

INSTITUTIONAL RACISM

Institutional racism exists when one racial (cultural or ethnic) group, who are not Indigenous, make the *assumption* or are committed to the belief that their values, practices and systems are superior to any other,
and

because they have set up (usually by force), the systems and institutions of the community/society, they then have the *power* to enforce all others to conform to that one set of values, practices and systems.

Institutional Racism benefits the group who have set it up, and all individuals who belong to the institution are implicated, however unwittingly.

Institutional Racism is not measured by individuals intentions, but by the collective outcomes -the data and statistics produced by the institution and the feedback from the people who are consistently disadvantaged.

Institutional racism disadvantages indigenous or First Nation Peoples most drastically of all groups. This is borne out in any negative health, morbidity, mortality statistic produced by this country, and any other place where institutional racism is practised.

TREATY OF WAITANGI AND MAORI HEALTH.

"The Government acknowledges that many Maori regard health as a *toanga* in terms of Article 2 of the Treaty of Waitangi.....

The Government acknowledges that it must meet the needs of Maori and help address the improvement of their health status and will do this,...both through Clause 7 of the Health and Disability Services Bill *and* through requirements in the accountability mechanisms for health sector agencies.....

This will be monitored by-Department of Health, the Public Health Commission and Te Puni Kōkiri which has statutory responsibility to promote increases in the levels of achievement attained by Maori in respect to health, it also is required to liaise with and monitor each department and agency that has a responsibility to provide health services to or for Maori."

('Whaia te ora mo te iwi', Dept. Health 1992)

"Policy Guidelines For Regional Health Authorities, Minister of Health, March 1994

Safety and Quality Standards for all Service Obligations.'Culturally Effective Services

RHAs are to purchase services in accordance with the Government's policy statement *Whaia te ora mo te iwi*, and with the aim of improving the status of Maori health in a way which meets the needs and aspirations of Maori and affirms the relationship between the tangata whenua and the Crown by -

- being aware of and responsive to the aspirations and interests of Maori
- working sensitively with *Maori/Iwi through quality consultation*
- recognising the tikanga and mana of each iwi group in their region
- considering how the health needs of Maori who are outside their region will be met
- being aware that iwi and Maori groups have their own vision of health, often linked to their history.....! "

OVERVIEW OF THE KEY CHANGES TO THE ACHS STANDARDS

The detail of these accreditation standards is drawn from the ACHS accreditation guide. The objectives in this transition from Australian hospital to New Zealand health and disability standards, are to:

- provide a strong consumer focus and include cultural perspectives of quality;
- consider service delivery in an holistic way, viewing the organisation as a whole rather than potentially fragmented set of departments;
- extend the scope of the standards from institutional care to the full range of personal health and disability services;
- incorporate quality management principles;
- express the standards more flexibly, and to shift the focus from organisational structures to outcomes for people;
- allow for modular production of the standards for various sectors of health and disability services.

1 Community and target group needs are to be the basis of service delivery

Traditionally quality certification systems restrict their focus to the question, "how does your organisation do what it does?" Quality management principles stress the need to first understand client requirements, to ask the more basic question, "why does your organisation do what it does?"

While Regional Health Authorities and the Public Health Commission have broad responsibility for determining community needs, rationing resources and purchasing services, each health and disability organisation also has a responsibility to understand and respond to the needs of its clients. That is simply good business practice.

The new accreditation standards require each organisation to assess the service needs of the community or target groups served. This may take account of community consultation, feedback from clients and potential clients, and RHA purchasing specifications.

Organisations are also required to consider access to and acceptability of services. While RHAs determine service volumes and resource levels (for publicly purchased services), health and disability organisations need to address the many factors that facilitate / or impede access to services. For example, information to clients and referral sources, "cultural friendliness", convenience of appointment times.

The standards also provide for effective feedback from clients and complaints systems.

2 A strong emphasis is placed on client rights, client and family participation in service delivery, and on cultural appropriateness.

A specific standard on "client rights, needs, and quality requirements", specifies that health and disability services must develop codes of client rights and responsibilities. The codes are to be available in forms appropriate to the client groups being served, and organisations must be able to demonstrate that the rights are implemented in practice. A number of mechanisms to protect client rights, such as access to advocacy are also required.

This theme is continued in the standard for client assessment and the planning and delivery of care. While client and family centred care are implicit in the ACHS accreditation guide, the New Zealand Standards express these values more explicitly.

Cultural appropriateness is addressed through a number of criteria. Organisations are required to consult their local iwi and other cultural groups, as appropriate to the organisation's target groups. Organisations are also required to identify how services can be delivered in culturally appropriate ways. The specific issues are not prescribed by the standards, and each organisation must work with iwi and other cultural groups to identify and act on issues that are important to them. There is also a broad requirement to facilitate participation of whanau in service delivery.

The human resource management standard includes criteria to ensure that staff selection, training, and human resource policies support culturally appropriate service delivery. Criteria for continuous quality improvement/quality assurance require that methods and styles for quality activities are appropriate to the cultural groups being served.

3 Service delivery is assessed in an holistic manner

The ACHS accreditation guide desegregates the quality standards on a department by department basis. While this is necessary, and a sensible starting point, it is not sufficient to ensure comprehensive, effective, and economical care.

An holistic focus is promoted through a single standard for "client assessment and the planning and delivery of care". This requires a multidisciplinary approach.

This is supported through the definition of standards on an organisation-wide basis. Rather than assess management structures, personnel, facilities, and quality activities on a department by department basis, the standards examine how clinical and management systems operate across the whole organisation to support quality of service.

NZCHS ORGANISATION-WIDE STANDARDS

STANDARD 4

SPECIAL NEEDS OF CLIENT GROUPS

Organisations make specific provision for client groups with special needs. eg client from minority cultural groups, children and adolescents, people with disabilities and people who are dying or grieving.

CRITERIA

This standard covers criteria regarding the following special needs of client groups:

- 4.1 Cultural appropriateness of services.
- 4.2 Special needs of children and adolescents
- 4.3 Special needs of people with disabilities (including age related)
- 4.4 Special needs of people who are dying or grieving

4.1 Cultural appropriateness of services

- 4.1.1 The organisation has effective consultation with local iwi to enable the delivery of culturally appropriate services to Maori. The organisation also has policies regarding liaison with Maori outside of their tribal area. The organisation seeks to understand the kawa and history of the local iwi.

Note: For small organisations, such consultation may be through associations or groups of providers.

- 4.1.2 The organisation has effective consultation with other cultural groups as appropriate to the community or target groups served.
- 4.1.3 The organisation has policies and practices which ensure that services are provided in a manner which are culturally appropriate to the client groups served. For example,
 - cultural practices in birthing and dying
 - cultural preferences for and provision of food by families
 - provision for cultural practices within daily routines
 - handling and return of body parts from surgery or post mortem.
- 4.1.4 The participation of whanau and extended family in care is facilitated.
(See also standard 5.4.7 - cultural aspects of human resource practices, and standard 8.15 - cultural aspects of quality activities.)

(See also Organisation-Wide Standard:7: Environmental and Safety Standards:Occupational Health and Safety Management)

5.4.7 Human resource levels, policies, and practices take account of cultural issues. These are reflected in:

- inclusion of cultural knowledge and skills within job descriptions, especially for people directly servicing cultural groups
- induction and continuing training, appraisal, promotion criteria
- staffing levels and workloads of personnel with a cultural advisory role

(see also Standard 4: Special Needs of Client Groups)

8.14 Methods and styles for consultation, evaluation and quality assessment are appropriate to the cultural groups served.

(see also Standard 4: Special Needs of Client Groups)

MAORI HEALTH SERVICE SPECIFICATION

Prepared by the Public Health Commission

This document specifies what the Public Health Commission wishes to purchase from public health-service providers. It provides a framework for providers to reply to Requests For Proposals (RFPs) for the service. The specification may include some components not currently provided but still considered essential. The specifications have been developed with the assistance of expert working groups of providers. In replying to RFPs, providers should re-identify current service provision (this will be checked against information from the Public Health Resource Identification Project) as well as specifying additional components they will provide. It is recognised that programmes can change yearly in methods and scope. Service specifications do not represent the totality of what is being purchased. Where programmes exist for which there is no specification, providers should submit a proposal.

The Service Components of this Service Specification are divided into five categories based on the criteria of the Ottawa Charter. The framework provided by the Ottawa Charter was used to provide a broad consistent and proactive approach to health protection and promotion. It serves as a checklist of the service components. Some of the some could have fitted into more than one category, while others do not easily fit into any. The inclusion of a service component into a particular category is not intended to be absolute. It is anticipated that these service specifications will be reviewed from time to time, and the use of the Ottawa Charter, as a framework, will also be reviewed. There is no set time frame for such reviews as yet, however, providers will be notified when new service are being released.

1.0 GENERAL DESCRIPTION OF SERVICE

The PHC has overall responsibility for promoting the health of all New Zealanders including Maori. This encompasses defining the public health needs of Maori, purchasing health services to meet these needs through the mechanism of contracts for services, and monitoring these services together with the provision of public health policy advice to Government. The implicit goal for Maori health promotion should be:

to enable all Maori, as tangata whenua, to attain an optimum level of physical, mental, spiritual, and whanau well being appropriate to their stage in life, and in the context of their social, economic and environmental circumstances.

Purpose of Service

- 1.1. To strengthen Maori participation and ongoing involvement in the development of policies and strategies and the delivery and monitoring of services to improve public health.

- 1.2. To ensure that the services and policy advice provided are acceptable and appropriate to Maori and will contribute to the advancement of Maori health.
- 1.3. To promote, protect, and resource initiatives responsive to Maori needs in an environment conducive to and supportive of Maori health and tikanga Maori.
- 1.4. To recognise the tangata whenua status of Maori in promoting and protecting the environment as an integral part of public health.
- 1.5. To ensure equitable funding arrangements for Maori health promotion programmes.
- 1.6. To contribute to the achievement of the Crown's objective in respect of Maori health:

The Crown will seek to improve Maori health status so in the future Maori will have the same opportunity to enjoy at least the same level of health as non-Maori.

2.0 FUNDAMENTAL PRINCIPLES

- 2.1. The Government regards the Treaty of Waitangi as the founding document of New Zealand. The PHC recognises this statement in meeting its functions of:
 - 2.11. monitoring and analysing the state of public health;
 - 2.12. advising the Minister of Health on public health goals and objectives;
 - 2.13. purchasing of public health services.
- 2.2. In tendering for population based public health services, providers of Maori health promotion will:
 - 2.2.1. demonstrate their understanding of the Treaty of Waitangi and their commitment to it;
 - 2.2.2. outline how the Treaty of Waitangi will be incorporated in all activities; and,
 - 2.2.3. elaborate on how their service will contribute to the Crown's objectives in respect of Maori health.
- 2.3. Providers of Maori health promotion should demonstrate their understanding of the philosophy of Alma Ata and use the Ottawa Charter as the framework to promote and protect health.
- 2.4. Providers of Maori health promotion should demonstrate that their services promote Maori health by ensuring that these services are, or will be:
 - 2.4.1. designed in consultation with and responsive to the needs of the people they serve;
 - 2.4.2. accessible, appropriate, affordable and acceptable to Maori;
 - 2.4.3. equitable in terms of access, utilisation and outcome; and,
 - 2.4.4. efficient and effective.

- 2.5. Providers of Maori health promotion should demonstrate respect for individual Maori dignity through the provision of services that are cognisant of the health needs and aspirations of Maori and that aim to address inequity in Māori health status.
- 2.6. Providers of Maori health promotion should demonstrate that services will be resourced equitably to ensure maximum Maori involvement and subsequent Māori health gain.
- 2.7. Providers of Maori health promotion should invest in the continuing development, training and advancement of Maori workers by effecting an Equal Employment Opportunities policy as contained in the State Sector Act.
- 2.8. Providers of Maori health promotion should actively inform Maori of the services they provide and monitor the effectiveness of their outreach programmes.

3.0 SERVICE COMPONENTS

The Maori health promotion provider will:

Build Healthy Public Policy by:

- 3.1. providing policy advice consistent with the Treaty of Waitangi to influence legislation, regulation and fiscal measures to advance public health;
- 3.2. influencing policy advice, where appropriate, to recognise any differences between national and regional issues and priorities for public health;
- 3.3. consulting with, and where appropriate, establishing formal relationships to ensure co-operation and the delivery of a co-ordinated service with other providers;
- 3.4. promoting and assisting with the development of Maori health policies and programmes; and,
- 3.5. collecting, analysing and managing information in order to formulate policy advice, as well as to develop, monitor and evaluate, effective health promotion strategies.

Performance Indicators

- i. Evidence of participation in policy making at the community, regional and /or national level.
- ii. Evidence of networking relationships and co-operation between providers.
- iii. Evidence of development of the relevant information base.

Create Supportive Environments by;

- 3.6. being aware of and supporting Maori initiatives with similar public health goals and objectives;

- 3.7. providing where appropriate and negotiated, Maori health promotion expertise to the organisations listed under "Linkages";
- 3.8. promoting projects and programmes which will protect and sustain our natural resources; and,
- 3.9. maintaining an information system, according to agreed data definitions which enables national and regional merging of data, to monitor and analyse the state of public health.

Performance Indicators

- i. Evidence of liaison with other Maori initiatives with similar health goals and objectives.
- ii. Ability to provide data as contracted.
- iii. Evidence of contact with "Linkage" organisations.

Strengthen Community Action by:

- 3.10. fostering the development and maintenance of Maori structures and networks which support Maori health promotion;
- 3.11. ensuring the involvement of Maori at all stages of the planning and implementation of Maori health promotion services;
- 3.12. empowering Maori to establish their own data base and exercise control over Maori intellectual property rights;
- 3.13. facilitating learning and training opportunities for Maori which are relevant to achieving Maori health promotion goals and objectives; and,
- 3.14. recognising the specific needs of diverse Maori communities of interest.

Performance Indicators

- i. Evidence of Maori participation in planning and implementation.
- ii. Evidence of training programmes and learning opportunities facilitated.
- iii. Documentation of the relevant needs of the various Maori communities with whom the provider liaises.

Develop personal skills by:

- 3.15. ensuring the development and appropriate dissemination of effective resource material and training programmes in Maori health promotion;
- 3.16. identifying the skills, competency and leadership required to further develop the defined service;
- 3.17. informing, educating and supporting primary health care workers, and potential workers who assist in the provision of Maori health promotion services; and,
- 3.18. promoting safe and appropriate health care practices by people involved in Maori health promotion programmes.

Performance Indicators

- i. Evidence of the process used in the development and dissemination of resource materials and/or training programmes.
- ii. Evidence of participation in programmes which are designed to improve Maori health by developing the primary health care workforce.
- iii. Evidence of the identification of future requirements of the defined service.

Re-orient the Health Services by:

- 3.19. providing assistance where appropriate, to health and related agencies to refocus their priorities for, and funding and delivery of, health promotion services to Māori;
- 3.20. encouraging health promoting practices within the existing health services;
- 3.21. reviewing existing resources for their effectiveness in Maori health promotion and their relevance to national and regional standards and guidelines;
- 3.22. facilitating the adoption of Maori health promotion priorities in
- 3.23. health service planning at all levels; and,
- 3.24. providing assistance where appropriate, to Maori health groups, for policy development and staff training which will contribute to the advancement of Maori health.

Performance Indicators

- i. Evidence of assistance provided to agencies for refocusing.
- ii. Evidence of resources reviewed, process used and recommended outcomes.
- iii. Evidence of assistance provided to Maori health groups for policy development and/or staff training.

4.0 QUALITY

The provider of Maori health promotion will deliver quality services by ensuring that:

- 4.1. programmes designed will be based on a review of relevant literature, knowledge and experience of effective interventions and a demonstration of need;
- 4.2. programmes will be initiated, developed, monitored and evaluated with the client group;
- 4.3. health promotion material will be pre-tested with the client group/s, evaluated for effect and outreach after release, and the information gained will be used by the provider to improve the service;
- 4.4. where appropriate and negotiated, effectiveness will be compared with similar programmes for similar peoples in New Zealand and overseas;
- 4.5. agreement is reached with the purchaser on,

- the performance indicators to be used,

- the type and extent of evaluation,
 - the measures of quality for monitoring the service, and,
 - the code of conduct of the provider;
- 4.6. a commitment is demonstrated to developing, maintaining and improving the knowledge and skill base of health promotion workers;
 - 4.7. organisations with which linkages are established are satisfied with the frequency and content of contact;
 - 4.8. standards for the internal audit of systems and procedures, including legislation, regulations, guidelines and standards, are developed and adhered to;
 - 4.9. systems are developed and implemented that identify and record action taken regarding,
 - actual or potential challenges to Maori health, and,
 - Maori concerns, complaints and indications of satisfaction.

5.0 LINKAGES

The purchaser encourages providers of Maori health promotion to:

- 5.1. strengthen existing links with other formal and informal providers of health promotion and related services at a community, regional and/or national level, as negotiated;
- 5.2. link with any agency which has an impact on health and/or the potential to strengthen Maori health promotion;
- 5.3. establish linkages to ensure that where appropriate, local health promotion services can contribute to a co-ordinated national programme; and,
- 5.4. establish linkages where appropriate, with personal care providers to improve the quality and availability of relevant diagnostic and treatment services.

Examples of linkages include:

Iwi, hapu, and whanau groups
 Other local, regional, and/or national Maori groups
 Maori health organisations
 Te Puni Kokiri
 Medical Officers of Health
 Regional Councils
 Territorial Local Authorities
 Ministry for the Environment
 Department of Conservation
 Ministry of Women's Affairs
 Other Government Departments
 Community groups
 Other relevant health professionals

6.0 INFORMATION REQUIREMENTS