BAY OF PLENTY
DISTRICT HEALTH BOARD
HAUORA A TOI

Ē hoki koe ki ō Maunga, ki ō Awa.
Kia pūrea koe ē ngā Hauora ō Tāwhirimatea.

Return to your sacred mountains and rivers.
So that you can be purified by the sacred winds of Tāwhirimatea

Position Statement on Te Tiriti o Waitangi, Health Equity and Racism

This position statement confirms that the Bay of Plenty DHB is making a stand to implement Te Tiriti o Waitangi Articles and Principles, work in partnership with stakeholders to improve Health Equity for Māori as tangata whenua, and eliminate all forms of racism in the Bay of Plenty health system. The DHB believes that systemic failures to honour Te Tiriti o Waitangi, persistent inequities and racism is unfair, unjust, and in many cases, avoidable. Inaction in regard to these obvious issues is unacceptable.

The Bay of Plenty District Health Board's positions are as follows:

- We recognise Te Rūnanga Hauora Māori o Te Moana a Toi as our Te Tiriti governance partner and support meaningful tangata whenua representation, kaitiakitanga and participation at all levels of the system. This includes the use of mechanisms that promote shared decision-making, prioritisation, commissioning/purchasing, planning, policy development, service provision, solution implementation, cultural safety, research and evaluation.
- We respect and enable tangata whenua to articulate and lead change toward their health aspirations.
- We will address institutional structures and biases that obstruct health equity. This includes active support of Te Toi Ahorangi Te Rautaki a Toi 2030 and its iwi leadership; cognisance of He Pou Oranga Tangata Whenua Determinants of Health; use of strength-based approaches that engage and involve Māori communities; and recognition that mana motuhake (autonomy) and rangatiratanga (authority) are critical to achieving Māori health equity.
- We will prioritise and resource the achievement of healthy equity for Māori and work toward ensuring all communities of Te Moana a Toi are supported to realise Toi Ora based on agreement.
- We acknowledge the impact of inequity on all people and accept that more work is required to support other communities that suffer from avoidable, unjust and unfair equity in the spirit of manaakitanga.
- We will protect Māori custom and the position of wairuatanga and te reo me ōna tikanga as fundamental aspects and enablers of Toi Ora.
- We will also respect and ensure that Māori culture and worldview in Te Moana a Toi is prioritised as part of health system solutions. We acknowledge the right of all people to spiritual and religious freedom is respected and protected by the Bay of Plenty District Health Board.
- We will implement proportionate universalism as an approach to balance targeted and universal population health perspectives through action proportionate to needs and levels of disadvantage.

Link to Actions and Evidence

BAY OF PLENTY
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Actions (Toi Tū te Kupu, Toi Tū te Mana, Toi Tū te Ora)

The Bay of Plenty District Health Board will:

- Balance control of the local health and disability system through genuine partnership with Te Rūnanga Hauora o Te Moana a Toi.
- Enable Tāngata Whenua to enact their tino rangatiratanga at all levels of the health and disability system through co-design and co-decision making with iwi, hapū, and whānau.
- Invest in Tāngata Whenua models of wellness and care e.g. He Pou Oranga Tāngata Whenua.
- Partner on and support implementation of Te Toi Ahorangi: Te Rautaki a Toi Ora 2030 to drive towards a whole of system transformation to Toi Ora.
- Close the equity gap in the Toi Ora targets (previously the Māori health plan targets) by systematically applying improvement science to generate Māori health gain.
- Work with cross-sector government and non-government agencies to improve the social and economic determinants of health for Māori.
- Be a leading example for our public and private agency partners by taking a strong anti-racism and pro-Te Tiriti o Waitangi position in all public forums.
- Highlight within the local health system that racism, privilege and unequal power distribution are barriers to achieving Māori health aspirations and equity.
- Pro-actively seek out and dismantle racist policies and practices within the organisation that systematically advantage outcomes for one population group over another.
- Create and promote an environment that celebrates diversity and inclusiveness across all BOPDHB spaces.
- Provide staff and patients with safe processes to speak-out about discrimination and inter-personal acts of racism they experience and/or witness.
- Promote and deliver anti-racism training for all BOPDHB staff including Te Reo Māori education.

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Rationale and supporting evidence for position and actions

Te Tiriti o Waitangi

The Bay of Plenty District Health Board will:

He Whakaputanga o te Rangatiratanga o Nu Tireni (translated as the Declaration of the Independence of New Zealand) signed in 1835 is an important foundation document of Te Tiriti o Waitangi. He Whakaputanga constituted Aotearoa New Zealand as a sovereign state under the authority of the United Tribes of New Zealand, and inaugurated the King of England as its parent, who would protect the state from any attempts on its independence. He Whakaputanga o te Rangatiratanga o Nu Tireni and its guarantee of rangatiratanga (sovereignty) of the tribes of New Zealand, was recognised by the Crown, confirming the expectations of the parties leading into the development and signing of Te Tiriti o Waitangi in 1840.

On the basis of contra proferentem, the Bay of Plenty District Health Board privileges the reo Māori version of Te Tiriti o Waitangi and its Articles :

Ko te Tuatahi – Article 1 – Kawanatanga: Article 1 supports meaningful Māori representation, kaitiakitanga and participation at all levels of our health system, including within governance structures and mechanisms, decision-making, prioritisation, purchasing, planning, policy development, implementation and evaluation (Bergen et al, 2017).

Ko te Tuarua – Article 2 – Tino Rangatiratanga: Tino Rangatiratanga is about self-determination. Implementing article 2 involves: addressing institutional racism within the Aotearoa New Zealand health system (Bergen et al, 2017); actively supporting Māori providers and organisations; applying Māori-centred models of health; using strength-based approaches that engage and involve Māori communities; and recognising that Māori control and authority are critical to successful interventions.

Ko te Tuatoru – Article 3 – Ōritetanga: This article is about equity and guarantees equity between Māori and other citizens of Aotearoa New Zealand (Health Promotion Forum of New Zealand, 2010). It requires action to intentionally and systematically work towards a steady improvement in Māori health (Bergen et al, 2017). This involves considering the wider determinants of health, access to health care, and the quality and appropriateness of services.

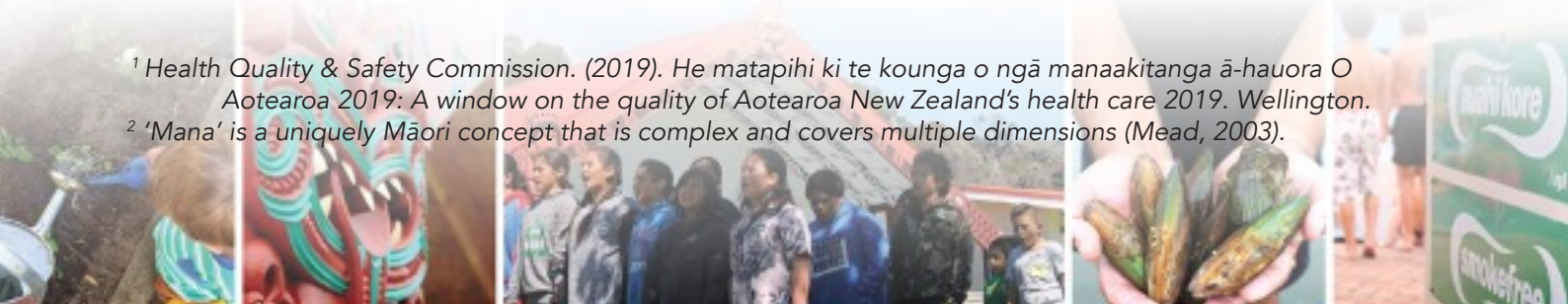
Ko te Tuawha – Article 4: This article confirms the protection of Māori custom and the position of wairuatanga and of te reo and tikanga Māori. All of these are central to understanding and connecting with Māori cultural and worldviews (Te Puni Kōkiri, n.d.) *.

The intent within the articles of Te Tiriti informs our goals, each expressed in terms of mana:

- **Mana whakahaere:** effective and appropriate stewardship or kaitiakitanga over the health and disability system. This goes beyond the management of assets or resources.
- **Mana motuhake:** enabling the right for Māori to be Māori (Māori self-determination), to exercise their authority over their lives, and to live on Māori terms and according to Māori philosophies, values and practices, including tikanga Māori.
- **Mana tangata:** achieving equity in health and disability outcomes for Māori across the life course and contributing to Māori wellness.

[1] *Health Quality & Safety Commission. (2019). He matapihi ki te kounga o ngā manaakitanga ā-hauora O Aotearoa 2019: A window on the quality of Aotearoa New Zealand's health care 2019. Wellington.*

[2] *'Mana' is a uniquely Māori concept that is complex and covers multiple dimensions (Mead, 2003).*



Mana Māori: enabling ritenga Māori (Māori customary rituals), which are framed by te ao Māori (the Māori world), enacted through tikanga Māori (Māori philosophy and customary practices) and encapsulated within mātauranga Māori (Māori knowledge).

The principles of Te Tiriti o Waitangi, as articulated by the Courts and the Waitangi Tribunal, provide the emphasis for how we will meet our obligations:

- **Tino Rangatiratanga:** The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery, and monitoring of health and disability services.
- **Equity:** The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori.
- **Active protection:** The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents, and its Treaty partner are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.
- **Options:** The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori health and disability services. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
- **Partnership:** The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the health and disability system for Māori.

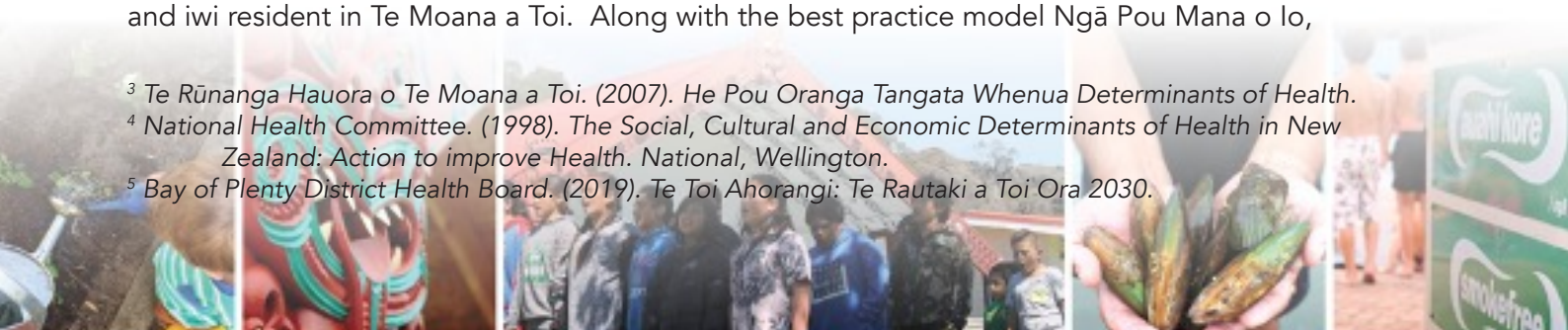
The New Zealand Public Health and Disability Act 2000 Part 1 makes explicit that "Treaty of Waitangi provisions require District Health Boards to establish mechanisms to enable Māori to contribute to decision making and participate in the delivery of health and disability services".

This requirement is partly fulfilled by Te Rūnanga Hauora o Te Moana a Toi as the mandated partner to the Bay of Plenty District Health Board. Made up of 17 of the 18-constituent iwi within the Bay of Plenty District Health Board area, the Rūnanga are a key mechanism for iwi engagement and have an important role in ensuring the Board meets its Te Tiriti obligations. Noting the findings of the Waitangi Tribunal Health Services and Outcomes Inquiry (Wai 2575) on the failure of the Crown to recognise tino rangatiratanga and mana motuhake, the Bay of Plenty District Health Board will also ensure direct relationships with iwi and kaupapa Māori partners, to fulfil its objectives under the Act, and the rights of Tangata Whenua under Article 2 of Te Tiriti.

Te Rūnanga Hauora o Te Moana a Toi has produced He Pou Oranga Tangata Whenua Determinants of Health to ensure traditional tangata whenua values, knowledge and institutions are recognised as key indicators of Toi Ora (optimum health and well-being). He Pou Oranga Tangata Whenua compliments the social, cultural and economic determinants of health , the nexus of which endorses te taiao (environment) and wairuatanga (spirituality) as fundamental to the state of Toi Ora; consolidating matauranga Māori (Māori wisdom) alongside of Pākehā knowledge.

Giving effect to He Pou Oranga Tangata Whenua Determinants of Health is Te Toi Ahorangi: Te Rautaki a Toi Ora 2030 . Te Toi Ahorangi affirms the unified vision, voice and intention to drive towards a whole of system transformation to Toi Ora, that will improve the wellbeing of whānau, hapū and iwi resident in Te Moana a Toi. Along with the best practice model Ngā Pou Mana o Io,

[3] *Te Rūnanga Hauora o Te Moana a Toi. (2007). He Pou Oranga Tangata Whenua Determinants of Health.*
[4] *National Health Committee. (1998). The Social, Cultural and Economic Determinants of Health in New Zealand: Action to improve Health. National, Wellington.*
[5] *Bay of Plenty District Health Board. (2019). Te Toi Ahorangi: Te Rautaki a Toi Ora 2030.*



Bay of Plenty District Health Board will ensure tangata whenua aspirations are embedded within the design, delivery and monitoring of its health and disability services to Māori.

A transformation of the health and disability system is required to fulfil our Te Tiriti obligations and achieve health equity for Māori . Bay of Plenty District Health Board recognises the relationships, knowledge and commitment of Tangata Whenua to lead and partner on systems change; to improve health outcomes for Māori; and close the gap on health inequities between Māori and non-Māori. This will result in valuable lessons that will support equity for all populations and benefit the whole of society.

Equity

In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes .
Health equity is a basic human right and responding to Māori health aspirations which includes achieving equity, is an indigenous right and Te Tiriti o Waitangi obligation under Article 3.

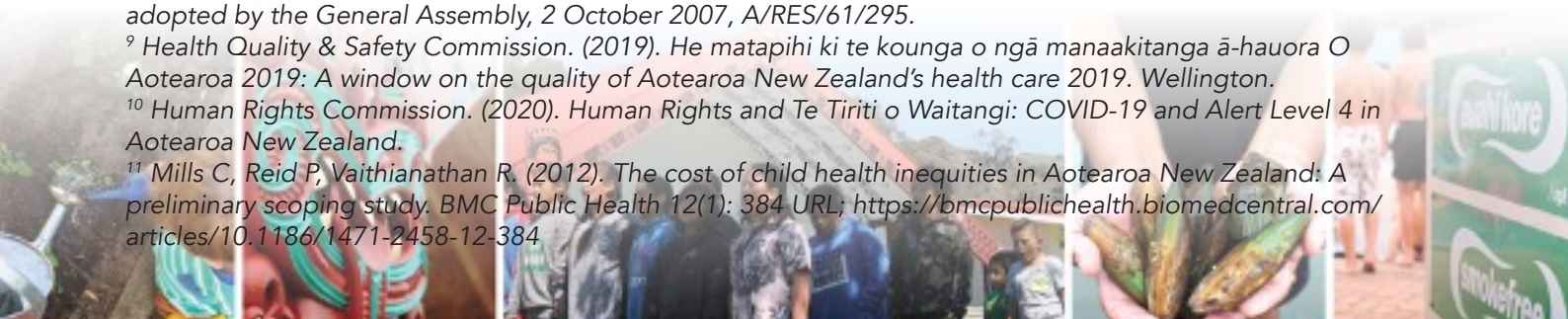
Equity is about social justice and fairness; and inequity relates to 'unfairness', where there is differential access to the determinants of health or exposures leading to differences in disease incidence; differential access to health care; and differences in the quality of care received. These contributors to inequities in health manifest as difference in health outcomes between and within ethnic groups.

Health inequities in Aotearoa New Zealand stem from colonisation, neglect of Te Tiriti and the appropriation of power and resources that has established and maintained advantage for non-Māori and disadvantage for Māori within the determinants of health, and within the health system itself . Following Willams and Mohammed's model of societal level determinants of health inequity, the relationship between these basic causes (including racism), social status, proximal pathways that contribute to unwellness, and individual and collective responses that lead to adverse health outcomes, is evident.

Restoring the balance, power, equity and unity inherent to Te Tiriti and human rights can provide for co-existing systems of governance: Crown kāwanatanga authority and iwi and hapū tino rangatiratanga. As pre-requisites for achieving Māori health equity and aspirations, these changes alone will go some way to improving health outcomes for Māori. Notwithstanding, the drivers of health inequity in Aotearoa New Zealand are complex, requiring sustainable system wide solutions supported by collective intersectoral action, as no one entity will eliminate health inequities on their own.

The societal costs of health inequities are profound. Clair Mills et al (2012) found that addressing inequity in childhood illnesses for Māori would bring about a cost saving to the health sector of

[6] *Waitangi Tribunal. (2019). Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry. Wellington. Waitangi Tribunal. pp. 163-164*
[7] *Ministry of Health. (2019). Definition of equity. Retrieved from https://www.health.govt.nz/about-ministry/what-we-do/work-programme-2019-20/achieving-equity*
[8] *UN General Assembly. (2007). United Nations Declaration on the Rights of Indigenous Peoples: resolution / adopted by the General Assembly, 2 October 2007, A/RES/61/295.*
[9] *Health Quality & Safety Commission. (2019). He matapihi ki te kounga o ngā manaakitanga ā-hauora O Aotearoa 2019: A window on the quality of Aotearoa New Zealand's health care 2019. Wellington.*
[10] *Human Rights Commission. (2020). Human Rights and Te Tiriti o Waitangi: COVID-19 and Alert Level 4 in Aotearoa New Zealand.*
[11] *Mills C, Reid P, Vaithianathan R. (2012). The cost of child health inequities in Aotearoa New Zealand: A preliminary scoping study. BMC Public Health 12(1): 384 URL; https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-384*



$24,737,408 per annum in avoidable hospitalisations. This figure does not account for inequitable rates of General Practice consultations, prescription claiming and laboratory utilisation that can further reduce hospital admissions. Māori avoidable mortality rates were also shown to be significantly higher than non-Māori in all age groups except for the first month of life, equating to 5,210 life years lost per year due to premature mortality. That represents $224 million in years of life lost.

Concerningly, the research showed health sector expenditure appeared skewed towards non-Māori children. Findings revealed the cost to admit acutely sick Māori children is less than the cost of preventing severe illness through equitable primary care access or effective population-based interventions.

Bay of Plenty District Health Board will develop a pro-equity agenda that puts Te Tiriti o Waitangi at the centre of our local health system. Te Tiriti o Waitangi will provide our operational mandate and improvement tool for monitoring and addressing equity through sustained systemic and multi-levelled approaches.

Racism

"Racism is a complex system rooted in unequal power relations by race or ethnicity that involves shared social recognition (prejudice), as well as social practices of exclusion, inferiorisation or marginalisation (discrimination) at both the macro level of social structures and the micro level of specific interaction and communicative events" .

Racism manifests as privilege for some, and disadvantage for others. Racism is the organisation of a system in to ranked categories of social groups. The system is premised on the unequal and unfair distribution of resources and access to opportunities where those groups or races perceived as inferior receive less.

The International Convention on the Elimination of All forms of Racial Discrimination defines racial discrimination as "…any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life"19.

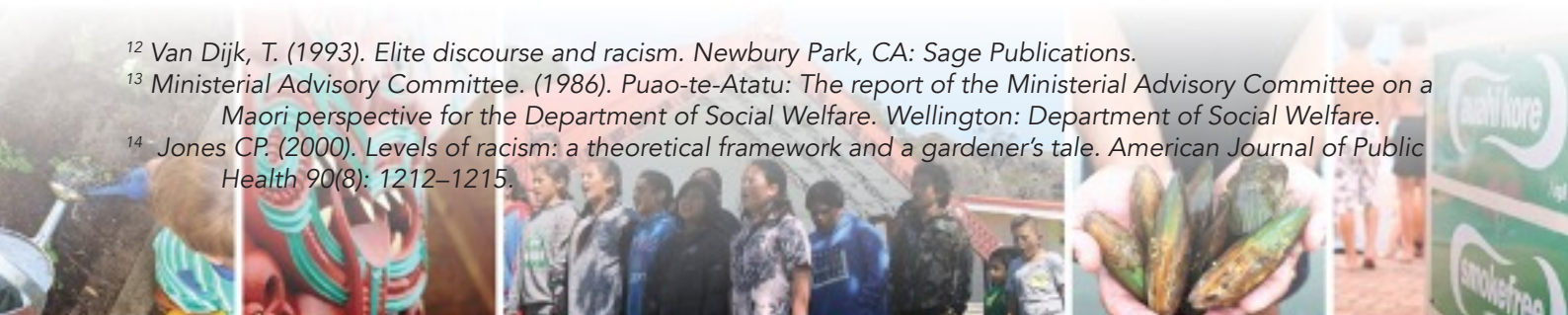
The United Nations Declaration on the Rights of Indigenous Peoples affirms that "all doctrines, policies and practices based on or advocating superiority of peoples or individuals on the basis of national origin or racial, religious, ethnic or cultural differences are racist, scientifically false, legally invalid, morally condemnable and socially unjust" 20. The declaration reaffirms for indigenous peoples the human right to be free from discrimination of any kind.

Racism is a global public health issue and a breach of human rights that contravenes the United Nations Declaration of the Rights of Indigenous Peoples.

There are many faces to racism .

- **Internalised racism** – is the acceptance by members of the stigmatised race or ethnicity of negative messages about their own abilities and intrinsic worth.

[12] *Van Dijk, T. (1993). Elite discourse and racism. Newbury Park, CA: Sage Publications.*
[13] *Ministerial Advisory Committee. (1986). Puao-te-Atatu: The report of the Ministerial Advisory Committee on a Maori perspective for the Department of Social Welfare. Wellington: Department of Social Welfare.*
[14] *Jones CP. (2000). Levels of racism: a theoretical framework and a gardener's tale. American Journal of Public Health 90(8): 1212–1215.*



- **Interpersonal or personally-mediated racism –** is prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives and intentions of others according to their race or ethnicity; and discrimination means differential actions towards others according to their race or ethnicity. This can include both explicit, racially motivated violence, crime and harassment and implicit, subtle, ambiguous, actions.
- **Institutional or structural racism –** where there is "differential access to the goods, services and opportunities of society by race or ethnicity, expressed in material conditions and in access to power" and/or "…when an entire network of rules and practices disadvantages less empowered groups while serving at the same time to advantage the dominant groups" .
- **Cultural racism –** is a driver of institutional and interpersonal racism and is entrenched in the philosophy and belief in the superiority of Europeans. In the New Zealand context, it is the assumption that Pākehā culture, that is, Pākehā values, beliefs and systems are superior to those of other New Zealand cultures. This is pervaded through benchmarking Pākehā culture as the 'norm' to which Māori culture, the culture of the 'exotic' other, is compared. Cultural racism is a direct inheritance of colonialism and imperialism . Internalised racism is driven through cultural racism.

At a societal level, racism and privilege are predicated on the belief of one ethnic group having superiority over others and their appropriation of power and control to maintain that position. Conversely, other ethnic groups are considered (prejudice) and treated (discrimination) as different, resulting in disadvantage and inevitably inequities in health outcomes.

While benefits and privileges accrue to the predominant population, Māori have differential entitlement that restricts their choices and opportunities to flourish. On a personal level, there is clear evidence linking the experience of racial discrimination to poorer health outcomes17.

Racism impacts the distribution of the socioeconomic determinants of health between ethnicities. In Aotearoa this can be observed when comparing differences in the distribution of Māori and non-Māori across deprivation deciles, income brackets and occupational classes16. Institutional and cultural racism impact access to quality healthcare where experience of racism is significantly associated with lower cervical screening rates for Māori compared to non-Māori and the increased likelihood of reporting a negative patient experience . Racially motivated violence has obvious negative impacts on health and there is clear evidence showing that chronic exposure to racial discrimination has significant impacts across multiple health domains (mental health, physical health, smoking and hazardous alcohol consumption, sleep problems, maternal and child health, maternal stress and depression [19][20][21]).

[15] *Jones C. (2001). Invited commentary: "race," racism, and the practice of epidemiology. American Journal of Epidemiology. 154(4): 299-304.*

[16] *Human Rights Commission. (2012). A fair go for all. Wellington: Human Rights Commission.*

[17] *Ministerial Advisory Committee. (1986). Puao-te-Atatu: The report of the Ministerial Advisory Committee on a Maori perspective for the Department of Social Welfare. Wellington: Department of Social Welfare.*

[18] *Harris RB, Cormack D, Tobias M, YehL-C, Talamaivao N, Minster J, Timutimu R. (2012b). Self-reported experience of racial discrimination and health care use in New Zealand: results from the 2006/07 New Zealand Health Survey. American Journal of Public Health, 102(5): 1012–1019.*

[19] *Bécares L, Atatoa-Carr P. (2016). The association between maternal and partner experienced racial discrimination and prenatal perceived stress, prenatal and postnatal depression: findings from the Growing Up in New Zealand cohort study. International Journal for Equity in Health, 15: 155.*

[20] *Harris RB, Cormack D, Tobias M, Yeh L-C, Talamaivao N, Minster J, Timutimu R. (2012a). The pervasive effects of racism: experiences of racial discrimination in New Zealand over time and associations with multiple health domains. Social Science and Medicine, 74(3):408-415.*

[21] *Paine SJ, Harris R, Cormack D, Stanley J. (2016). Racial discrimination and ethnic disparities in sleep disturbance: the 2002/03 New Zealand Health Survey. Sleep, 39(2): 477-485.*

Organisations and individuals who have more power, control and influence, have a broader range of opportunities to contribute to or oppose the reproduction of racism18. Bay of Plenty District Health Board has a critical view of itself and the important leadership role it has in the local health system and nationally, as it aspires to be the first Te Tiriti o Waitangi led District Health Board.

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