

# Institutional Racism Special Interest Group

## 2014 Election Positions on Institutional Racism

Institutional racism is defined as an entrenched pattern of differential access to material resources and power determined by race, which advantages one sector of the population while disadvantaging another<sup>[1]</sup>. It can occur by both action and inaction in the face of need. Within the New Zealand context institutional racism against Māori has a decided colonial element about it with its origins in processes of colonisation and assimilation. Contemporary expressions of institutional racism are documented in Waitangi Tribunal deeds of claim and manifest in entrenched inequities in health, education, employment and criminal justice outcomes for Māori.

Given it is election season a group of committed public health practitioners asked all the political parties what their position was on addressing institutional racism. Below are the responses received in alphabetical order, note lengthy responses have been edited. We hope this information will help you make an informed choice about which political party to support this election. Let's wipe out institutional racism!

	<p>We disagree with your definition of institutional racism in New Zealand, but we share your concern about it. To help eliminate institutional racism in New Zealand we would abolish the Māori electorates, the Department of Māori Affairs and the Department of Pacific Island Affairs.</p>
	<p>Institutional racism is a big part of the war on cannabis and other drugs. Māori are four times more likely to be arrested and put in prison for cannabis. While many Caucasians are offered medical rehabilitation rather than being criminalised. This is an example of institutionalised racism in the health sector, which can only be addressed by regulating the cannabis trade.</p>
	<p>As a party we are very concerned about the growing inequality in New Zealand, which exacerbates racism in all its forms. We feel that advocacy and Treaty-based policies are important to the effectiveness of delivering social services, and our financial mechanism would provide the funding for anything that is deemed necessary.</p> <p>DSC is firmly convinced that income, and a lack of it, is central to the issues of poverty, inequality and racism. Too many government assistance programmes are targeted to people in work, thereby discriminating against families who subsist on a benefit, i.e. the very poorest families.</p> <p>Systemic racism means that a large majority of the people living in poverty are members of non-white communities and ethnicities.</p> <p>DSC would establish a Basic Income paid to every resident of New Zealand, regardless of age, fully funded health care and education as a 'social wage'; and the public ownership and control of essential utilities such as power, water and telecommunications. Our objective ultimately is to encourage individual enterprise, allowing people and families the means to live in health and work to their passions. The power and confidence this will give to communities will have huge benefit, especially when they face adversity or discrimination.</p> <p>Alongside this I would advocate an in-depth study of public service delivery processes to identify, correct and redress all discrimination, whether it be through education of providers, better cultural practice and sensitivity, more on-the-ground workers who come from non-white communities, and/or better representation of those communities in management.</p>
	<p>Good health is supported by having a good standard of living. A decent level of housing, a liveable income, and a job with good work conditions where people are in charge of their lives, are key determinants for whānau health and wellbeing.</p> <p>To ensure equitable access to non-discriminatory, quality health care we would:</p> <ul style="list-style-type: none"> <li>• Eliminate institutional racism in the health system through greater ethnicity-based auditing, a more effective governance system, the expansion of Māori health provision including rongoā Māori and the protection of traditional practices, and health workforce development to address the racism of health care workers and</li> </ul>

	<p>systems.</p> <ul style="list-style-type: none"> <li>• Pay parity for healthcare workers employed by Māori and iwi health providers.</li> <li>• A renewed focus on improving health statistics for low-income Maori and Pasifika families where health needs are greatest.</li> <li>• Support Māori health programmes with proven outcomes, including initiatives in mental health, and use these as a benchmark for a national roll out of initiatives.</li> <li>• Introduce compulsory standards for aged care providers, including minimum staffing and training levels. There needs to be pay parity for aged care workers with staff employed by DHBs.</li> <li>• Support the use of cannabis for medicinal purposes when made available under prescription from a health professional.</li> <li>• Introduce plain language information for users of health services to improve health literacy.</li> <li>• Develop a paramedic training programme and emergency rapid response service for areas where health services are scarce.</li> <li>• Levy private health providers to contribute to the public health system where they transfer patients to maintain private profitability.</li> </ul>
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To improve Māori health we need to be relentless in our approach to the elimination of institutional racism. It's about understanding the difference culture makes to health and wellbeing of people and acting accordingly.

Within the context of public health we welcome the development of an overarching Tier 1 Kaupapa Māori service specification within the Ministry of Health's Public Health Service Specifications. The purpose of such a specification would be to strengthen compliance with the Treaty of Waitangi, strengthen services for Māori and reduce health inequalities. This is important as service specifications guide the negotiation of contracts and it moves cultural competency from rhetoric to practice.

The Health Practitioners Competence Assurance Act 2003 has required all health professionals to step up to the mark. Cultural competency has been a long established standard in the health profession – in its essence it encompasses the need for health workers to be conscious of their own cultural awareness as a pre-requisite to relating to other cultures. Cultural competency is also about understanding how our values impact on practice, it assists effective communication, and it is about enhancing relationships to ensure the best possible outcomes

We need to examine our systems and processes to see how we can better meet the needs of the people. A big part of our success will be in empowering people to be more active and engaged in decisions relating to their health through health literacy - becoming more aware of the opportunities for transformation.



"New Zealand First considers all policy-making should be based on need and not on race, creed or colour. We would direct Government resources to where they are of greatest benefit and ensuring this is based on demand, not on ethnicity."



We believe that every New Zealander has the right to live free of discrimination. The New Zealand government has human rights obligations, to remove discrimination and inequities between ethnic groups. Māori, migrants and other minorities face hurdles in many areas because of institutional racism.

As a starting point, we believe that greater emphasis needs to be paid to the fact that New Zealand is a multicultural society set in a bicultural framework that recognises the Te Tiriti o Waitangi as the founding document of this country. New Zealand should work at addressing all issues raised by institutional racism within the Treaty context. We also believe that a standalone Ministry of Ethnic Affairs will be helpful in addressing the racism issues faced by many minorities.

	<p>New Zealand needs to develop a set of indicators for assessing the extent of discrimination and the status of human rights. We believe adequate funding needs to be directed to combating institutional racism and agencies that do this work, such as the Human Rights Commission, need to be fully supported.</p> <p>We know racism, stigma and marginalisation increase poor health outcomes so we would specifically address the social determinants of health. We recognise that communities need to be involved in planning health services so that their voices are heard. We will work with communities to combat prejudice; develop fair, compassionate and effective processes in all areas and ensure that education, health and other institutions meet the needs of marginalised communities.</p> <p>We believe this will help combat institutional racism.</p>
	<p>No response received despite reminders.</p>
	<p>National is committed to ensuring all New Zealanders can enjoy a successful &amp; more prosperous future. We have a diverse &amp; growing nation and Māori have an important role to play in shaping our future. We are focussed on supporting strong families &amp; communities, encouraging personal responsibility, &amp; promoting enterprise &amp; wealth creation. All New Zealanders should enjoy the same access to public healthcare.</p>

The Institutional Racism Special Interest Group (IRSIG) is a tripartite group consisting of the Health Promotion Forum of New Zealand – Runanga Whakapiki Ake i te Hauora o Aotearoa, the Public Health Association of NZ and the Māori Public Health Leaders’ Alumni.

Invitations were issued by the IRSIG in July 2014.