



also known as



PHA: Special Interest Group on Institutional Racism
Annual Report – August 2015 – October 2016

Formed in 2013 the PHA SIG is a nationwide network of public health professionals and activist scholars committed to ending institutional racism within the administration of the public health sector. Early in 2015 we rebranded as STIR: Stop Institutional Racism and depending on our audience Health Equity Now. The current membership of STIR is: Dr Nicole Coupe, Claire Doole, Trevor Simpson, Dr Tim McCreanor, Grant Berghan (Co-chair), Dr Jonathan Fay, Emma Rawson, Sue Turner, Sonya Te Mata, Robert Muller, Ngaire Rae, Lisa McNab, and Dr Heather Came (Co-Chair). Collectively we are passionate about public health, addressing health inequities, advancing social justice and ending institutional racism.

This year we have engaged in a range of projects and activities to consolidate our network and challenge institutional racism (see below). A highlight for us this year was our inaugural symposium that brought together 120 committed STIR Associates committed to ending racism in our sector. We have also published a paper about STIR as an exemplar of anti-racism activism which profiled our mahi internationally. We now have t-shirts, banners and a bank account.

- Came, H, McCreanor, T and Simpson, T. (2016) Utilising health activism to remove barriers to indigenous health in Aotearoa New Zealand *Critical Public Health* doi: 10.1080/09581596.2016.1239816

1. Building the evidence base

Pacific and Māori voice in New Zealand health policy

This summer 2016/17 we have applied for funding to explore to what extent Māori and Pacific people have voice in the development of health policy in New Zealand. Data will be collected via a document review of health policy from 2006-2016 looking at citations of Māori and Pacific academics and representation of Māori and Pacific people on advisory and/or steering groups. It will also involve key informant interviews with Māori and Pacific health sector staff who have experience on DHB and or Ministry of Health steering and/or advisory groups.

Institutional Racism in Human Resource Practices

This project is exploring the experiences and observations of senior Māori public health practitioners who have experience working in dedicated public health units. The focus is to investigate whether areas such as workforce recruiting, retention, professional development and access to resources for Māori staff are affected by bias in human resources practices. Data is being collected through a series of semi structured interviews and a literature review of academic writing and grey literature.

Te Tiriti o Waitangi within health promotion practice

In the summer of 2015/16 we undertook a study that examined how senior health promotion practitioners apply *Te Tiriti o Waitangi* within their practice. Qualitative data were collected via in-depth interviews with a cohort of senior Māori, Pacific, Pākehā and Asian practitioners. The

questions focussed on success stories of working with Te Tiriti o Waitangi and application in relation to the articles of Te Tiriti. Papers on i) kāwanatanga, ii) tino o rangatiratanga and iii) ōritetanga are currently under review.

Benchmarking Crown public health funding and contracting practices

In summer of 2014/15 we collected data for our longitudinal study, tracking racism/equity in public health providers' experiences of their public health funders. Through a nationwide telephone survey, the qualitative and quantitative data from primary health organisations, public health units, non-governmental organisation and Māori and Pacific health providers were gathered. Paper on the Māori data is under review, a paper on the Pacific data is being finalised and the following paper has been published.

- Came, H., McCreanor, T., Doole, C., Simpson, T. (2016) Realising the rhetoric: Refreshing public health providers' efforts to honour Te Tiriti o Waitangi. *Ethnicity and Health*. doi: 10.1080/13557858.2016.1196651

Systems change research

STIR is still committed to testing whether systems change theory can be effectively used to strengthen health policy and minimise health inequities in the context of New Zealand. Unfortunately, we have been unable to secure funding to get this project off the ground. We have a possible site for a pilot and continue to strengthen our relationship with US expert in systems change and institutional racism Derek Griffith. A paper about racism as a wicked public health problem is currently under review.

2. Anti-racism awareness gigs

The team continues to accept invitations to speak about institutional racism and anti-racism praxis. We have presented to the following organisations, conferences/hui in the last year:

- Identities network: Constructing and contesting dominant identities in Aotearoa – Webinar
- Taranaki District Health Board – New Plymouth
- International Union of Health Promotion and Education Conference – Curitiba, Brazil
- NZNO Regional Conference, Auckland
- UNITEC – Auckland
- Waitangi Workshop Series, New Plymouth District Council, New Plymouth
- Regional Public Health, Hutt Valley District Health Board, Lower Hutt
- Psychosynthesis Aotearoa NZ, Auckland
- NZNO National Conference, Wellington
- Sixth Asian-Pacific Occupational Therapy Congress, Rotorua
- Public Health Association Conference, Dunedin
- Indigenous Health, Equity and Agency Symposium, Auckland

Presentations are booked for the 15th World Congress of Public Health, International Community Development Conference, American Public Health Association Annual Meeting and Vanderbilt University.

STIR also jointly hosting an Ant-Racism Master Class in September with Tāmaki Tiriti Workers and Network Waitangi Whangarei.

3. Influencing and Developing Policy

In 2014 New Zealand had a world first with our peak health promotion and public health organisations endorsing a joint institutional racism policy. We recently contacted those that have endorsed our policy to see how progress was going on implementation. See appendix one for the responses from the Health Promotion Forum and the Public Health Association.

STIR completed a major submission on the revised *New Zealand Health Strategy* and upsized this submission into a paper. STIR felt the NZHS is not Tiriti-based, will not address institutional racism and is likely to increase health inequities.

- Came, H, McCreanor, T, Doole, C, Rawson, E. (In press). The revised New Zealand Health Strategy another chance to address health equity. *New Zealand Medical Journal*

4. STIR Symposium

The STIR symposium attracted 120 participants from across the public health sector to Te Mahurehure Marae. Speakers included Prof Yin Paradies and Asso. Prof Dominic O'Sullivan from Australia, Asso. Prof Derek Griffith from USA, Mayor Andrew Judd and Dame Susan Devoy and our own Dr Heather Came and Grant Berghan. A postgraduate concurrent session included Jenny Rankine, Emma Rawson and Mahdis Azarmandi. Speakers talked about sites of racism, anti-racism praxis, strategies for organising, equity, bystander interventions, indigenous health and te Tiriti o Waitangi.



Some of the crew at STIR symposium.

The key messages of the day were we need to talk about racism. The flipside to racism is unearned privilege. Racism is unfair damages health and is modifiable. We need to plan to end racism by engaging in collective action. Everyone can contribute something within their sphere of influence. Supporting people is political work. STIR is currently collating the findings of a regional mapping exercise and pledge process conducted at the hui. There was pleasing media coverage of the lead up to the event, the event and subsequently.

5. Media Outreach

STIR has had a strengthened media coverage about our work this year (see below). We continue to host a closed facebook page and we are building a STIR web page.

- Turia, T. (4/10/2016). Institutional racism – The evil whose time is up. *New Zealand Herald*
- Brown, R. (28/9/2016). Fear at heart of failure to act on institutional racism and disparity *New Zealand Doctor Newspaper*.
- (14/9/2016) Call for institutional racism inquiry *Radio New Zealand*.
- (13/9/2016) Symposium tackles race relations in NZ *Te Karere*
- (13/9/2016) Māori health providers scrutinised more closely & accusations of racism in health funding *Radio New Zealand*
- Brown, R. (12/9/2016) Fear of political fallout hinders real progress in Māori health. *New Zealand Doctor*

- (29/8/2016). Māori doctors say Ministry of Health racism costing lives & The politics of Māori health. *Radio New Zealand*
- (Oct 2015). Health policy creating health inequities. *Kai Tiaki Nursing*. (21/9), pp 16.

Fiscal Update

As of 1/10/2016 we have a balance of \$7583.54.

Our plans looking forward

Looking ahead to 2017 we continue to be proactive in maintaining the backbone of our group so that we have a sustainable platform to affect change. We plan to continue to strengthen our international networks and our major project of the year will be developing a parallel shadow report in to the New Zealand government *Committee for the Elimination of All Forms of Racial Discrimination* report that is due in June 2017.

We will continue to engage with Crown agencies, and all interested others, about how we can strengthen health policy and funding practices to transform racism and strengthen health equity.

Feel free to get in touch if you want further information about any part of our work or if you want to become part of our wider e-network and/or facebook presence.

Contact co-chairs of STIR grant.berghan@xtra.co.nz or heather.came@aut.ac.nz

Appendix One: Institutional Racism Policy Implementation Health Promotion Forum Statement

HPF continues to fully support the work of STIR. We look to not only endorse and disseminate information on the policy on institutional racism but to incorporate this into much of the core work that we do. STIR is a key organisation which articulates well our HPF constitutional approach to health as a human right, *Te Tiriti o Waitangi* as the key constitutional document underpinning health in Aotearoa NZ and our drive to increase health equity.

Institutional racism remains a significant impediment to improving health outcomes for Maori, Pacific and other ethnic groups and it is on this basis that we wish to continue in a close, active and collaborative relationship with the STIR group. We believe that the spectre of institutional racism will impede our collective aspiration and drive to improve health outcomes for Maori and therefore for all. We welcome any approach to unravelling this unnecessary, unfair and unjust situation.

We are very appreciative to STIR for their continuing work in building an evidence base on IR and its determinants, drawing on a very wide network of experts and activists (local, regional and global) and providing a central hub for discussion on this very important kaupapa.

We note and appreciate that other groups and individuals working in and around this issue are gravitating to STIR as a base from which we can all share our knowledge, resources and experiences. We feel this demonstrates that STIR are increasingly being seen as the lead group and central pillar for this work.

Finally, we thank STIR for the incredibly good work it has managed to do over a relatively short period on the backs of a small committed voluntary workforce and trust that our working relationship will remain at least until such time as IR becomes a thing of the past. Congratulations STIR, continue the good work.

Public Health Association statement

1. Actively support a planned approach to transforming racism ([34](#), [61](#), [63](#), [82](#)).

The PHA adopted a remit at its 2015 AGM to:

- i) Reaffirm its commitment to engaging with Te Tiriti o Waitangi.
- ii) Develop an interim Te Tiriti o Waitangi responsiveness plan to transition to a Tiriti based organisation.
- iii) Support action to ensure all PHA branches have mana whenua representation.

A three-year implementation plan was adopted by the Executive Council in March 2016, including a requirement to report progress to the Maori caucus anniversary hui as well as the PHA AGM in November.

2. Invest in strengthening political and cultural competencies of the public health sector and normalising Te Tiriti-based practice ([8](#), [44](#), [53](#), [55](#), [61](#), [66-69](#), [83](#), [84](#)).

- the PHA does not have capacity to undertake cultural competency training
- implementation of the remit to re-affirm commitment to Te Tiriti is a step towards normalising Tiriti-based practice.

3. Promote informed debate and specific calls to action to address racism ([45](#), [53](#), [55](#), [68](#), [85](#)).

- the PHA's weekly *Bulletin* and monthly *Kawerongo Hiko* newsletter regularly inform members and other subscribers on issues as they arise in the 'mainstream' and in Maori media
- two Maori Public Health symposia (July 2015 and May 2016) addressed issues that touched on institutional racism.
- the 2015 symposium included : Carla Houkamau on diverse Maori identities and racism, Hautahi Kingi on economic inequality
- the 2016 symposium included a presentation by Carla Houkamau on unconscious bias in the context of racism

- some media coverage in advance of the 2016 symposium was inferred by some readers to mean that the PHA was 'moving on' from its commitment to addressing racism. This provided opportunity for the CEO to publicly re-affirm the PHA's commitment to its policy on racism and to circulate the policy to approx. 100 symposium attendees.

4. Championing challenging institutional racism within international forums, and contribute to parallel reporting processes to the Committee on the Elimination of All Forms of Racial Discrimination and other human rights bodies ([86](#)).

- the PHA successfully nominated Adrian Te Patu, PHA co-Vice-President, to the governing council of the World Federation of PHAs, providing opportunity for him to promote indigenous rights in international fora; notably delivering the annual Basil Hetzel Oration at the Australian PHA conference.
- there has been no opportunity to contribute to the CERD reporting process

5. Revise this policy in light of new evidence as it emerges

- there has been no request to review the policy at this time