



**KEEP  
CALM**

**AND  
REFRAME THAT  
DISCOURSE!**



## Two elements

**Discourse** = the words we use

DNA, non-compliant, bed blockers, *unreasonable, untruthful, difficult* (Park et al 2021)

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

Maaori are more likely to.....(poor health outcome, poor social determinant)



## Purpose of *our koorero* today

1. Reflect on your deficit discourse and discursive formation

- Identify and disrupt
- Understanding why this is harmful

2. Build strength-based approaches

- Increase Maaori responsiveness
- Counterbalance the existing stereotypes

Practice, practice, practice!

- Educate and influence
- Aid to dispel bias assumptions regularly embedded in health discourse and discursive formation
- Better Tiriti partner contributing to Maaori health gains



# Deficit discourse

Deficit discourse is a way of thinking that frames Maaori in negativity, blame and inadequacy. The prevalence and social impact of deficit discourse indicates a significant link between discourse surrounding indigeneity and outcomes for Indigenous peoples.

(Fforde, Bamblett, Lovett, Gorringe, & Fogarty, 2013)

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. Deficit discourse negatively affects how health care providers and society interact with vulnerable people.

(Mollard, Hatten Bowers & Tippens, 2020)

# Maaori are.....google search



maori are  
maori are **scum**  
maori are **stupid**  
maori are **lazy**  
maori are **asian**  
maori are **violent**  
maori are **racism**  
maori are **not indigenous**  
maori are **racist**  
maori are **dumb**  
maori are **black**



why are maori |  
why are maori **obese**  
why are **maoris so poor**  
why are **maoris so big**  
why are **maoris so lazy**  
why are **maoris so violent**  
why are **maoris so fat**  
why are **maoris so dumb**  
why are **maoris so racist**  
why are **maoris so ugly**  
why are **maoris stupid**



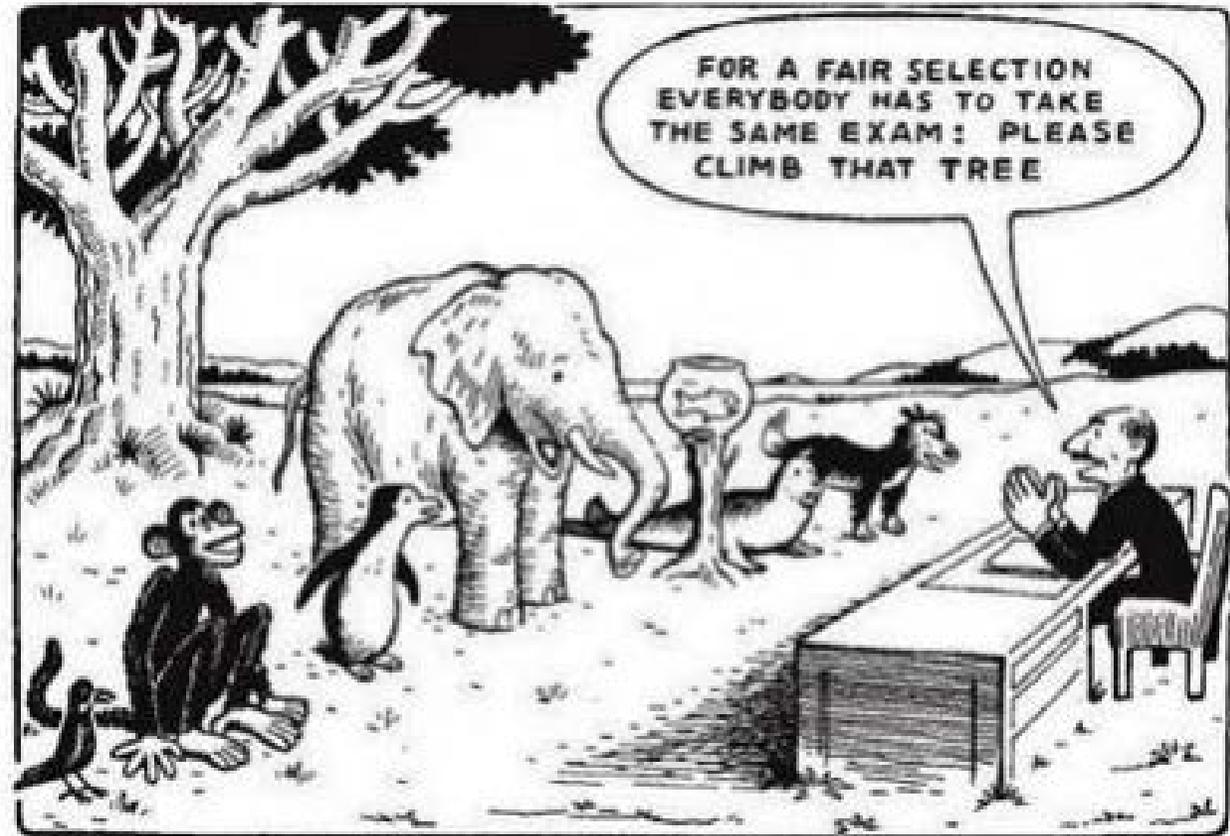
## Bias = Blame and alienation in language

- Language that demeans and ostracizes Maaori suggests Maaori are objects (“other”) creating bias in what should be a healing and reciprocal relationship in the health spaces
- Creates barrier and compromises the quality of care Maaori receive
- Blaming language impacts clinical care, clinical decisions, perceptions of patients, treatments plans
- Influences others
- Impacts on you relationship with Maaori
- Maintains a power imbalance
- Reinforced by the system i.e. describe the research problem...address cultural issues...
- Product of colonisation

Language is power

## Mistrust of Research

Research Controlled  
~~History is written~~  
by people in power



# Research values

Values	
Western BAU	Kaupapa Maaori
Rarely considers historical grievance as a cause for current health status Maaori	Direct correlation from past to present
Just starting to acknowledge some environmental connection to water ways etc	Links health to Atua and environment (i.e. whenua, moana and rangi)
Focuses on ethnicity as a reason for poor health	Acknowledges the structure
Maaori = other	Maaori =normal
Focus on Maaori needs	Focuses on Maaori rights
Maaori framed as the problem	Rejects victim blame analyses
Medicalises and individualises	Holistic and collective
Privilege is invisible	Exposes privilege
Maaori at the margins	Maaori at the centre
Goal: improve health	Goal: Improve Maori health
Terms include: "inclusion" "diversity" "discrimination" "health"	Terms include "rights" "social justice" "racism" "wellbeing"

## Examples

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	achieving Maaori health equity	Non comparative. Celebrates the positioning of Maaori in its own mana.  Alignment to constitutional promise.
Maaori are vulnerable	Narrative of helplessness, inactive in our own health issues, weak and susceptible to disease. Genetic inferiority	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 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 a minority  Maaori are underrepresented	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	minoritised  systemically excluded	Recognises Maaori voices have been/are marginalised.  Recognises the injustice of the Tiriti partnership and failure of the system to act in partnership



Discourse	Why is this problematic	Suggested reframing	Why this is strength-based
<p>DNA</p> <p>Maaori to “manage” their health</p>	<p>Assumes an equal individual choice. Absolves historical impacts, systemic responsibility and performance. Maaori problem to deal with.</p> <p>Blames Maaori for social inequity and poor health status.</p>	<p>Did not attract</p>	<p>Systemic onus for attraction, and engagement, responsiveness.</p>
<p>mainstream</p>	<p>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.</p>	<p>western system</p> <p>Paakehaa services</p> <p>Government services</p> <p>Whitestream</p>	<p>Explicit in acknowledging the system origins, design and values</p> <p>It doesn’t marginalise non-white systems, beliefs, values and ways</p>
<p>Why aren't Maaori...</p> <p>Applying for jobs here?</p> <p>Using this service?</p>	<p>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.</p>	<p>How are we maintaining the status quo?</p> <p>What are the Maaori values demonstrated at this service?</p>	<p>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</p>



Discursive formation	Why is this problematic	Suggested reframing	Why this is strength-based
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	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 disproportionately experienced by the Maaori community.....(health outcome
“Maaori are aware ....” “I had instructed...” “Patient was non compliant and unreasonable”	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
Questions  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



## Take away equity actions

- Language is a source power we can use better our research responsiveness and influence the system
- In all research practice reflexivity. to understand your bias and positioning and how this manifests in your work.
- Acknowledge privilege and racism. Expose the underlying assumptions
- Work Build in a deficit discourse proof read as common practice
- Stop and challenge ethnicity led statements
- Ensure this mana is reflected in the description regarding Maaori
- Empathy as a form of connection - Practice at home!







Patai & Kooero



## References

Fforde C, Bamblett L, Lovett R, Gorringer S, Fogarty B. Discourse, Deficit and Identity: Aboriginality, the Race Paradigm and the Language of Representation in Contemporary Australia. *Media International Australia*. 2013;149(1):162-173. doi:[10.1177/1329878X1314900117](https://doi.org/10.1177/1329878X1314900117)

Mollard E, Hatton-Bowers H, Tippens J. Finding Strength in Vulnerability: Ethical Approaches when Conducting Research with Vulnerable Populations. *J Midwifery Womens Health*. 2020 Nov;65(6):802-807. doi: 10.1111/jmwh.13151. Epub 2020 Sep 3. PMID: 32881276.

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