Kaituhi: Kimi Tangaere (Ngaati Porou, Paakehaa)

A FAIR SYSTEM PRIORITISES EQUITY

Welcome to the Research Office's Health Equity page.

As a Crown agency, Health NZ-Te Whatu Ora Counties Manukau Health is a Tiriti partner with a strategic priority to achieve equity. As employees and researchers within this organisation, we have a shared responsibility to achieve equity. This page is designed to support you in your research journey at Health NZ Counties by strengthening your equity understanding, equity planning and equity action.

All people and populations are gloriously unique! Don't just treat them the same, treat them fairly.

Source: https://www.mrsgreensworld.com/sustainability-and-social-equity-you-cant-have-one-without-the-other-2/

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Defining Equity and Equality

What are the key differences? These terms are often misunderstood - so let's clarify!

Equity	vs	Equality
Definitions		
Health equity is achieving the same level of health across all populations through fair and responsive resource allocation, access, quality of care and health outcomes. This is achieved when every person has the opportunity to attain their full health potential, and **no one is privileged or disadvantaged** because of social position or other socially determined circumstances. **Health inequity refers** to unfair, avoidable differences arising from poor governance, corruption or cultural exclusion.		**Health equality** can be defined as an even allocation and distribution of health or health resources. This assumes that providing everyone with the same opportunity and resource will result in equal outcomes but is predicated on the false idea that we all start from the same place, experience the same determinants of health, and respond equally to the same system of healthcare. **Health inequality** describes the differences in health status or in the distribution of health determinants between different population groups.

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Characteristics	
Achieving health equity	**Health equality**
• **based on unequal resource for equal outcome.** • is the CM Health strategic priority • prioritises systemically underserved populations who suffer persistent and compelling inequities • aims to achieve equal health outcomes (same level of health across all groups) • means that everyone has a fair and just opportunity to be as healthy as possible • recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes • is an ethical construct based on justice[1]	• **based on equal resource for equal outcome.** • is not the CM Health strategic priority • when applied through resource allocation exacerbates inequity • requires health equity action, if it is to be achieved • fails to recognise cultural responsiveness and uniqueness • assumes sameness, uniformity or standardisation (such standardisation often creates inequities) • assumes if everyone received an equal share this will translate into fair and equal health outcomes • disregards impacts that occur through Western dominance, systems, processes and structures • Fails to recognise social determinants, institutional racism, the impact of historical and ongoing justices

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Health inequities	Health inequality
• Is unfairness • are formed across the life courses, rooted in social injustices that make some population groups more vulnerable to poor health than other groups. Inequities in health and avoidable health inequalities arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to address illness	• is an uneven distribution of health or health resources. These differences can be described as disparity • addresses difference or disparity Where there is inequality there is not always inequity or unfairness
Inequity Example <u>Ovarian Cancer rates between Maaori and non-Maaori.</u> Ovarian cancer is 2.8 times as common for Māori while the mortality rate was 5.7 times as high as non-Māori This is an inequity example because the rates are unfair and caused by social injustices. There is no genetic cause.	**Equality Example:** <u>Ovarian Cancer rates between men and women.</u> There is a disparity (or difference) in rates of ovarian Cancer rates between men and women. However, this is due to men not biologically having ovaries. There is a unequal difference, but this is not an unfair difference. This is an equality example because the rates are uneven, due to genetic factors.

[1] Director-General of Health, Dr Ashley Bloomfield. Ministry of Health. Wellington. 2019

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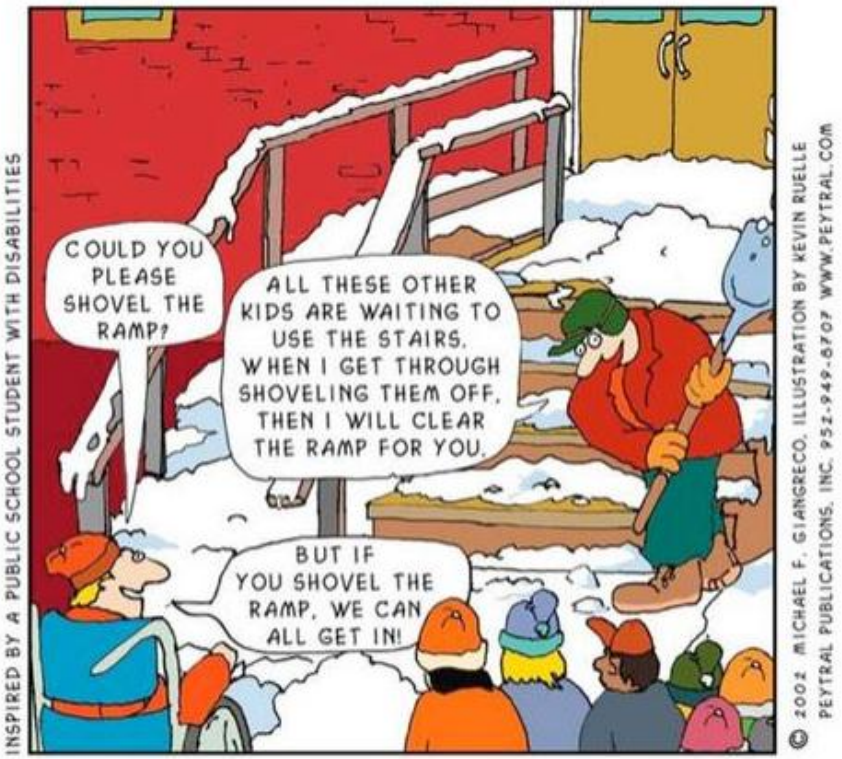
Equity tips for Research at Health NZ Counties

Ensure your research is aligned with our organisational strategic priority to achieve health equity by:

(1) Undertaking the equity preparation work

At a minimum the research team should be able to:

- Display knowledge of key equity documents such as Te Tiriti o Waitangi, Pae Ora, Ola Manuia, Te Ara Tika and Hei Tangata Kei Tua.
- Recognise how equity manifests for those populations within the research area/topic
- Understand historical injustices and the reasons why our prioritised communities experience inequity today
- Aim to achieve equity rather than to reduce or minimise inequity
- State what equity means in research practice, beyond definition in your research
- Develop an explicit equity aim and weave equity throughout the entire research process



Source: https://inclusive.tki.org.nz/guides/universal-design-for-learning/consider-universal-supports-and-useful-options/

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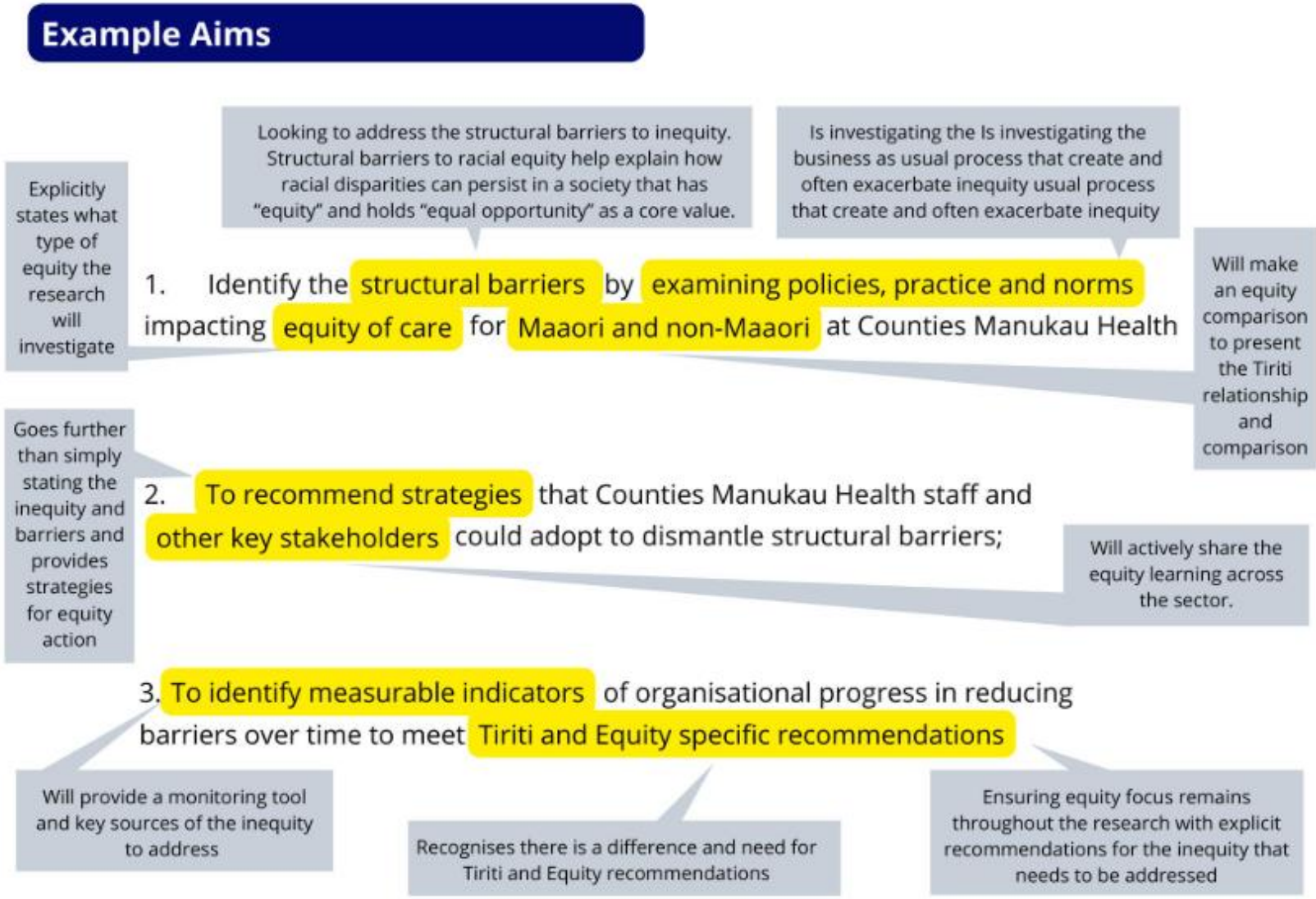

(2) Explain clearly why both right based (Te Tiriti) and equity-based approaches are needed

- Refer to Te Tiriti o Waitangi not The Treaty of Waitangi. These are two very different documents with two very different agreements. Te Tiriti o Waitangi is the constitutional document recognised by the international law of contra proferentem rule where the indigenous text takes precedence.
- Describe specific actions to deliver equity throughout your research, including Te Tiriti and Equity objectives and recommendations.

(3) Use accurate terminology

- Use the correct terminology. For example, the terms 'sex' and 'gender' are often used interchangeably in general use, however these are distinct concepts. Gender refers to a social and personal identity, whereas sex refers to biological characteristics.[2]
- The term Pacific is often homogenised into a singular ethnicity. However the Pacific ethnic grouping consists of several ethnicities including Samoan, Tongan, Niuean, Tokelauan, Fijian, Tuvaluan, Cook Island Maaori and Kiribati. Each a unique and different culture with unique identities, stories, customs, beliefs therefore requiring distinct responsiveness. Be clear and explicit in your research about which ethnicities you are referring to and the responsiveness plan, to achieve equity.
- The term disparity if often misused in the where inequity is the correct term. Disparity implies a *difference* of some kind, whereas inequity describes *unfairness* and *injustice*. Similarly for the terms equality and equity as described above.

(4) Ensure positive and strength-based discourse in your research

- Language influences our decisions, our relationships and the care we provide. As a deliberate health equity response, disrupt the damaging deficit-based discourse regularly ascribed to our prioritised populations by the health system and replace it with strength based, positive reframing in protocols and other templates. For example: use the term "population of focus" rather than "target group" when defining who will participate in your research; and explore the research "opportunity" rather than the research "problem". This are more mana-enhancing ways to value and describe research with our prioritised populations. See also table below:

[2] Sex and gender identity statistical standards: Consultation. 2020. Tatauranga Aotearoa - Stats New Zealand. https://www.stats.govt.nz/consultations/sex-and-gender-identity-statistical-standards-consultation

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Discourse	Why this is problematic	Suggested reframing	Why this is strength-based
Maaori are high needs	Maaori are a burden on the health system, take an unfair share of health resources Passing judgement on a minoritised groups. Reinforces negative stereotypes	Prioritised	Highlights Tangata Whenua as an important group with mana, that are entitled to equity and prioritised actions
Maaori are vulnerable	Narrative of helplessness, inactive in our own health issues, weak and susceptible to disease. Genetic inferiority	Under served	Puts the onus back onto the system to do better. Recognises equity requires appropriate responsiveness that has yet to be achieved
Ethnicity led statements: Maaori and Pacific...	Grouping Maaori and Pacific together infers these groups as one, problematic and homogenous ethnicity	Maaori whaanau and Pacific community	Whaanau Maaori are Tanga Whenua Tiriti partners. Pacific communities are Tangata Tiriti. Both groups 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 disproportionally experienced by the Maaori community... (health outcome	Gives the wider picture. Puts the onus on the system holding the power and recognises the impacts shown today of inequity due to social injustice, over time.

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Guiding Questions for Equity Conscious Researchers and Evaluators

The following guiding questions are adapted from Equity-Guiding_Questions.pdf (mdrc.org); Microsoft Word - Equitable Evaluation Guiding Questions.docx (ydekc.org) & CONSIDER statement

When considering the Research team:

- To what extent does the project team reflect multiple backgrounds and cultures?
- Have or will all team members receive appropriate training to prepare them to recognize their own biases and how they may shape their work on the project?
- Who will facilitate these equity conversations on the team on an ongoing basis?
- Will team members receive training on how to conduct research using a culturally responsive and equity-based perspective?
- How will the researchers apply reflexivity (also known as positionality) acknowledging that they are part of the evaluation process, constructing elements and impacting knowledge production?

Source: https://diatribe.org/health-equity-what-it-means-why-we-care-and-what-you-can-do

Purpose & audience

- Does our overall evaluation purpose explicitly reference progress toward equity? At the level of program results? At a structural or systemic level?
- Do our evaluation audiences include the people for whom we are seeking more equitable results? For example, if a program is intended to increase opportunity for youth - are named as stakeholders in this research?

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Developing the research question, design and methodologies

- What are the baseline conditions of equity, and of structural barriers to equity, in the ecosystem where the project will take place?
- How can the project team deepen its knowledge of baseline conditions to develop a better project?
- Are key stakeholders and communities actively participating in the decision-making for the project's design?
- How is the design focused on being strengths-driven (that is, focused on attributes and assets) versus being deficit-based (that is, focused on limitations)?
- Is it possible to measure baseline equity conditions, such as gaps in access and achievement where the intervention occurs?
- Do impact questions address whether an intervention closes gaps in access, achievement, or other measure among different student groups?
- Do impact questions focus on subgroups defined by categories meaningful to the context or by the intersectionality of different characteristics (race, class, gender)?
- Are the outcomes defined from a deficit- or strengths based perspective?
- Have we involved our research/evaluation stakeholders – specifically those whom we know are a priority to serve – in the identification and prioritization of research/evaluation questions?
- Do our research questions pertain to structural or systemic drivers of inequity?
- Do our evaluation questions require us to consider whether different groups experience our programs or services differently?

- Do our research/evaluation questions pertain to structural or systemic change?
- as the research team considered how the past experiences or trauma of a community might pose obstacles to data collection? If these obstacles exist, what stakeholders or experts can the research team engage to modify the approach and questions?
- Are the language, content, and design of the instruments culturally sensitive? Has the team considered whether and how questions on a data collection instrument might reinforce negative stereotypes about certain student groups or social constructed notions of gender and race?
- Have the instruments been validated with their intended audiences?
- Has the research team considered cultural context in how it collects data, whom it collects data from, and when to collect data?
- How has the research team engaged with the prioritised population to assess the risks and necessary protections for research subjects given historic and current inequities?

Outcomes and Indicators

- Are our outcomes framed in a way that emphasizes the strengths of the people we serve?
- Are our outcomes meaningful and culturally relevant to the people we serve?
- Will our indicators provide us with information on inequitable results or effects (i.e., are they disaggregated in a way that allows us to see gaps)?
- Will our indicators provide us with evidence of structural or systemic progress?

Data Collection, analysis, and reporting

- Are we transparent with all stakeholders about how and why we collect and use data?
- Are our program stakeholders involved in data collection, and in what ways?
- Are our data collection tools culturally relevant and appropriate to the people we serve?
- Do we actively involve stakeholders in the process of making meaning from data?
- Do we have plans detailing how we share evaluation results with different audiences?

Dissemination

- Discuss the process for knowledge translation and implementation to support Indigenous advancement (e.g., research capacity, policy, investment).

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Resources and Links

Putting you on the path for success

Equity websites, literature and videos

- The CONSIDER statement provides a checklist for the reporting of health research involving Indigenous peoples to strengthen research praxis and advance Indigenous health outcomes.
- Ministry of Health: Achieving Equity
- Maaori Health Research
- Te Mana Raraunga
- Maaori HRC Resource Library
- The New Zealand Health Research Prioritisation Framework
- Achieving health equity in Aotearoa: strengthening responsiveness to Māori in health research
- CM Health Library Health Equity Clearinghouse
- A review of evidence about health equity for Pacific Peoples in New Zealand
- Otago Spotlight Series: Achieving health equity from research
- Health equity in the New Zealand health care system: a national survey