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[redacted]

HEALTH QUALITY & SAFETY COMMISSION NEW ZEALAND

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Dear [redacted]

Thank you for your email of 19 June 2020 to [redacted] which he forwarded on to the Commission for response. Thank you also for your acknowledgement of my email later that day and your response to our staff member's request for clarification of 29 June, received on 8 July 2020.

You have specifically asked about 'HE MATAPIHI KI TE KOUNGA O NGĀ MANAAKITANGA Ā-HAUORA O AOTEAROA 2019: A WINDOW ON THE QUALITY OF AOTEAROA NEW ZEALAND'S HEALTH CARE 2019' ('Window 19'). In brief summary, you have:

1. asked for details of research design used in Window 19
2. asked how we have elimnated other causal factors, before concluding that racsim may be a factor
3. asked for further information regarding childhood asthma.

Window 19 is a population level analysis of Māori and non-Māori variation across a range of existing system measures. Window 19 discusses each indicator, drawing on relevant literature. There are 49 tables and figures that show stark differences in results for Māori and non-Māori from our health system, right across all stages of the lifecourse. Window 2019 is not intended to be an in-depth review of single cases, and nor is it research to determine cause.

On page 12 of Window 19, it is pointed out that:

> *The data and analyses presented in Window 2019 reflect on the performance of the health system and how effectively the system is meeting the real needs of different groups of New Zealanders. In reading and reflecting on Window 2019, it is important to take a systems view of health equity. This involves thinking about how systems create and maintain health equity and inequity, and how systems can be changed to better meet the needs of those they are not serving well.*

When reading Window 19, it is important to keep in mind the difference between individual or interpersonal racism and systemic or institutional racism. Window 19 does not suggest that disadvantages in outcome and experience for Māori stem from conscious decisions to discriminate by health professionals. Rather, we have highlighted that unequal health outcomes are impacted by differential access or exposure to the determinants of health, access to health care and differences in the quality of care. We have also shown that efforts to improve also impact inequitably. We have drawn on the Williams and Mohammed model of health inequity to discuss how 'basic causes' such as biology, geography, social institutions and racism have downstream effects on health outcomes. Window 19 shows clear patterns across the indicators considered, which suggest underlying structural and systemic issues are serving to maintain advantage for non-Māori and disadvantage for Māori. This is also known as 'institutional racism'. Window 19 is designed to help people,

particularly those working within the health system, think about systemic disadvantage and how it is established and maintained.

**Window 2019 research design**

To clarify methodology, please see Window 19 - Appendix 1, which discusses the life course theoretical approach (page 62); Appendix 2, which discusses the rationale and measures (page 63), and the technical appendix, which is separately published (link: https://www.hqsc.govt.nz/assets/Health-Quality-Evaluation/Windows_Document/Window-2019-technical-appendix.pdf)

**Eliminating other causal factors before considering or concluding that racism is a factor**

The Commission's position is that racism must be considered, alongside other causes and explanations for health inequities, as an important health quality and safety issue. There is no need to eliminate any other cause before considering racism. Health quality, safety and equity challenges are often multi-causal and complex.

**Additional information on childhood asthma**

Again, we reiterate that our comments about childhood asthma should not be interpreted as an attempt to allocate blame to any one individual. Instead, we have raised population level differences for consideration.

There are two resources which we consider key to understanding more about childhood asthma, which may be of interest to you.

- For further information on asthma treatment variation, please see the Commission's Atlas of Healthcare Variation: https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/asthma/
- Another useful report on Māori childhood asthma is: [redacted] *He Māramatanga Huangō: Asthma Health Literacy for Māori Children in New Zealand, University of Otago, March 2015.*

  You can access the report at: https://www.asthmafoundation.org.nz/research/he-maramatanga-huango-asthma-health-literacy-for-maori-children-in-new-zealand

Please note, the Commission publishes some of its OIA responses on its website, after the response is sent to the requester. The responses published are those that are considered to have a high level of public interest. We will not publish your name, address or contact details. You also have the right to seek an investigation and review by the Ombudsman of our response to your request. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Finally, thank you for your interest in our work. Please contact us if we can be of further assistance.

Nga mihi,

Dr Janice Wilson
**Chief Executive**