

## Discussion outputs from DIGITAL HEALTH LEADERSHIP SUMMIT, March 2021

### Topic 16: Te Tiriti, data and digital – moving from inclusion to equity and how do we honour its principals?

This topic was discussed by a group in Auckland.

#### Auckland delegates' responses

<b>Barriers/challenges</b>	<ul style="list-style-type: none"> <li>• Mistreatment of different ethnicities</li> <li>• Siloed/need “cross pollination” for cultural, ethnic inclusion</li> <li>• DHB – districts that cut out instead of inclusion – funding for education</li> <li>• Western system doesn’t cope with cultural differences</li> <li>• Data misuse has led to distrust racial profile</li> <li>• Cultural sensitivity - how do we move to conscious competence?</li> <li>• Asian population is a big part of our population but not our main focus → more funding required for inclusion</li> <li>• Data collection needs to improve so we can drill down and find the issues</li> <li>• Māori health and authority needs to make a change</li> <li>• Informatics and clinical cultural (Māori/Pacific) lack of diversity</li> <li>• Inconsistent culturally sensitive practices in institution</li> <li>• Reverse racism/two separate laws - we are not a colony, therefore decolonisation cannot happen</li> <li>• We believe health system knows best (patriarchal) – need to listen to what the patients need</li> <li>• 1950s Health Act needs to be changed – focused more on the patient as an individual – need, culture, language etc.</li> </ul>
<b>Solutions/ideas</b>	<ul style="list-style-type: none"> <li>• Education for overseas arrivals (induction) – Māori law culture education, applying it to workplace (cultural appreciation)</li> <li>• Help, support with digital inclusion – education</li> <li>• Giving everyone a voice – co-design principles</li> <li>• Reverse takeover/increasing self-awareness</li> <li>• Ensure we are meeting our legislative responsibilities</li> <li>• Imagining decolonisation</li> <li>• Tools change to support education and training for integration</li> </ul>

- Inroads to address behavioural and cultural gaps
- Tools that reflect on your practice
- Better data collection
- Healthcare and more mental healthcare
- Changing how we care for people, cultures, religion, iwi
- Individual and national responsibility
- Measure of your active cultural responsibility
- DHB needs to give up power to Māori/Pacific to develop change and funding to manage project
- Criteria equity priority
- Collect iwi and hapū data
- Information only collected if 'use' is known, to avoid data misuse
- Cultural/ethnicity framework for projects to work within from Māori director
- Need to integrate
- Māori/iwi, a part of decision-making process
- New models of care co-design
- Equity consideration for all ethnicities – Māori/iwi are prioritised above all due to our responsibility
- Māori patient bookings before anyone else
- Education providers offering te reo as a basic understanding
- Clinicians/healthcare workers have not been educated in NZ → induction course mandatory for overseas NZ residents
- Voicing racial gaps
- Consumer driven need/want for telehealth. Model needs to be created and transportable
- Bring healthcare to the marae/community centre – telehealth – marae Internet access
- Access to digital tech and infrastructure
- Integration of cultural education – young
- Increase in Māori and Pacific clinicians
- HiNZ conference/nHIP good platform to bridge inequity
- How do we apply te reo in a digital health framework? HiNZ to do this through collaboration