — and, ultimately, in the way it delivers services to its citizens.
A way forward

- Strengths-based approach building on existing policy and practice
- Aligned to quality assurance systems
- Evidence-based approach
- Māori, Pacific and low socio-economic groups involved at all levels
- Action research approach – reflect, plan, observe, reflect etc.
- Supported with socio-political development e.g. Equity training
A long term plan (with lots of milestones!)

Figure One: Overview of Health Equity Systems Change Intervention
A potential way forward

- **Stage 1** - recruit a “change team” to detail the approach, gather and analyse data, and work up the interventions.

- **Stage 2** - enact two cycles of action research, deliver training to stakeholders to support innovation and gather and analyse indicator and evaluation data.

- **Stage 3** - utilise data and recorded observations to complete the process evaluation of the project and carry out a desktop audit of policies and change readiness of all stakeholders and participants, in view of study outcomes.
Socio-political development

- Critical consciousness, consciousness raising, decolonisation...
- Noticing inequity, noticing privilege
- Owning one’s partial world view
- Critical awareness of dominant culture

- Moving beyond good intentions...
Opportunities

- Shift in how “problem” is perceived and how things done.
- Minimising gap between policy and practice.
- Strengthened capacity within some DHB’s and service providers.
- BOTH learning and implementing change simultaneously.
- Design workable solutions – quantifiable change in specific area – improved health outcomes.
- Evaluate effectiveness approach in local conditions.