

Equity and Diversity Policy

Introduction

Patients are entitled to be provided with services in a manner that takes into account their culture, religious, social, and ethnic needs, values, and beliefs. This requires an understanding of, and sensitivity to these matters by all staff.

All patients should receive services in a manner that recognises their cultural, ethnic, religious, social, and individual values.

Cultural values are not restricted to ethnicity but include other factors such as religion, gender, age, etc., and are multi-dimensional. It is not feasible to develop detailed protocols for each and every cultural group. Therefore, the focus is on building awareness of cultural values and ensuring the patient process allows for the identification and accommodation of these.

Objective

To support Doctors on Riccarton in fulfilling its strategic objectives and obligations that ensure inclusiveness, participation, appreciation, recognition, support, and transparency to all patients that access services.

Definitions

Diversity: respect, appreciation, and acknowledgment of people to promote acceptance regardless of factors that include (but are not necessarily limited to) age, color, disability, education, employment status, ethical belief, ethnic or national origins, language, family status, marital status, political opinion, race, religious or spiritual belief, sex or gender, sexual orientation, socio-economic circumstances, and taste.

Equitable: fair and impartial

Equity (in Health as defined by the Ministry of Health)*: In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognizes different people with different levels of advantage require different approaches and resources to get equitable health outcomes.

*This definition of equity was signed off by the then Director-General of Health, Dr Ashley Bloomfield, in March 2019.

In New Zealand, ethnic identity is an important dimension of health inequities. Māori and Pacific people experience lower life expectancy and health disadvantages across most mortality and morbidity indicators compared to Europeans, as well as a socioeconomic disadvantage in areas such as housing, education, income, and employment. In New Zealand, ethnic inequalities between Māori and non-Māori are the most consistent and compelling inequities in health.

Purpose

The purpose of this policy is to identify best practice for maintaining a culture of dignity and respect for patients, carers, staff, and members of the public in compliance with the Health Quality and Safety Commission New Zealand.

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Scope

To ensure we are committed to supporting a multicultural framework of support for patients and relatives of patients.

Services should take into account; cultural, religious, social, and ethnic needs, values, and beliefs. Patients should not be discriminated against on any of these bases, and services should be provided in a way that respects the patient's dignity and independence.

Cultural safety involves recognition of cultural diversity and the ability to operate effectively and respectfully when working with and treating people of different cultural backgrounds. Cultural safety means a staff member has the attitudes, skills, and knowledge needed to achieve this.

A culturally competent person will acknowledge:

- New Zealand has a culturally diverse population.
- A professional's culture and belief systems influence his or her interactions with patients and they understand this may impact on the interaction.
- A positive patient outcome is achieved when a professional and patient have mutual respect and understanding.
- The expected outcome from cultural safety is a good patient experience. However, at times there will need to be feedback and reflection on the service being provided.
- Feedback on behaviours and attitudes helps a health change.
- Reflection on the feedback helps with a health change.

The changes may be:

- Attitudes
- Skills
- Knowledge

The strategic approach ensures the delivery of fundamental care through a process of cultural challenges but ensures that it aligns its policies and procedures with the Treaty of Waitangi and Cultural Awareness.

Policy

Te Tiriti o Waitangi is the cornerstone of equity and diversity in Doctors on Riccarton.

The Practice is committed to eliminating discrimination, including on grounds of age, colour, disability, education, employment status, ethical belief, ethnic or national origins, language, family status, marital status, political opinion, race, religious belief, sex or gender, sexual orientation, and socio-economic circumstances.

At Doctors on Riccarton, our staff, including our Te Tumu Waiora team, all work with the health of populations, alongside the health of individuals. A population health approach to primary care delivers both high-quality individual care and emphasizes equity, community participation, and social determinants of health.

Doctors on Riccarton shall work closely with Pegasus Health (PHO) to identify high-risk patients and deliver care appropriate to their needs to achieve equity in health outcomes. Our General Practice team is also part of the Ministry of Health's System Levels Measures through Pegasus Health PHO. These measures focus on important components of equity as often Māori, Pacific peoples, and

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those living in high-deprivation areas have a disproportionate share of the burden of disease. Our General Practice works collaboratively with primary, secondary, and allied health services to provide greater access for high-needs patients by providing extra clinics in the practice (i.e. diabetes, spirometry, cardiac failure, child health, clinical pharmacy, and podiatry). Doctors on Riccarton will utilise data supplied by the PHO's GPVu and the Indici PMS Quality Indicators to assist with identifying high risk patients and ensuring their recalls are addressed.

Doctors on Riccarton's clinicians works with Māori Health providers in Canterbury, namely He Waka Tapu for screening, assessment, health and social services for Māori, and Purapura Whetu for mental health services.

The Practice's health promoters focus mainly on population health and work closely with local and regional networks to promote population health and wellbeing, targeting vulnerable populations in local and regional communities (i.e. breast screening, problem gambling, suicide prevention, nutrition, physical activity, smoking cessation, etc.).

The Practice's Te Tumu Waiora team works closely with Tangata whai ora (a person seeking health) and whanau, delivering Tikanga-based services back to a well-being environment within the Whare Tapa Wha model. Our team also works collaboratively with a wide range of community and secondary support services to deliver the best possible outcomes for Tangata whai ora and whanau.

The Practice has a workforce development plan for staff, including health equity, cultural competency and understanding bias training to ensure that staff engages with patients/clients/Tangata whai ora in ways that support, encourage, and empower them to self-manage individual and whanau health and wellbeing.

Schedule 1 details the DOR Health Equity Action Plan

Equity Resources for staff:

- Available online: <https://www.healthnavigator.org.nz/clinicians/e/equity/>
- Ministry of Health (2018): Achieving equity in health outcomes: https://www.health.govt.nz/system/files/documents/publications/achieving-equity-in-health-outcomes-important-paper-highlights-nov18_1.pdf
- Medical Council of NZ (2019): Cultural competence partnership and health equity symposium: <https://www.mcnz.org.nz/assets/standards/CulturalCompetence/0ec02ab508/CCPHE-symposium-booklet.pdf>
- Health Literacy NZ and Health Navigator NZ (2020): Addressing Inequity in Health Care: https://www.youtube.com/watch?v=TIM1uLv14gM&feature=emb_logo

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Schedule 1 - DOR Health Equity Action Plan

September 2022

1: Maori

To be guided by the principles encapsulated in Te Tiriti o Waitangi as it pertains to the primary health care system. These principles are applicable to wider health and disability system. The principles that apply to our work are as follows.

- **Tino rangatiratanga:** respecting Māori self-determination
- **Equity:** to achieve equitable health outcomes for Māori.
- **Active protection:** ensuring we are informed of Māori health outcomes and make an effort to achieve Māori health equity
- **Options:** to ensure our services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care: namely:

Te Whare Tapa Whā: Mason Durie

One model for understanding Māori health is the concept of 'te whare tapa whā' – the four cornerstones (or sides) of Māori health.

<https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-whare-tapa-wha>

Te Wheke: Rose Pere

Another model of Māori health is based on Te Wheke, the octopus and the eight tentacles that collectively contribute to waiora or total wellbeing.

<https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-wheke>

Te Pae Mahutonga: Mason Durie

Te Pae Mahutonga (Southern Cross Star Constellation) brings together elements of modern health promotion.

<https://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-pae-mahutonga>

- **Partnership:** this requires the Crown and Māori to work in partnership in the governance, design, delivery, and monitoring of health and disability services. Māori must be co-designers, with the Crown, of the primary health system for Māori.

2: Ethnicity and language

To ensure Doctors on Riccarton are committed to supporting our multicultural patient population,

- our staff make up will reflect the the ethnic and linguistic diversity of our patients
- our website will be available in multiple languages
- our patient database will be maintained so that any patients requiring interpreters will be identified. We will use interpreters where necessary.

3: Patients with disabilities

To have resources in place for those with a disability including but not limited to:

- wheelchair access
- deaf patients: use of computers and online resources such as <https://www.nzrelay.co.nz/>
- frail – consider home visits where appropriate

4: LGBTQIA+ community

To acknowledge the community by:

- dedicating a service page on the Doctors on Riccarton website
- introducing toilet signage recognising gender neutrality.
- noting on patient alerts and patient database, a patient's gender category if anything other than male and female.

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5: High Social Needs

Accessing relevant funding available to make our services affordable for patients with socio-economic needs.

6: Mental Health

To utilise the Doctors on Riccarton's Te Tumu Waiora team of Health Improvement Practitioners and Health Coaches to assist with the well being of our patients and their mental health.

7: Health Screening of High Needs Patients

Use of Indici Quality Indicators and GPVu to ensure our High Needs patients are not left behind in screening.

8: Training of Staff

All staff to receive training in:

- health equity
- cultural competency and safety
- understanding bias

9: Patient Experience Survey

To use the quarterly patient experience survey results to gauge our performance in health equity. This in turn will highlight health equity competences. Patient surveys should include questions on whether the patient's cultural needs were met.