

WORKING TOGETHER TO TACKLE RACISM IN OUR EMERGENCY DEPARTMENTS

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HOW THIS SESSION WILL WORK

Introduction – linking Manaaki Mana and the vital discussion on racism (Inia)

Clarifying and defining what we're talking about

A series of quiz questions

Small group discussions

A larger group discussion on actions that can be taken by all of us in the room to address racism and achieve the goals of Manaaki Mana

WHY ARE WE EVEN TALKING ABOUT RACISM?

“The impact of personal and institutional racism is significant on both the determinants of health and on access to and outcome from health care itself. Racism is associated with poorer health, including poorer mental health.”

Quiz question 1: where does this quote come from?

... AND RACISM IS A DETERMINANT OF HEALTH IN ITSELF

Q. Would you agree that racism is also a determinant of health ?

A. Yes, I would and this is one that we have learnt a lot more about over recent years and continuing to learn. I think we have now some quite good evidence that racism at a range of levels does determine access to experience of and outcomes in the health care system.

RACISM AS A
BREACH OF TE
TIRITI O
WAITANGI

“Actions that contribute to experience of personal and institutional racism, especially on the scale indicated by the evidence before us, are breaches of the Treaty principles.”

Waitangi Tribunal in [Hauora](#) (2019)

AND EVIDENCE TELLS US WE HAVE A RACISM PROBLEM IN HEALTH

- ❑ International links discrimination to markers of physical and mental health, health risk and health care utilisation
- ❑ Evidence from Aotearoa – consistent link between experiences of racism and a range of health measures that negatively impact on ethnic inequities
- ❑ Higher prevalence of reported racism by non-European groups
- ❑ Experiences of racism negatively linked to wellbeing for Māori
- ❑ **Vicarious racism** is associated with unmet need for healthcare for children (and experiences of racism are higher among caregivers of Māori and Asian children)

See for example Harris et al ([2018](#)) Paine et al ([2018](#)) and Cormack et al ([2019](#))

SO WHO OR WHAT IS A RACIST?

RACIST: One who is supporting a racist policy through their actions or inactions or expressing a racist idea.

ANTIRACIST: One who is supporting an antiracist policy through their actions or expressing an antiracist idea.

Ibram X. Kendi *How to be an Antiracist* (2019)

ARE WE TALKING ABOUT BIAS?

'implicit biases ... are unconscious biases that affect the way we perceive, evaluate or interact with people from the groups that our biases target' (Saul, 2013)

...but this is only part of what we are talking about when it comes to racism.

TALKING ONLY ABOUT BIAS WILL REINFORCE THE STATUS QUO

- ❑ Bias is criticised as “the acceptable face of racism”
- ❑ The conventional solution is training on “unconscious bias” which has been called “the magic bullet for organizations, including universities, in the face of the continued occurrence of racism”
- ❑ The focus becomes confessing our sins, and seeking forgiveness, while “keeping institutional racism in place”

CONSIDER THREE LEVELS OF RACISM



Institutional racism

Colonisation
Differential access to the determinants of health
Inaction in the face of need



Personally mediated racism

Discriminatory behaviours
Can be intended and unintended
Maintains privileges and structural barriers
Condoned by societal norms



Internalised racism

Reflect systems of privilege
Erodes individual sense of value

“What we really have to do to set things right in this garden is address the institutionalized racism”

Camara Jones “Levels of Racism: A Theoretic Framework and a Gardener’s Tale” (Am J Public Health [2000](#))



THE GARDENER’S TALE

BRAINSTORMING: WHAT CAN WE ALL DO?

Break into groups to consider what actions we can take to address racism at multiple levels and achieve the objectives of Manaaki Mana.

Think about:

- What we can change at the health system level (and beyond)?
- What needs to change inside our health organisations (hospitals, DHBs, professional bodies)?
- What we can do as individuals working in the health system / as health professionals?

GROUP WORK: FOCUS AREAS

1. Māori patients and whānau experience culturally safe services which meet their health equity needs
2. ACEM provides culturally safe training and support to Māori trainees and Fellows
3. All Māori staff working in EDs experience a culturally safe working environment.