

## Keep Calm and Reframe that Discourse!

### Koorero Handout

Internationally, there are increasing calls for the use of strengths-based methodologies, to counter the dominant deficit discourse that saturates research relating to Indigenous health and wellbeing (Thurber, Thandrayen, Banks, Doery, Sedgwick & Lovett 2020). Health researchers who aim to achieve health equity for priority populations often conduct problem-focused studies and this is supported by the way we conduct research in Aotearoa. While problem-focused research is important, often such studies are often conducted by non-priority population researchers undertaking processes and findings which contribute to an unhelpful deficit discourse. A deficit discourse is a narrative that describes the person through a myopic lens of negativity characterized only by illness, death, depression, failure, or the like (Mollard, Hatton-Bowers & Tippens 2020). This mode of thinking that is overly focused on risk behaviours and problems (Bryant, Bolt, Botfield, Martin, Doyle, Murphy, Graham, Newman, Bell Treloar, Browne & Aggleton, 2021) and negatively affects how health care workforce and society interact with and assign assumptions and biases.

Disrupting the dominant deficit discourse in research and building strengths-based research is an ethical and meaningful approach that can and strengthens relationships with all stakeholders (Cooper & Driedger, 2018). Training the healthcare workforce both clinical and nonclinical, to systematically replace biased verbal and written language is an essential step to providing equitable care (Raney, Pal, Lee, Saenz, Bhushan, Leahy, Johnson, Kappahn, Gisondi & Hoang, 2021). By modifying our research approach and understanding the role research language plays will better the way researchers and health care workforce and systems view and care for people. Specifically, the research power we hold and how we position ourselves and others, who are not like us. The “prevalence and social impact of deficit discourse indicates a significant link between discourse surrounding indigeneity and outcomes for Indigenous peoples” (Fforde, Bamblett, Lovett, Gorringer & Fogarty, 2013).

A reminder of the key concepts:

Discourse = the words we use

Discursive formation = how we use those words, what we associate them with, how they are used to create a narrative.

I hope you found our koorero today engaging and relevant to your practice. Please find the discourse and discursive formation examples attached for you to engage in further strength-based discourse and to share with your peers and whaanau.

Kimi Tangaere

## References

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Discourse	Why is this problematic	Suggested reframing	Why this is strength-based
Closing the gap	Success is determined by Pakeha level of health. Perpetuates a deficit framing and a non –Maaori standard that Maaori should achieve. Maaori are a burden, lagging behind. Does not align to Maaori aspiration, mana mohutake or Pae Ora	Achieve Maaori health equity	Non comparative. Celebrates the positioning of Maaori in its own mana.  Alignment to constitutional promise.
Maaori are vulnerable  Maaori need to “manage” their health	Narrative of helplessness, inactive in our own health issues, weak and susceptible to disease. Genetic inferiority.  Blames Maaori for social inequity and poor health status.	Maaori are underserved	Puts the onus back onto the system to do better. Recognises equity requires appropriate responsiveness that has yet to be achieved
Maaori are high needs  Maaori are non-compliant	Maaori are a burden on the health system, take an unfair share of health resources. Fails to recognise the services that work for other groups have not worked for Maaori that is their needs have not and may never have been met by the system. Ignores colonial trauma and impact, structural context, social determinants, and the distal factors that impact Maaori health and wellbeing.  Passes judgement on a minoritised groups. Reinforces negative stereotypes	We prioritise Maaori	Highlights Tangata Whenua as an important group with mana, that are entitled to equity and prioritised actions.  Acknowledges that not all services work for all groups.
We will consult with Maaori  Maaori are underrepresented  Maaori are a minority	Undermines Maaori position as an equal Tiriti partner  Infers population and workforce numbers are responsible for poor health outcomes  Majority rule if the only fair and just way to make decisions	Engage with our equal Tiriti partner  Maaori are systemically excluded  Maaori are minoritised	Recognises Maaori voices have been/are marginalised. Recognises the injustice of the Tiriti partnership and failure of the system to act in partnership
Did not attend	Assumes an equal individual choice. Absolves historical impacts, systemic responsibility and performance. Maaori problem to deal with.	We did not attract	Shifts from blame and shame to recognising systemic onus for attraction, engagement and responsiveness.
Mainstream	Linked to the majority. White as the norm / ordinary. Assume centrality and a language of superiority and contempt that implicitly constructs selected or putative aspects of the Maaori world as not measuring up to its Pakeha equivalents.	western system  Paakehaa services  Government services  Whitestream	Explicit in acknowledging the system origins, design, values and primary benefactor.  Does not marginalise non-white systems, beliefs, values and ways.

Cultural issues	Assigned to non Paakehaa groups and ignores Paakehaa as a (the dominant) culture. The use of the term 'issues' infers problems, risky behaviours and negative associations. Inherently assign the culture as the issue.  Maaori culture is not amendable to growth and requires Western research intervention.	Maaori culture Tangata Whenua Mana Whenua Indigenous	Clearly identifies the whom is being discussed.  Promotes a set of values that recognise the capacities and capabilities of Indigenous peoples. A stronger basis to build meaningful relationship and research.
<b>Discursive formation</b>	<b>Why is this problematic</b>	<b>Suggested reframing</b>	<b>Why this is strength-based</b>
<b>Ethnicity led statements:</b> Maaori and Pacific...	Grouping Maaori and Pacific together infers these groups as one, problematic and homogenous ethnicity	Maaori whaanau and Pacific community	Systemic onus for attraction, and engagement, responsiveness. Maaori and Pacific are distinctly separate groups with their own mana and positions within Aotearoa.
"Maaori and Pacific are more likely to.....(poor health outcome inserted here)"	Ethnicity is the explanatory variable for the health outcomes and infers a genetic inferiority	Maaori have been historically underserved by the health system and therefore disproportionality experience....  OR due to the social determinants disproportionality experienced by the Maaori community.....(health outcome	Gives the wider picture. Put s the onus on the system holding the power and recognises the impacts shown today of inequity due to social injustice, over time.
<b>Questions:</b> Why aren't Maaori...  Applying for jobs here?  Using this service?	Blaming and alienating. Blankets across all Maaori. Avoids systemic reflection (and often feedback) or willingness to change. Assumed all aspects of the service are correct and that it must be an external problem- a Maaori problem.	How are we maintaining the status quo?  What are the Maaori values demonstrated at this service?	Maaori are a diverse group have a range of preferences. There are valid reasons, historical and modern as to why Maaori choose to engage or not
<b>General statements:</b> Maaori are aware ....  Why don't Maaori prioritise their health  Maaori need to understand...	Judgement and blaming language. Assumes that because Maaori don't conform to the formulaic nature if the health systems values. Describes Maaori who do not behave in a way that meets western expectations and processes means they simply mustn't understand (and therefore need more information) or prioritise their health-or they don't 'care and are a problematic / require fixing.	Don't make these statements.  Seek to understand what conditions you can contribute to support Mana Motuhake, Maaori health aspirations and priorities.	Stops the status qui/ BAU practice that creates inequity, blame and begins to a journey of systemic learning and partnership.
<b>Power statements:</b> I had instructed...  Patient was non-compliant and unreasonable"	Assumes clinical authority over Maaori  Maaori are problematic, stupid, difficult, sneaky and untruthful	Anything that removes judgement. Only include factual and relevant information.	Explicit in acknowledging the system origins, design and values. It doesn't marginalise non-white systems, beliefs, values and ways

