

Ao Mai te Rā

The Anti-Racism

Kaupapa

Best Practice Approaches to
Addressing Racism

Lessons for the Aotearoa New Zealand
Health System

Stage Two Literature Review

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Context for this work

Ao Mai te Rā: the Anti-Racism Kaupapa (Ao Mai te Rā) is a Manatū Hauora (Ministry of Health) initiative to support the way the health system understands, reacts and responds to racism in the Aotearoa New Zealand Health system.

Phase one of Ao Mai te Rā comprises three literature reviews that can be read individually or as an integrated portfolio of work. This is the second literature review in the portfolio.

Collectively the three literature reviews have been used to inform the major outputs for phase one of Ao Mai te Rā. This review was completed by researchers from the University of Canterbury and Tokona Te Raki – Māori Futures Collective.

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Kupu Whakataki |

Introduction

The purpose of this literature review is to explore best practice approaches to addressing racism in all its forms. The overarching question it seeks to answer is 'what does the evidence define as being effective anti-racism action?'

To reach this point this review draws on the anti-racism definition outlined in the stage one literature review 'Evolution of racism and anti-racism. Lessons for the Aotearoa New Zealand health system'. Anti-racism is defined as:

Anti-racism actively opposes and addresses racism in all its forms. Anti-racism accepts the need to redistribute power, privilege, resources and opportunity. It requires people and institutions to examine their power and privilege and acknowledge and address power imbalances. It is an essential enabler of wellbeing and equity, particularly for Māori, Pacific peoples and communities of colour.¹

The review examines the levers for change necessary to put aspects of the definition into practice. It explores the efficacy of each lever and draws out best practice approaches. It also draws insight from health system experts on the practical considerations that must be taken into account when applying a specific lever in a health system setting. The review concludes by offering critical recommendations on the suite of key levers for change that are necessary if the health system is to develop an anti-racism systems change model.

The review is framed around a systems change approach to anti-racism. Racism is an intergenerational phenomenon with a complex web of causation, which means that no single intervention or approach will create deep or durable change. Across literature and practice, creating an anti-racist future is seen to require multiple interventions that engage with different levels of racism (structural, institutional, interpersonal) and utilise different mechanisms for effecting change such as building awareness, inspiring changes of heart or compliance-based approaches.

The collective wisdom from this body of work is that embedding anti-racist practice into the health system will require the use of multiple levers for change that are deployed to achieve mutually reinforcing interaction. This paper aims to provide a foundational affinity for the levers for change that have been, or could be, used in anti-racist practice. The levers for change described in this paper are grouped in three sections:

- Te Tiriti o Waitangi/the Treaty of Waitangi
- Organisational Design Levers for Change
- Core Business Levers for Change

¹ Manatū Hauora Combatting racism in the health system. Available at: <https://www.health.govt.nz/about-ministry/what-we-do/combating-racism-health-system>

Te Tiriti o Waitangi

Te Tiriti o Waitangi (Te Tiriti) is central to national literature and practice in advancing anti-racism. We do not identify Te Tiriti as a specific lever as we consider it should be integrated into every lever for change, reflecting both its constitutional status as our founding document and the prevailing practice of cascading Te Tiriti application at structural, institutional and interpersonal levels.

Organisational levers for change

This section of the paper describes levers for change that relate to organisational design or how an organisation operates. Each lever focuses on a particular mechanism that could be used to advance anti-racism within an organisation. The levers we describe in this section are:

- Leadership
- Narrative
- Organisational strategy and goals
- Budgets and resourcing
- Power and commitment
- Diversity and recruitment
- Rewards and promotions
- Disciplinary processes and accountability
- Reflective practices
- Training and knowledge
- Habitual practices
- Evaluation of organisational shifts
- Equity data reporting
- Monitoring and auditing

“Ki te kore he whakakitenga, ka ngaro te iwi”.

- Kiingi Tawhio

WITHOUT FORESIGHT OR VISION, THE PEOPLE WILL PERISH

Leaders are visionaries and champions of change.
Leaders have the ability to shift mindsets and influence the way people think about the world around them. They are crucial to building support for changes that make the biggest difference in people’s lives.

Leadership

Leadership, management and governance were often discussed in the literature as vital for creating change.² Leadership is important because leaders champion change and help the organisation to make sense of it. Leaders can encourage aspirations and enhance sense-making. This helps to create a sense of belonging and ensures people commit to, and action change.

The efficacy and necessity of leadership as a lever for change is well established in both organisational culture change as well as anti-racism literature.³ Organisational culture insights are relevant as shifts in the organisational culture will be necessary to move toward, and sustain, anti-racism. There are a number of facets of leadership that are considered relevant to organisational culture change, such as the qualities of leaders, the extent to which a distributed network of leadership is present within an organisation and the relationship between leaders and the wider organisation.⁴ Within

² Good, G., 2017. Building Organizational Capacity for Health Equity Action:-A Framework and Assessment Tool for Public Health., 1; William and Flora Hewlett Foundation., 2017 “A Guide to Using Organisational Capacity Assessment Tools,” 7-8; Mullaly, M., 2014. If maturity is the answer, then exactly what was the question?. International Journal of Managing Projects in Business.: 170.

³ Johnson, A., Nguyen, H., Groth, M., Wang, K. and Ng, J.L. 2016, “Time to change: a review of organisational culture change in health care organisations”, Journal of organisational effectiveness : people and performance, vol. 3, no. 3, pp. 265-288.

Willis, C.D., Saul, J., Bevan, H., Scheirer, M.A., Best, A., Greenhalgh, T., Mannion, R., Cornelissen, E., Howland, D., Jenkins, E. and Bitz, J. 2016, “Sustaining organisational culture change in health systems”, Journal of health organization and management, vol. 30, no. 1, pp. 2-30.

⁴ Johnson, A., Nguyen, H., Groth, M., Wang, K. and Ng, J.L. 2016, “Time to change: a review of organisational culture change in health care organisations”, Journal of organisational effectiveness : people and performance, vol. 3, no. 3, pp. 265-288.

Hurst, P.W. and Hurst, T.E. 2016, “Leadership Connectivity: A Leading Indicator for Organisational Culture Change”, Organisation development journal, vol. 34, no. 1, pp. 81.

Willis, C.D., Saul, J., Bevan, H., Scheirer, M.A., Best, A., Greenhalgh, T., Mannion, R., Cornelissen, E., Howland, D., Jenkins, E. and Bitz, J. 2016, “Sustaining organisational culture change in health systems”, Journal of health organisation and management, vol. 30, no. 1, pp. 2-30.

Sukhera, J. and Palaniyappan, L. 2022, “Walking the walk: Advice for anti-racist academic leaders”, Psychiatry research, vol. 308, pp. 114343- 114343.

anti-racism literature, leaders are often positioned as necessary champions responsible for creating impetus and coherence to the desired change, while also recognising that effective leadership must be supported by a matrix of reinforcing interventions.⁵

Leadership was regularly invoked by models of change in the literature including the Aotearoa Inclusivity Matrix, the Equity- Driven Systems Change (ESC) Model, and Critical Te Tiriti Analysis (CTA).⁶ The Building Organisational Capacity for Health Equity Action model identifies leadership as important at each level (individual, organisation, and system) in terms of equity.⁷ Deloitte's model of diversity and inclusion likewise provides some insight.

Two of the eight core truths proposed by Deloitte are, "Inclusive leaders cast a long shadow, and "Middle managers matter." The third of four stages of change in their maturity model identifies a key characteristic as the accountability of leaders or managers to modelling inclusion and being committed in their role to creating change.⁸

The literature is clear on the importance of leadership in creating change. In order for this lever for change to be effective, there needs to be a better balance of power, where decisions are made with and by those impacted, including having diverse leadership that is reflective of the population it serves. Any leader involved in an anti-racist organisation needs to be committed to the values, vision and the movement.

Health system experts identified a range of practical considerations that are particularly important when applying this lever in a health system setting.

These included:

- Clear and consistent position that anti-racism/ health equity transformation is an organisational priority
- Clear and consistent position that the organisation will honour Te Tiriti
- Building internal will and commitment at all levels of leadership: top, middle and bottom
- Building relationships and alliances including external advocacy and movement building for change that contributes to leadership by creating visible accountability.
- Modelling transparency and accountability reflecting a core principle of leadership to role model desired behaviour.

Cooper, J.N., Newton, A.C.I., Klein, M. and Jolly, S. 2020, "A Call for Culturally Responsive Transformational Leadership in College Sport: An Anti-ism Approach for Achieving Equity and Inclusion", *Frontiers in sociology*, vol. 5, pp. 65.

⁵ Hassen, N., Lofters, A., Michael, S., Mall, A., Pinto, A.D. and Rackal, J. 2021, "Implementing Anti-Racism Interventions in Healthcare Settings: A Scoping Review", *International journal of environmental research and public health*, vol. 18, no. 6, pp. 2993

⁶ Diversity Works, 2021 "The Aotearoa Inclusivity Matrix,"; Gazmuri, S., Petty, S. and Porter, E., 2010. The equity-driven systems change (esc) model: A toolkit for improving institutional practice and student outcomes.; Came, H., O'Sullivan, D. and McCreanor, T., 2020. Introducing critical Tiriti policy analysis through a retrospective review of the New Zealand Primary Health Care Strategy. *Ethnicities*, 20(3), pp.434-456.

⁷ Good, G., 2017. Building Organizational Capacity for Health Equity Action:-A Framework and Assessment Tool for Public Health.

⁸ Bourke, J. and Dillon, B., 2018. The diversity and inclusion revolution: Eight powerful truths. *Deloitte Review*, 22, pp.82-95: 95.

We have identified **leadership** as a crucial lever for change and propose a number of micro-levers that support this component of transformation.

Leadership	<ul style="list-style-type: none">• K1.1 Championing Mana Tangata• K1.2 Building relationships and alliances• K1.3 Modelling transparency and accountability
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Narrative

Creating new narratives is an essential lever for systems change. The primary purpose of new narratives is to help shift societal values. Systems change was described as “the process of shifting narratives, relationships, and power in order to foster equity and self-determination.”⁹ In order for change to occur at the systems level there needs to be significant shifts in the narratives that helped to build the system.¹⁰ Narrative is likewise a crucial component of Critical Race Theory (CRT).

Changing the narrative is vital because counter-narratives raise awareness as well as build empathy, contributing to an environment of change.¹¹ It enables people to identify with the human experience and gain a sense of shared humanity. Furthermore, it creates new cognitive frames for knowing and therefore also helps to create new societal frames for being.¹² We did not locate any empirical studies that provided robust insight into the efficacy of narrative framing as a lever for change, however, the theoretical base and prominence within systems change practice are compelling grounds for its inclusion as a lever for change.

Although the literature identified narrative as important, there was a lack of models that sufficiently engaged with building new narratives. This is reflective of a wider trend in the literature regarding models which primarily focus on the individual level. Deloitte identified the need to discuss diversity and inclusion as important.¹³ The Disruptive Equity Education Project (DEEP) theory of change discussed how narrative is one of the key steps to creating change.¹⁴ People engage with a storytelling framework to explain their experiences and then share these as a group to build a sense of shared understanding.

⁹ Building Movement Project and Management Assistance Group “Systems Change with an Equity Lens Community Interventions that Shift Power and Center Race,” <https://www.youtube.com/watch?v=DbzeciuPSfM>

¹⁰ Change Elemental “Influencing Complex Systems Change,” <https://changeelemental.org/influencing-complex-systems-change/>

¹¹ N. Amiot, M., Mayer-Glenn, J. and Parker, L., 2020. Applied critical race theory: Educational leadership actions for student equity. *Race Ethnicity and Education*, 23(2), pp.200-220.: 204; Williams, D.R. and Cooper, L.A., 2019. Reducing racial inequities in health: using what we already know to take action. *International journal of environmental research and public health*, 16(4), p.606.

¹² Foster-Fishman, P.G. and Behrens, T.R., 2007. Systems change reborn: Rethinking our theories, methods, and efforts in human services reform and community-based change. *American journal of community psychology*, 39(3), pp.191-196.

¹³ Triangle Diversity Equity and Inclusivity Alliance., 2020. “The Deloitte Diversity And Inclusion Model,” <http://www.triangledi.org/blog/the-deloitte-diversity-and-inclusion-model>

¹⁴ Harvard Graduate School of Education, 2017 “Diving Deep,”

Our models identify narrative as an essential component of change in the anti-racism space. This emerged from the literature on CRT and its offspring, Critical Anti-Racism Theory (CART). For deep, sustainable change to occur there needs to be a shift in the narrative. Narratives help us to make sense of the world and through shifting narratives we can shift our future.

Health system experts identified a range of practical considerations that are particularly important when applying this lever in a health system setting. These included:

- Leading with a strong positive vision anchored in Te Tiriti
- Building a shared understanding of racism and anti-racism
- New narrative reflects equality of paradigms (ie Western, Māori, Pacific and other knowledge systems are accorded equal respect and visibility)
- Sharing stories of the lived experiences of racism and their impacts
- Sharing stories of organisational contributions to racism
- Promoting strengths and capabilities of 'the other' is important for reframing expectations to a 'strengths-based' foundation, including sharing positive stories and concrete examples of successes by under-served groups.

We have identified **narrative** as a lever for change and have proposed a number of micro-levers that support narrative transformation.

Narrative	<ul style="list-style-type: none">• K2.1 Developing the Mana Tangata story• K2.2 Promoting accountability for history• K2.3 Promoting strengths and capabilities of 'the other'
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"Oranga taiao, Oranga tāngata".

HEALTHY ENVIRONMENTS HEALTHY PEOPLE

Our operating environment plays a critical role in mitigating racism and enabling health equity. Creating the right conditions – transparent and equitable systems, strategies and policies – is conducive to the health and wellbeing of the people.

Organisational Strategy and Goals

Organisational goals were identified as important for change creation. Clear organisational goals help to build a sense of purpose while simultaneously shifting organisational values, motivation, and resourcing.¹⁵ Through creating organisational goals, a shared sense of belonging and individual commitment to change are fostered. It was also identified that the vision and values need to employ a shared language around key concepts.

Academic literature affirms the importance and prevalence of organisational strategy and goals, and of exploring important nuances on how such goals are framed.¹⁶ Some commentators also caution against the potential for over-confidence in high level goals if they are too ethereal to be applied practically by staff.¹⁷

Organisational goals were identified in some existing models as necessary for change. One of the eight core truths of diversity and inclusion identified by Deloitte is, “tangible goals make ambition real.”¹⁸ In the ESC Model there are some key requirements for implementing change, one of which is about vision and values. The organisation needs to develop a shared vision and values for change processes to be successful.¹⁹ A suggestion from the DEEP, was to create an equity mission statement to help transform the organisation’s culture.²⁰

An organisational strategy and goals help to build movement and momentum for change. More importantly, they help to shift organisational values. One way of doing this is ensuring the goals are included in criteria for decision-making and resource allocation. It is crucial that the organisational goals extend to action such as influencing decision-making and resourcing.

Health system experts identified a range of practical considerations that are particularly important when applying this lever in a health system setting. These included:

- Organisation has an anti-racism strategy with clear positioning statement
- Organisation integrates anti-racism into overarching strategy
- Values, purpose, leadership, ownership, planning, performance, and accountability structures align to anti- racist strategy

¹⁵ Bourke, J. and Dillon, B., 2018. The diversity and inclusion revolution: Eight powerful truths. Deloitte Review, 22, pp.82-95; Gazmuri, S., Petty, S. and Porter, E., 2010. The equity-driven systems change (esc) model: A toolkit for improving institutional practice and student outcomes.

¹⁶ Sotto-Santiago, S., Sharp, S., Mac, J., Messmore, N., Haywood, A., Tyson, M. and Yi, V., 2021. Reclaiming the mission of academic medicine: An examination of institutional responses to (anti) racism. AEM Education and Training, 5, pp.S33-S43.

¹⁷ Watt, S.K., Mahatmya, D., Coghill-Behrends, W., Clay, D.L., Thein, A.H. and Annicella, C., 2021. Being with anti-racism organizational change efforts: using a process-oriented approach to facilitate transformation. Journal of College Student Development, 62(1), pp.130-133.

¹⁸ Bourke, J. and Dillon, B., 2018. The diversity and inclusion revolution: Eight powerful truths. Deloitte Review, 22, pp.82-95.

¹⁹ Gazmuri, S., Petty, S. and Porter, E., 2010. The equity-driven systems change (esc) model: A toolkit for improving institutional practice and student outcomes.

²⁰ Harvard Graduate School of Education, 2017 “Diving Deep,”.

- Organisational policy recognises and values creating space for under-served groups to have autonomy over delivery on their aspirations
- Contracting arrangements with under- served groups to deliver on their aspirations is based on high-trust, multi-year delivery and flexibility to evolve the delivery
- Driving accountability for achieving Mana Tangata goals embeds meaningful community partnerships that provide for community accountability

We have identified **organisational strategy and goals** as a lever for change and propose a number of micro-levers that support this component of transformation.

Organisational goals and strategy

- T1.1 Developing and adopting a Mana Tangata strategy
- T1.2 Integrating Mana Tangata into overarching strategy
- T1.3 Driving accountability for achieving Mana Tangata goals

Budgets and Resourcing

Budgets and resourcing are vital components of change creation. It is necessary to align resources with values and priorities to ensure sustainable change. For this to occur, there needs to be criteria for decision-making regarding resourcing that reflects the organisation’s values. This will lead to new and innovative approaches which can then be used as evidence of value. This creates movement and momentum for change and helps to reinforce the values and priorities of the organisation.

Sufficient resourcing was identified throughout the practice literature, including financial and human resources, but is not well examined in the academic literature, perhaps because it is a relatively common-sense corollary to any change programme. Financial resourcing also requires quality budgeting and planning processes. Human resources are crucial in terms of leadership, hiring, and resourcing to ensure change can be maintained and driven.

In terms of models, adequate resourcing was specifically identified in the ESC Model, Critical Te Tiriti Analysis (CTA), and the Beloved Community’s Equity Audit. The ESC Model discussed human resources in the college context and argued that action is crucial and, “Once plans have been made, community colleges must put them into practice. Successful implementation depends on the availability of sufficient human and financial resources.”²¹ The need for budgets and resourcing to be directed towards anti-racism efforts is of crucial importance and a significant component of the tikanga level of our theory of change. The current environment is one of low trust and low innovation. There needs to be a shift from high competition and control within health contracting to ensure that solutions are sustainable and effective. The future state lies in creating a high trust, high innovation, high return environment for anti-racism to thrive.

²¹ Gazmuri, S., Petty, S. and Porter, E., 2010. The equity-driven systems change (esc) model: A toolkit for improving institutional practice and student outcomes.

Health system experts identified a range of practical considerations that are particularly important when applying this lever in a health system setting. These included:

- Anti-racism goals and strategies have budget allocation
- Expenditure (including commissioning) prioritises equitable outcomes
- Expenditure is assessed for fairness and proportionality against interest groups and equity outcomes
- Equity/anti-racism goals and strategies have organisational capacity and expert capability for delivery, potentially including a backbone team that is resourced to be fully designated to coordinate change efforts across layers and divisions of the organisation
- Budgets provide adequate resource for tailored by responses to be led by under-served groups (eg by Māori for Māori) including tailored products, services and delivery channels.

We have identified **budget and resourcing** as a lever for change and propose a micro-lever that support this component of transformation.

Budgets and resourcing

- Anti-racism goals and strategies have sufficient budget allocation

Power and Commitment

Power and how it is exercised (and by whom) was identified in the literature as crucial for systems change.²² The purpose of exercise of power as a lever for change, is changing organisational decision-making and helping to shift organisational priorities and values. It works by creating strong relationships, building trust and empathy, and the creation of new shared values.²³ By engaging with new ideas regarding power, assumptions are made visible.²⁴ This enables the organisation's priorities to change and results in a different decision with better outcomes.

Engaging with the structural allocation of power is a recurrent focal point in the literature, especially in relation to Te Tiriti obligations.²⁵ The importance of doing so

²² TIR: Stop Institutional Racism., 2021. "Briefing Paper on the Forthcoming National Action Plan Against Racism," NZ Public Health Association and Auckland University of Technology, 2021, np; Building Movement Project and Management Assistance Group "Systems Change with an Equity Lens Community Interventions that Shift Power and Center Race," <https://www.youtube.com/watch?v=DbzecuPSfM>; Change Elemental, "Influencing Complex Systems Change," <https://changeelemental.org/influencing-complex-systems-change/>; Came, H. and Griffith, D., 2018. Tackling racism as a "wicked" public health problem: enabling allies in anti-racism praxis. *Social Science & Medicine*, 199, pp.181-188.

²³ Willis, C.D., Best, A., Riley, B., Herbert, C.P., Millar, J. and Howland, D., 2014. Systems thinking for transformational change in health. *Evidence & policy*, 10(1), pp.113-126.

²⁴ Caldwell, R., 2012. Systems thinking, organizational change and agency: A practice theory critique of Senge's learning organization. *Journal of change management*, 12(2), pp.145-164.

²⁵ Came, H. and Griffith, D., 2018. Tackling racism as a "wicked" public health problem: enabling allies in anti-racism praxis. *Social Science & Medicine*, 199, pp.181-188.

is substantiated by analysis of how power dynamics contributed to racism with the corollary that redistributing power is a necessary component of an anti-racist future. Perhaps given the relative recency of power sharing arrangements within the health system, it is too early for an analysis of impact.

The literature identified the need for shared voice and power to bring about sustainable and effective change.²⁶ There needs to be dialogue and discussion followed by power redistribution. Some equity focused models identified this in particular: A question from the Beloved Community's Equity Audit is, "To what extent does an individual, regardless of demographics or identities, have actual shared voice and shared power? To what extent do we create a space for all identities to advocate for themselves (shared voice) and to participate in decision-making for themselves and their community (shared power)?"²⁷ Similarly, the ESC Model proposed that, "Dialogue among people of diverse backgrounds and experiences is needed to construct the fullest possible understanding of diversity, inclusion, and equity dynamics in a college and community."²⁸

Despite power sharing and how it is exercised being a crucial component of equity and systems change, there was a lack of substantial literature in terms of it being applied. Most models focused on the individual level without engaging sufficiently with power and power dynamics. The QuakeLab Inclusion Maturity Model (QuakeLab Model) provided interesting discussion on power dynamics and proposed, "Innovative Inclusion" which is "actively and consistently ... [uses] innovative and new methods of work steeped in anti-racism, feminism, anti-oppressive, anti-capitalist, and pro-Indigenous ways of knowing and working."²⁹

Our theory of change identifies power as essential and utilises the example of power in terms of policy. Without a rebalancing of power, policy is done to people and groups who are excluded from decision-making. When power is balanced, policy is made with those people, and power is exercised by them as well. An important component of rebalancing power is inclusive collaboration and engagement through strengthening relationships, including bringing in external people to collaborate on, and drive change. Health system experts identified a range of practical considerations that are particularly important when applying this lever in a health system setting. These included:

- Key decision-making structures or protocols in place to ensure under-served groups have an effective voice and shared responsibilities for decision making

Came, H., O'Sullivan, D. and McCreanor, T., 2020. Introducing critical Tiriti policy analysis through a retrospective review of the New Zealand Primary Health Care Strategy. *Ethnicities*, 20(3), pp.434-456

Deas, K.M. and Mina, R. 2022, "Training Human Service Professionals: Using Intersectionality as a Strategy for Eliminating Anti-Black Racism", *Journal of teaching in social work*, vol. 42, no. 2-3, pp. 227-246.

²⁶ Beloved Community "Equity Audit User Guide," <https://www.awabybeloved.com>, 5; Building Movement Project and Management Assistance Group "Systems Change with an Equity Lens Community Interventions that Shift Power and Center Race," <https://www.youtube.com/watch?v=DbzeciuPSfM>; Came, H., O'Sullivan, D. and McCreanor, T., 2020. Introducing critical Tiriti policy analysis through a retrospective review of the New Zealand Primary Health Care Strategy. *Ethnicities*, 20(3), pp.434-456

²⁷ Beloved Community "Equity Audit User Guide," <https://www.awabybeloved.com>, 5

²⁸ Gazmuri, S., Petty, S. and Porter, E., 2010. The equity-driven systems change (esc) model: A toolkit for improving institutional practice and student outcomes.

²⁹ "Quakelab., 2020. "The QuakeLab Inclusion Maturity Model," <https://quakelab.ca/blog/quakelab-inclusion-maturity-model>

- Organisation supports participation of under-served groups across decision making loci
- Shared power influences budget allocation
- Shared power influences organisational strategy and priorities

We have identified **power and commitment** as a lever for change and propose a number of micro-levers that support this component of transformation.

Power and Commitment	<ul style="list-style-type: none"> • T2.1 Governance-level power-sharing • T2.2 High-trust contracting for service delivery • T2.3 Mana Tangata strategy and goals have sufficient budget and resource
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Diversity and Recruitment

Diverse recruitment is one of the most common approaches to creating change. It was identified in much of the literature as an often-used method for enhancing equity.

The purpose of diverse recruitment is to grow organisational capabilities through diversity, in order to shift organisational values. It works on the idea that through growing a diverse workforce, more diverse thinking will present and allow for deeper dialogue to occur. While this is a noble aim, it is only one lever and not enough on its own to create sustainable change. It remains focused on the individual level. Therefore, it can be useful but needs to be combined with other levers being pulled simultaneously to affect change.

However, the academic literature, as well as practice-based insights reinforce that diverse recruitment is ineffective in isolation and can expose the 'diverse hires' to various forms of harm arising from pre-existing racism and organisational culture.³⁰ This was also discussed as being a limited approach and one that alone is insufficient for anti-racism. To be effective, it is also necessary to recognise and remove the significant barriers and biases that disadvantage diverse appointments.³¹

Diverse recruitment was identified as part of the following models:

- Aotearoa Inclusivity Matrix – two of the seven key components in this model were “diversity infrastructure” and “diverse recruitment.”³²

³⁰ Konuthula, D., de Abril Cameron, F., Jonassaint, N., Ufomata, E., Torres, O., Essien, U.R., Hamm, M.E., Merlin, J. and Ragavan, M.I. 2022, “Perspectives on Anti-Black Racism and Mitigation Strategies Among Faculty Experts at Academic Medical Centers”, JAMA network open, vol. 5, no. 4, pp. e228534-e228534.

³¹ Johnson, T.J., Ellison, A.M., Dalembert, G., Fowler, J., Dhingra, M., Shaw, K. and Ibrahim, S., 2017. Implicit bias in pediatric academic medicine. Journal of the National Medical Association, 109(3), pp.156-163.

³² Diversity Works, 2021 “The Aotearoa Inclusivity Matrix,” <https://diversityworks.nz.org.nz/news-resources/aotearoa-inclusivity-matrix/>.

- Deloitte Diversity and Inclusion Model – the first two core truths identified in this model are “diversity of thinking is the new frontier” and “diversity without inclusion is not enough.”³³
- QuakeLab Model – this model identifies diverse recruitment as a common approach but acknowledges that focusing solely on diversity is the “bare minimum” and not enough on its own.³⁴

Health system experts identified a range of practical considerations that are particularly important when applying this lever in a health system setting. These included:

- Increase critical mass of diversity hires
- Embed anti-racism into job descriptions and recruitment processes
- Ensure appropriate spaces for practices by under-served groups to occur
- Encouragement and practical allowance for ‘diversity hires’ to provide mutual support (wānanga, talanoa etc)
- Increase advancement to leadership positions.

We have identified **diversity and recruitment** as a lever for change and propose a number of micro-levers that support this component of transformation.

Diversity and Recruitment

- T3.1 Diversity
- T3.2 Diversity promotion

Rewards and Promotions

One lever for change is reward and promotion to incentivise behaviour change. It also ensures that the values of the organisation are aligned with those working in the organisation. This works because the reward system represents values, which then shapes the behaviour and expectations of the organisation, and further, it shapes individual behaviour and serves to embed cultural norms.

It was acknowledged that there is a need to ingrain diversity and inclusion into organisational culture but it was less clear on how. There was some discussion³⁵ of the need for rewards such as incentives and promotions in the literature. The literature described how it is important to have “systems regulations that indicate what will be rewarded/punished” and that these are “particularly powerful regulatory mechanisms.”³⁶ The literature identified that there needs to be inclusive career development. This is taking it further than simply diversity hiring, and requires clear

³³ Bourke, J. and Dillon, B., 2018. The diversity and inclusion revolution: Eight powerful truths. Deloitte Review, 22, pp.82-95.

³⁴ Quakelab., 2020. “The QuakeLab Inclusion Maturity Model,” <https://quakelab.ca/blog/quakelab-inclusion-maturity-model>.

³⁵ Lenihan, H., McGuirk, H. and Murphy, K.R., 2019. Driving innovation: Public policy and human capital. Research policy, 48(9), p.103791.

³⁶ Foster-Fishman, P.G., Nowell, B. and Yang, H., 2007. Putting the system back into systems change: A framework for understanding and changing organizational and community systems. American journal of community psychology, 39(3), pp.197-215.

pathways for people to progress within the organisation. It needs to be embedded in the processes and structure of an organisation for sustainable change.

A starting point for this can be to “Conduct an inclusive talent management audit. Examine whether your HR practices and talent systems are working equitably for everyone.”³⁷ For instance, the Aotearoa Inclusivity Matrix states that there needs to be a shift from the bare minimum of meeting legal requirements through to the final stage where diversity and inclusion is “embedded in culturally supportive career development systems.”³⁸ Other models that mentioned this lever are, the Beloved Community’s Equity Audit, Australian HR Institute, and Korn Ferry. The latter included a measurement of the “extent an organisation has integrated diversity and inclusion into their talent systems.”³⁹

Health system experts identified a range of practical considerations that are particularly important when applying this lever in a health system setting.

These included:

- Staff performance management system integrates ‘cultural competency’ and anti-racism, including as a factor for promotion or other reward
- Staff performance management system includes formal success factors related to anti-racism/manā tangata
- Organisation uses financial or other rewards to incentivise desired priority behaviour changes aligned to anti-racism/manā tangata at individual and sub-unit level

We have identified **rewards and promotions** as a lever for change and propose a micro-lever that supports this component of transformation.

Rewards and Promotions	<ul style="list-style-type: none">• Rewards and incentives
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³⁷ Korn Ferry “Diversity, equity, and inclusion diagnostic,” https://www.kornferry.com/content/dam/kornferry-v2/pdf/KornFerry_DEI_Maturity_Model_Factsheet.pdf

³⁸ Diversity Works, 2021 “The Aotearoa Inclusivity Matrix,” <https://diversityworks.nz/news-resources/aotearoa-inclusivity-matrix/>

³⁹ Korn Ferry “Diversity, equity, and inclusion diagnostic,” https://www.kornferry.com/content/dam/kornferry-v2/pdf/KornFerry_DEI_Maturity_Model_Factsheet.pdf

Disciplinary Processes and Accountability

The purpose of this lever is to align behaviours with values and to ensure everyone is committed to change. For this to work, the disciplinary action and codes of behaviour need to reflect the values. This in turn influences individual behaviour to align with the overall values.

At an organisational level, the literature discussed getting an external organisation or group who are committed to anti-racism work to hold an organisation accountable.⁴⁰ As with many terms in the literature, there is little clarity on what accountability exactly is and how it should be undertaken. It was stressed that there needs to be a clear understanding within an organisation that is developed for that context. Accountability and action need to be brought forward because “as a deliberate intention of an entire organisation requires clear, consistent, and repeated communication.”⁴¹

Accountability requires an obligation to provide an account; a forum for the account to be discussed; and the opportunity for reward or sanction.⁴² Importantly accountability requires consistent benchmarking. If the goal posts – evaluation criteria – continue to move, then it is impossible to hold or be held accountable over time in a consistent way. Another essential aspect of accountability is the process of determining those evaluation criteria. This should be led by those who are most affected by the activities – those holding and being held accountable – together. Participatory accountability requires extensive and meaningful consultation prior to establishing the criteria through which organisations are held accountable. If we ground accountability in the community – grounded accountability – then there is more likely to be buy-in from the community and from the organisation, and this will ultimately lead to more meaningful outcomes over time.

One of the best examples from the literature explaining the importance of accountability and who is being held accountable, by whom is: “the social justice community struggles to negotiate a system of accountability to funders generally not located in or made up of communities being organized or served and social justice gets defined in terms of access rather than equity.”⁴³ An important aspect of accountability is action and this was acknowledged in the existing literature.

For this to occur there needs to be a shift from being accountable to stakeholders concerned about profit, to being accountable to those being affected. Being accountable to those groups does not mean solving racism becomes the problem of

⁴⁰ Quakelab., 2020. “The QuakeLab Inclusion Maturity Model,” <https://quakelab.ca/blog/quakelab-inclusion-maturity-model>; Parsons, B.A. and Krenn, H., 2018. PCI: A reflective evaluation framework for systems change. *The Foundation Review*, 10(1), p.7

⁴¹ Scobie, M., Lee, B. and Smyth, S., 2020. Grounded accountability and Indigenous self-determination. *Critical Perspectives on Accounting*, p.102198.

⁴² Scobie, M., Lee, B. and Smyth, S., 2020. Grounded accountability and Indigenous self-determination. *Critical Perspectives on Accounting*, p.102198.

⁴³ Jeffires-Logan, V., Johnson, M., and Okun, T., “Accountability in a time of justice,” *Dismantling Racism*, 1, <https://www.dismantlingracism.org/uploads/4/3/5/7/43579015/accountability.jjo.drworks.pdf>

minority groups, but it does ensure there is accountability. And a broader ethic of when everyone does the heavy lifting the load gets lighter.

Health system experts identified a range of practical considerations that are particularly important when applying this lever in a health system setting. These included:

- Racism is integrated into disciplinary code to create zero tolerance culture
- Visibility of responses to allegations of inconsistent conduct

We have identified **disciplinary processes and accountability** as a lever for change and propose a micro-lever that supports this component of transformation.

Disciplinary Processes and Accountability

- Disciplinary code
-

“Mā te huruhuru ka rere te manu”

ADORN THE BIRD WITH FEATHERS SO IT MAY SOAR

There is always room to learn and grow.
Creating new capabilities helps us to transform our practice.
The more experiences we are given the more we will learn.
The more strengths we have the higher we will fly.

Reflective Practices

Reflective practice is important for shifting mindsets and behaviours. Through this practice people unpack their surface assumptions which leads to enhanced self-awareness and different decision-making.⁴⁴

This can occur on the organisational level, as everyone in the organisation reflects on it. It works by asking a reflective question(s) and then the individual analysis of the question. This increases visibility of the issue and enhances awareness and provides a platform for accountability, which is crucial and discussed in-depth further on.⁴⁵ These steps mean that there is a process of collective sense-making between the individuals as well as the organisation. Ideally, this then leads to it being put into practice and

⁴⁴ Faller, P., Lundgren, H. and Marsick, V. 2020, “Overview: Why and How Does Reflection Matter in Workplace Learning?”, *Advances in developing human resources*, vol. 22, no. 3, pp. 248-263.

⁴⁵ Jaffe, J. 2019, “Reflective Practice for Learning From Experience: Navigating the Back Roads at Work”, *The Foundation Review*, vol. 11, no. 1, pp. 35-119.

therefore influences decision-making and change. All of this causes the movement and momentum to build and eventually causes values to shift.⁴⁶

Reflective practice is a significant component of existing models. Organisational Capacity Assessment Tools (OCAT) in particular are geared towards individual reflection. One of their key aims is to “Provide a framework that facilitates individual reflections about an organisation’s trajectory.”⁴⁷ So, primarily individual reflection, but with the aim that this will influence the organisation also. An example of an OCAT is the Building Organisational Capacity for Health Equity Action tool. The purpose of which is to facilitate “learning, sharing and reflection on what’s needed to enable action for health equity” across the organisation.⁴⁸ The ESC Model likewise acknowledges that “Organisational change requires individual change, as well. The reflection and learning at the heart of such change are supported by the development of learning communities with safe and open spaces for dialogue on difficult issues related to race, class, and other dimensions of equity.”⁴⁹ The best description and example of this is the DEEP theory of change. The first step of this model is labelled the ‘Reckoning’ and this stage is described as ‘the window versus the mirror.’ A majority of people are ready to externalise the situation by looking out ‘the window’ of race and equity. It is only when you hold up the ‘mirror’ that they are confronted with their own assumptions and biases. Another key step is “Inner Work” and this was described as the “deepest” part as people need to “unpack their assumptions and biases.”⁵⁰

While primarily an individual lever, it is intended to shift habits and behaviours which create change across the levels. It helps to create a shared sense of purpose and assists people to see and respond to difference and this empowers all. This is a stark contrast to the current state which is a colour-blind, denial of difference approach where neutrality is seen as impartiality. Reflective practice is considered to enhance our sense of shared humanity which gets us further together thereby helping to shift societal paradigms and values.

Health system experts identified a range of practical considerations that are particularly important when applying this lever in a health system setting. These included:

- Organisation uses reflective practice tools to understand where they are on the continuum of racism and chart their journey towards anti-racism
- There is a broad understanding of the assumptions and ‘taken for granted’ elements of the organisation that contribute to disadvantage (ie the organisation has seen the ‘train tracks’ that embed the status quo)
- Organisation uses reflective practice tools to question assumptions and ‘taken for granted’ processes that embed racism (ie habitual triggers to see the ‘train tracks’)

⁴⁶ Scobie, M., Lee, B., and Smyth, S. Grounded accountability and Indigenous self-determination. *Critical Perspectives on Accounting*. In Press. DOI: org/10.1016/j.cpa.2020.102198.

⁴⁷ National Collaborating Centre for Determinants of Health., 2020 “Learning Together: A guide to assessment tools for organisational health equity capacity.”, 2 <https://substanceuse.ca/learning-together-guide-assessment-tools-organisational-health-equity-capacity>.

⁴⁸ Ibid 7.

⁴⁹ Gazmuri, S., Petty, S. and Porter, E., 2010. The equity-driven systems change (esc) model: A toolkit for improving institutional practice and student outcomes. 4-5.

⁵⁰ Graduate School of Education, 2017 “Diving Deep.” <https://www.gse.harvard.edu/news/17/06/diving-deep>

- Reflective practices are embedded into organisational processes, including investment proposals (business cases) and decision making on strategic issues with formal tools (eg Health Equity Assessment Tool (HEAT),
- Critical Te Tiriti etc)
- Reflective practices are habitual in initiative planning and debriefing

We have identified **reflective practice** as a lever for change and propose a micro-lever that supports this component of transformation.

Reflective Practice

- R2.1 Organisation uses reflective practice tools (e.g. CTA, HEAT etc).

Training and Knowledge

Training and knowledge growth are common approaches to creating change, and while of some use, are very limited on their own. It is sometimes referred to in the literature as professional development. Training is intended to grow awareness and build consciousness around important issues. It is focused on building knowledge and the individual application of this knowledge. It is hoped that changing mindsets and behaviours through training will contribute to collective sense-making. A majority of existing models include training and enhanced knowledge but many more recent models also acknowledge the limitations of this approach on its own.

Anti-racism literature has a substantial body of work related to the importance of training, with an overt call to increase knowledge and understanding of the genesis and impacts of training, as well as practising anti-racism.⁵¹ Some studies have found anti-racist training can increase allyship behaviours and build anti-racist practices.⁵² However, the literature also cautions that training can be counterproductive, producing perverse outcomes such as polarisation and embedding pre-existing views,⁵³ and that more broadly, training is more likely to shape behaviour than engage with deeper attitudinal dispositions.⁵⁴ Other commentators emphasise that the efficacy of training is contingent on a suite of companion initiatives, such as reflective practice and deeper consideration of structural contributors to racism.⁵⁵

⁵¹ Ahmad, N.J. and Shi, M. 2017, "The Need for Anti-Racism Training in Medical School Curricula", *Academic medicine*, vol. 92, no. 8, pp. 1073.

⁵² Williams, M.T. & Gran-Ruaz, S.M. 2021, "Can anti-racism training improve outgroup liking and allyship behaviours?", *Whiteness and education* (Print), vol. ahead-of-print, no. ahead-of-print, pp. 1-19.

Knox, K., Simpson, D., Bidwell, J. and Lehmann, W. 2021, "Implementing an Interprofessional Anti-Racism Training With Community Partners During a Pandemic: Outcomes and Recommended Strategies", *Wisconsin medical journal* (Madison, Wis.), vol. 120, no. S1, pp. S70.

⁵³ Dobbin, F. and Kalev, A., 2018. Why doesn't diversity training work? The challenge for industry and academia. *Anthropology Now*, 10(2), pp.48-55.

⁵⁴ Kalinoski, Z.T., Steele-Johnson, D., Peyton, E.J., Leas, K.A., Steinke, J. and Bowling, N.A. 2013, "A meta-analytic evaluation of diversity training outcomes: DIVERSITY TRAINING", *Journal of organizational behavior*, vol. 34, no. 8, pp. 1076-1104.

⁵⁵ Came, H. and Griffith, D. 2018, "Tackling racism as a "wicked" public health problem: Enabling allies in anti-racism praxis", *Social science and medicine* (1982), vol. 199, pp. 181-188.

The Western States Center in their work on dismantling racism described diversity training as “Good for business but insufficient for social change.”⁵⁶ The training approach is grounded in the idea that racism is “the result of individual action: personal prejudice or stereotyping.”⁵⁷ A useful analogy from the literature was related to the police in New York City shooting an unarmed black man, “a diversity approach might pursue sensitivity training for the officers, a racial justice perspective would hold the entire criminal justice system accountable and demand systemic change.”⁵⁸

Therefore it is concluded that while diversity training can be useful, it has notable limitations and is best deployed amongst a suite of companion levers to make a worthwhile contribution to anti-racism. This is why our model makes an explicit stance against training our way out of structural racism through cultural competency frameworks as a singular lever, while recognising the contributions training has made to positively shaping our recent past.

Health system experts identified a range of practical considerations that are particularly important when applying this lever in a health system setting. These included:

- Anti-racism training is mandatory within an organisation
- Wānanga to unpack history & impacts of racism and how it manifests in organisational systems
- Wānanga to unpack positive benefits of anti-racism
- Equip people with the skills and language to call out racism
- Building cultural and reo competency
- Build anti-racism into workforce training provision

We have identified **training and knowledge** as a lever for change and propose a micro-lever that supports this component of transformation.

Training and knowledge

- R1.1 Mana Tangata in training

Deas, K.M. and Mina, R. 2022, “Training Human Service Professionals: Using Intersectionality as a Strategy for Eliminating Anti-Black Racism”, *Journal of teaching in social work*, vol. 42, no. 2-3, pp. 227-246.

⁵⁶ Rogeres, D., (n.d) “Diversity Training: Good for Business but Insufficient for Social Change,” *Dismantling Racism, Resource Book*

⁵⁷ Virginia Organizing, 2015, “Dismantling Racism A Workbook for Social Change Groups,” , <http://www.virginia-organizing.org/wp-content/uploads/2015/11/2015-Dismantling-Racism-Workbook.pdf> 119

⁵⁸ Virginia Organizing, 2015, “Dismantling Racism A Workbook for Social Change Groups,” , <http://www.virginia-organizing.org/wp-content/uploads/2015/11/2015-Dismantling-Racism-Workbook.pdf> 119.

Habitual Practices

The need for equity to become part of the habitual practices and routines of an organisation was discussed in the literature. In a system, routines and habits “emerge from long standing formal and informal protocols and procedures that guide, maintain, and constrain”, people’s behaviour within the system.⁵⁹ In other words, policy change also needs to be accompanied by changes to the routines and habits of an organisation.

As is common across many levers, leaders play an important role in helping to create these practices and new norms. There needs to be a process of normalising the collective consideration of equity and anti-racism within an organisation to create change on a significant scale.

Deloitte’s model is a good example of this and it seeks to, “Rewire the system to rewire the behaviours.”⁶⁰ An important aspect is leadership and ownership of change. In the final of three levels, the Deloitte model mentions the need for senior leadership commitment and a strategy for culture change. The final step then describes how equity has been integrated “into all aspects of the organisation – e.g. behaviors, structures, and systems.”⁶¹ Similarly, the Beloved Community Equity Audit proposes that equity commitments need to be “deeply embedded in the practices and policies throughout every function of an organisation’s operations.”⁶²

Health system experts identified a range of practical considerations that are particularly important when applying this lever in a health system setting. These included:

- Creating safe spaces to call out racism
- Incorporating anti-racism into everyday meetings and routines
- Leader’s role model anti-racist practice
- Anti-racist/ equity seeking behaviour is incentivised and celebrated across the organisation
- Habitual practice reflects an ethic of service to communities and under- served groups
- Habitual practice places priority on relationships and the va (space between people(s))
- Tools and resources to embed anti- racism into habitual practice (eg nudges and information material).

We have identified habitual practices as a lever for change and propose a micro-lever that supports this component of transformation.

⁵⁹ Foster-Fishman, P.G. and Behrens, T.R., 2007. Systems change reborn: Rethinking our theories, methods, and efforts in human services reform and community-based change. *American journal of community psychology*, 39(3), pp.191-196.

⁶⁰ Bourke, J. and Dillon, B., 2018. The diversity and inclusion revolution: Eight powerful truths. *Deloitte Review*, 22, pp.82-95, at 84.

⁶¹ Bourke, J. and Dillon, B., 2018. The diversity and inclusion revolution: Eight powerful truths. *Deloitte Review*, 22, pp.82-95, at 93.

⁶² “Equity Audit User Guide,” 5.

Habitual practices that normalise the collective consideration of equity factors

- R2.1 Mana Tangata practice
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“Ka koha te toi, ka
whai te māramatanga”

IF KNOWLEDGE IS GATHERED, ENLIGHTENMENT WILL FOLLOW

On any journey, it is useful to know how far we have come, whether we are still tracking in the right direction, and how far there is to go. A clear picture of that should foster a sense of urgency about how we accelerate progress, make good choices and have confidence in what has already been achieved.

Evaluation of Organisational Shifts

An important component of ensuring long-lasting change is evaluating organisational shifts to track progress and identify gaps. Evaluation of shifts was identified throughout the literature as an important lever. The organisation needs to be open to investigating their existing practices and to move beyond practices that are focused on ‘race neutrality’ and ideas of ‘colour blindness’.⁶³ Furthermore, there needs to be rigorous evaluation of interventions to ensure deep and sustainable transformation. This cannot be an ad hoc process and needs to be a structured and consistent approach to regular evaluation.⁶⁴

A good example of this is the HEAT model, the fourth step of which is to evaluate the outcomes of interventions.⁶⁵ It is a common component of many models, especially equity audits and organisational assessments. Organisations need to “Commit to

⁶³ Hylton, K., 2010. How a turn to critical race theory can contribute to our understanding of ‘race’, racism and anti-racism in sport. *International review for the sociology of sport*, 45(3), pp.335-354.; Salter, P.S., Adams, G. and Perez, M.J., 2018. Racism in the structure of everyday worlds: A cultural-psychological perspective. *Current Directions in Psychological Science*, 27(3), pp.150-155.; “Quakelab., 2020. “The QuakeLab Inclusion Maturity Model,” <https://quakelab.ca/blog/quakelab-inclusion-maturity-model>

⁶⁴ Signal, L., Martin, J., Reid, P., Carroll, C., Howden-Chapman, P., Ormsby, V.K., Richards, R., Robson, B. and Wall, T., 2007. Tackling health inequalities: moving theory to action. *International journal for equity in health*, 6(1), pp.1-6. At 4.

⁶⁵ Louise Signal, Jennifer Martin, Papaarangi Reid, Christopher Carroll, Philippa Howden-Chapman, Vera Keefe Ormsby, Ruth Richards, Bridget Robson, and Teresa Wall, “Tackling health inequalities: moving theory to action,” *International Journal for Equity in Health* 6, no. 12 (2007): 4.

continual assessments of their organisation to create a process of ongoing evaluation of their race equity goals.”⁶⁶ Another key example is CT Analysis which describes how “Ideally, evaluation requires a longitudinal dimension that produces research-based knowledge on what works and where improvements could be targeted.”⁶⁷

Evaluation ensures that policies do not inadvertently cause inequity and create a strong evidence base for what works. The ideal result is a learning organisation that ensures consistent adaptation and pursuit of equitable anti-racist outcomes.

Health system experts identified a range of practical considerations that are particularly important when applying this lever in a health system setting. These included:

- Take structured ‘pulse checks’ on racism across the system
- Evaluate and provide feedback loops for emerging anti-racist practices
- Shine the light on successes.

We have identified **evaluation of organisational shifts** as a lever for change and propose a suite of micro-levers that support this component of transformation.

Evaluation of organisational shifts	<ul style="list-style-type: none"> • P1.1 Mana Tangata data collection • P2.1 Practice reviews
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Equity Data Reporting

Data and its usage was identified in the literature as a necessary lever for change. Although there is certainly a need for further research, it is a growing area of research. Data has increasingly come under scrutiny for its biases. Four key areas were identified as necessary for equity data reporting:

- Representation equity: increasing the visibility of underrepresented groups that have been historically suppressed in the data record.
- Feature equity: facilitating linkages across datasets to ensure access to features that help expose and quantify inequity.
- Access equity: providing for equitable and participatory access to data and data products across domains and levels of expertise.
- Outcome equity: monitoring and mitigating unintended consequences for any groups affected by a system after deployment, directly or indirectly.⁶⁸

Data collection was identified as the first step in the QuakeLab Model. It was also an essential component of the ESC Model. It proposed that an equity driven process is one that is “participatory, data- driven, and produces measurable results.” It also highlighted the need for both “quantitative and qualitative data” and for the

⁶⁶ Just Lead Washington, 2018., “Washington Race Equity and Justice Initiative Organisational Assessment,” 2018 <https://justleadwa.org/learn/rejitookit/>

⁶⁷ Came, H., O’Sullivan, D. and McCreanor, T., 2020. Introducing critical Tiriti policy analysis through a retrospective review of the New Zealand Primary Health Care Strategy. *Ethnicities*, 20(3), pp.434-456.

⁶⁸ Jagadish, H.V., Stoyanovich, J. and Howe, B., 2021. COVID-19 brings data equity challenges to the fore. *Digital Government: Research and Practice*, 2(2), pp.1-7.

organisation to “develop systems and structures for ongoing use of data across the institution.”⁶⁹

It is clear that there is a need to “develop equity specific metrics to assess our efforts.”⁷⁰ Further, the data then needs to be utilised and actioned in guiding organisational decision- making and processes. It is also essential to measure equity outcomes to ensure sustainability of progress.⁷¹ It was noted that there needs to be a collaborative approach to data with the community and partnerships with other sectors.⁷² The “transparent, proactive data analysis and use” then becomes embedded as “part of the culture of your group.”⁷³

Health system experts identified a range of practical considerations that are particularly important when applying this lever in a health system setting. These included:

- Te Tiriti partners work together to determine priorities and data measures
- Set quantifiable and data-driven goals and outcomes for anti-racism
- Design data accountability, monitoring and reporting tools focused on equity
- Balance quantitative data with qualitative stories of lived experience
- Share insights with iwi and grow Māori data literacy to inform on the ground activities.

We have identified **equity data reporting** as a lever for change and propose a suite of micro-levers that support this component of transformation.

Equity Data Reporting

- P1.1 Mana Tangata data collection
- P2.1 Practice reviews

Monitoring and Auditing

Monitoring and auditing are tools used to assess organisations and their outcomes. The purpose of monitoring is to drive organisational practice and resource allocation through transparency of outcomes. It works by encouraging transparency and disclosure which therefore ensures visibility, and importantly accountability.

It has been used in many models, particularly equity audits, as a method of change creation. Equity audits are used to identify practices and processes within an institution that contribute to inequities. These are useful in that they establish a starting point and

⁶⁹ Gazmuri, S., Petty, S. and Porter, E., 2010. The equity-driven systems change (esc) model: A toolkit for improving institutional practice and student outcomes.

⁷⁰ Young, D.M., 2021. RE: Methods and Leading Practices for Advancing Equity and Support for Underserved Communities through Government [OMB-2021-0005-0001] Evident Change., n.d., “The Data for Equity Model,” <https://www.evidentchange.org/what-we-do/data-equity-model>

⁷¹ Evident Change., n.d., “The Data for Equity Model,” <https://www.evidentchange.org/what-we-do/data-equity-model>

⁷² Ponce, N.A., Bautista, R., Sondik, E.J., Rice, D., Bau, I., Ro, M.J. and Tseng, W., 2015. Championing partnerships for data equity. *Journal of health care for the poor and underserved*, 26(2), pp.6-15

⁷³ Ponce, N.A., Bautista, R., Sondik, E.J., Rice, D., Bau, I., Ro, M.J. and Tseng, W., 2015. Championing partnerships for data equity. *Journal of health care for the poor and underserved*, 26(2), pp.6-15

assess the current state, and identify key areas for intervention. However, they are resource intensive, time consuming, and result in masses of data.

There were several equity audit models in the literature primarily focused on this lever for change. There was also discussion on the need for both quantitative and qualitative data. The ESC model argued that, "Colleges make better choices when they base their decisions on both quantitative and qualitative data and develop systems and structures for ongoing use of data across the institution."⁷⁴ The QuakeLab Model also discussed the need for, "Data collection and thorough (consistent) assessment of the organisation."⁷⁵

Health system experts identified a range of practical considerations that are particularly important when applying this lever in a health system setting. These included:

- Periodic service reviews are implemented across the organisation on achieving equity and anti-racism priorities and practices
- Implementation gaps revealed in periodic service reviews are visible and followed through on
- Organisation engages in equity auditing
- Embed measures within existing reporting mechanisms
- Outcomes of monitoring and accountability processes are shared with communities (ie community accountability).

We have identified **monitoring and auditing** as a lever for change and propose a micro-lever that supports this component of transformation.

Monitoring and Auditing	<ul style="list-style-type: none">• Organisation engages in equity auditing of organisational performance.
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⁷⁴ Gazmuri, S., Petty, S. and Porter, E., 2010. The equity-driven systems change (esc) model: A toolkit for improving institutional practice and student outcomes.

⁷⁵ Quakelab., 2020. "The QuakeLab Inclusion Maturity Model," <https://quakelab.ca/blog/quakelab-inclusion-maturity-model>.

Core Business Levers for Change

Core Business Levers are direct, practical changes to the product or service an organization delivers. We have created a distinction between organisational and core business levers to highlight the importance of the who, what, when, where and how a product and/or service is delivered by an organisation. Each of these facets has been infused over time with norms and habits that embed racism and racial disadvantage.

These deeply embedded features of the core business can become so taken for granted that they are invisible or perceived as immutable. Changing those features can profoundly advance anti-racism, for example, increasing Māori uptake of vaccinations by changing 'by whom and where' the vaccine is administered.⁷⁶ In our view, core business changes are direct, practical interventions in some of the genesis factors for racism. However, much of the literature and practice is premised on the tacit assumption that if organisational design levers are used (eg leadership or diversity hires), there will be a flow on effect of changing the core business. While this may well transpire, we believe it is important to centre core business changes as a lever in their own right.

We also note that some of the organisational levers of change are predominantly preparatory in nature, meaning that they are indirect ways of advancing anti-racism. For example, monitoring performance or budget allocation raises issue visibility and transparency that may catalyse organisational change, but they are attenuated from deeper anti-racist change. Similarly, increasing 'diversity hires' to create a cluster effect is predominantly a protective mechanism that increases the retention of people likely to be exposed to the impacts of latent organisational racism. We believe it is critical to ensure the 'core business' of an organisation is seen as containing a suite of levers for change that are direct, durable and deep ways of effecting anti-racist change.

We believe there is value in explicitly recognising four levers for change within the core business of health organisations:

- Access to the core business— changing access routes or criteria is positioned as central to anti-racism;
- Method of delivery—exploring changes to who delivers a product/service, as well as the 'feel' of that particular product or service to progress anti-racism;
- Tailoring products and services—so that there is an explicit invitation to organisations to create tailored solutions for particular groups exposed to racism. We consider that this lever is particularly important in our national context where universalism is often equated with fairness, when in actuality, universalism is a key contributor to disadvantage; and

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- Equity driven innovation—we believe that innovation which centres equity as the driver for imagination, invention and innovation will produce distinctive outcomes and potentially require unique processes to support it.

Using these levers requires an innovative approach to embed anti-racism and, in our view, places a particular value on tailoring services and products to under-served groups. Some of the micro levers we consider are particularly relevant for further exploration include:

Access	<ul style="list-style-type: none"> • Organisation recognises that mainstream products/ services/ access channels may embed inequity
Method	
Tailoring	<ul style="list-style-type: none"> • Organisation encourages development of tailored products/ services/ access channels that respond to needs, interests and aspirations of underserved groups (eg by Māori for Māori)
Equity Driven Innovation	<ul style="list-style-type: none"> • Organisation can identify innovations that achieve enhanced equity • Organisation prioritises achieving equity as an objective of innovation • Equity driven innovation is pervasive across the organisation

These four additional levers are not explicitly named in literature or practice in this way, but should be considered within an anti-racism systems change model.

Recommended suite of anti-racism levers

This review has identified a broad suite of levers for change that are substantiated by practice with robust theoretical foundations, but there are some areas where there is a lack of empirical work attesting to the efficacy of specific levers. This gap in the literature perhaps reflects the relative immaturity of practice, relatively small community of active researchers and methodological challenges in identifying relative attribution of specific levers as most organisations pursuing anti-racism deploy multiple levers simultaneously.

On the basis of existing literature and insights from health system experts, we recommend that a suite of levers for change are adopted within the anti-racism approach. We also recommend that in subsequent phases of Ao Mai te Rā: the Anti-Racism Kaupapa that evidence is collected on the relative efficacy of specific levers, and micro-levers, as well as consideration given to contextual factors which effect efficacy.

One of the challenges in aligning practice and commentary on levers for change is the variability of language, so to assist with building a shared language, we consolidate below the levers and micro-levers we recommend for inclusion. Please note, the micro-levers are prefixed with a numbering system (eg K 1.1). We have included the numbering system to enable readers to trace the suggested levers of change through the Ao Mai te Rā documents. The letter in the prefix is associated with the systems change model we have adopted which is discussed in the Preliminary Model for Anti-Racism Systems Change. It is also noted that some of the levers and micro-levers identified throughout this document have been clustered to remove duplication.

Proposed Lever for Change	Alternative names used in literature and practice	Proposed Micro-Levers	Practical application in a health system setting
Leadership	Leadership	<p>K1.1 Championing Mana Tangata</p> <p>K1.2 Building relationships and alliances</p> <p>K1.3 Modelling transparency and accountability</p>	<ul style="list-style-type: none"> • Championing mana tangata includes: <ul style="list-style-type: none"> – Clear and consistent position that anti-racism/ equity transformation is an organisational priority – Clear and consistent position that organisation will honour Te Tiriti – Building internal will and commitment at all levels of leadership; top, middle and bottom • Building relationships and alliances includes external advocacy and movement building for change that contributes to leadership by creating visible accountability. • Modelling transparency and accountability reflects a core principle of leadership to role model desired behaviour.
Narrative	<p>Communications</p> <p>Storying</p> <p>Framing</p>	<p>K2.1 Developing the Mana Tangata story</p> <p>K2.2 Promoting accountability for history</p> <p>K2.3 Promoting strengths and capabilities of 'the other'</p>	<ul style="list-style-type: none"> • Developing the Mana Tangata story: <ul style="list-style-type: none"> – Leading with a strong positive vision anchored in Te Tiriti – Building a shared understanding of racism and anti-racism – New narrative reflects equality of paradigms (ie Western, Māori, Pacific and other knowledge systems are accorded equal respect and visibility) • Promoting accountability for history: <ul style="list-style-type: none"> – Sharing stories of the lived experiences of racism and their impacts – Sharing stories of organisational contributions to racism • Promoting strengths and capabilities of 'the other' is important for reframing expectations to a 'strengths-based foundation, including sharing positive stories and concrete examples of successes by under-served groups

Proposed Lever for Change	Alternative names used in literature and practice	Proposed Micro-Levers	Practical application in a health system setting
Organisational Strategy and Goals		<p>T1.1 Developing and adopting a Mana Tangata strategy</p> <p>T1.2 Integrating Mana Tangata into overarching strategy</p> <p>T1.3 Driving accountability for achieving Mana Tangata goals</p>	<ul style="list-style-type: none"> • Developing and adopting a Mana Tangata strategy: <ul style="list-style-type: none"> – Organisation has an anti-racism strategy with clear positioning statement • Integrating Mana Tangata into overarching strategy <ul style="list-style-type: none"> – Organisation integrates anti-racism into overarching strategy – Values, purpose, leadership, ownership, planning, performance, and accountability structures aligned to anti-racist strategy – Organisational policy recognizes and values creating space for under-served groups to have sphere of autonomy over delivery on their aspirations – Contracting arrangements with under-served groups to deliver on their aspirations is based on high-trust, multi-year delivery and flexibility to evolve the delivery • Driving accountability for achieving Mana Tangata goals embeds meaningful community partnerships that provide for community accountability
Power and Commitment	<p>Power sharing</p> <p>Distributed power</p> <p>Co-governance</p> <p>Co-management</p> <p>Budget allocation</p> <p>Financial resourcing</p> <p>Human resourcing</p>	<p>T2.1 Governance-level power-sharing</p> <p>T2.2 High-trust contracting for service delivery</p> <p>T2.3 Mana Tangata strategy and goals have sufficient budget and resource</p>	<p>The practical application of these micro-levers identified by practitioners include:</p> <ul style="list-style-type: none"> • Key decision-making fora have structures or protocols in place to ensure under-served groups have effective voice and shared responsibilities for decision making • Organisation has pervasive participation of under-served groups across decision making loci • Shared power influences budget allocation • Shared power influences organisational strategy and priorities

Proposed Lever for Change	Alternative names used in literature and practice	Proposed Micro-Levers	Practical application in a health system setting
Human Resource (HR) Policies	Diversity recruitment Diverse hires Rewards system Disciplinary processes and accountability	T3.1 Diversity T3.2 Diversity promotion T3.3 Rewards and incentives T3.4 Disciplinary	<ul style="list-style-type: none"> • Anti-racism goals and strategies have budget allocation • Expenditure (including commissioning) prioritises equitable outcomes • Expenditure is assessed for fairness and proportionality against interest groups and equity outcomes • Equity/anti-racism goals and strategies have organisational capacity and expert capability for delivery <hr/> <ul style="list-style-type: none"> • Diversity: <ul style="list-style-type: none"> – Increase critical mass of diversity hires – Embed anti-racism into job descriptors and recruitment processes – There are appropriate spaces for practices by under-served groups to occur – There is encouragement and practical allowance for ‘diversity hires’ to provide mutual support (wānanga, talanoa etc) • Diversity Promotion: <ul style="list-style-type: none"> – Increase advancement to leadership positions • Rewards and incentives: <ul style="list-style-type: none"> – Staff performance management system integrates ‘cultural competency’ and anti-racism, including as a factor for promotion or other reward – Staff performance management system includes formal success factors related to anti-racism/ mana tangata – Organisation uses financial or other rewards to incentivise desired priority behaviour changes aligned to anti-racism/ mana tangata at individual and sub-unit level

Proposed Lever for Change	Alternative names used in literature and practice	Proposed Micro-Levers	Practical application in a health system setting
Products, Services and Design	Tailoring of services	T4.1 Access T4.2 Content T4.3 Delivery method	<ul style="list-style-type: none"> • Disciplinary <ul style="list-style-type: none"> – Racism is integrated into disciplinary code to create zero tolerance culture – Visibility of responses to allegations of inconsistent conduct
Training	Training Professional development Professional learning and development Cultural competency Cultural Safety Culturally informed pedagogy	R1.1 Mana Tangata in training	<ul style="list-style-type: none"> • Organisation recognises that mainstream access channels for products and services may embed inequity • Organisation encourages development of access channels for products and services that respond to needs, interests and aspirations of underserved groups (eg by Māori for Māori) • Organisation can identify innovations that achieve enhanced equity • Organisation prioritises achieving equity as an objective of innovation • Equity driven innovation is pervasive across the organisation
Practice	Reflective practice Habitual practices	R2.1 Mana Tangata practice	<ul style="list-style-type: none"> • Anti-racism training is mandatory with organisation • Wānanga to unpack history and impacts of racism and how it manifests in organisational systems • Wānanga to unpack positive benefits of anti-racism • Equip people with the skills and language to call out racism • Building cultural/reo competency • Build anti-racism into workforce training provision
Practice	Reflective practice Habitual practices	R2.1 Mana Tangata practice	<ul style="list-style-type: none"> • Organisation uses reflective practice tools to understand where they are on the continuum of racism and chart their journey towards anti-racism

Proposed Lever for Change	Alternative names used in literature and practice	Proposed Micro-Levers	Practical application in a health system setting
Data Collection	Equity Data collection	P1.1 Mana Tangata data collection	<ul style="list-style-type: none"> • There is a broad understanding of the assumptions and ‘taken for granted’ elements of the organisation that contribute to disadvantage (ie the organisation has seen the ‘train tracks’ that embed the status quo) • Organisation uses reflective practice tools to question assumptions and ‘taken for granted’ processes that embed racism (ie habitual triggers to see the ‘train tracks’) • Reflective practices are embedded into organisational processes, including investment proposals (business cases) and decision- making on strategic issues with formal tools including HEAT, Critical Te Tiriti etc) • Reflective practices are habitual in initiative planning and debriefing • Creating safe spaces to call out racism • Incorporating anti-racism into everyday meetings and routines • Leader’s role model anti-racist practice • Anti-racist/ equity seeking behaviour is incentivized and celebrated across the organisation • Habitual practice reflects an ethic of service to communities and under-served groups • Habitual practice places priority on relationships and the va • Tools and resources to embed anti-racism into habitual practice (eg nudges, information material etc) <hr/> <ul style="list-style-type: none"> • Te Tiriti partners work together to determine priorities & data measures • Set quantifiable and data-driven goals and outcomes for anti-racism

Proposed Lever for Change	Alternative names used in literature and practice	Proposed Micro-Levers	Practical application in a health system setting
Monitoring, Reporting and Auditing	Organisational evaluation Programme service reviews Monitoring Auditing	P2.1 Practice reviews P2.2 Monitoring	<ul style="list-style-type: none"> • Design data accountability, monitoring and reporting tools focused on equity • Balance quantitative data with qualitative stories of lived experience • Share insights with iwi and grow Māori data literacy to inform on the ground activities <hr/> <ul style="list-style-type: none"> • Practice reviews <ul style="list-style-type: none"> – Take structured ‘pulse checks’ on racism across the system – Evaluate and provide feedback loops for emerging anti-racist practices – Shine the light on successes • Monitoring <ul style="list-style-type: none"> – Periodic service reviews are implemented across the organisation on achieving equity and anti-racism priorities and practices – Implementation gaps revealed in periodic service reviews are visible and followed through on – Organisation engages in equity auditing – Embed measures within existing reporting mechanisms – Outcomes of monitoring and accountability processes

Kupu Whakamutunga | Conclusion

This is the second literature review for phase one of Ao Mai te Rā. The purpose of this literature review was to explore best practice approaches to addressing racism in all its forms. In doing so, this literature review recommends a suite of levers for change necessary for anti- racism action and transformation.

Racism and racial health inequity is a complex web of causation, which means that a singular lever on its own will be insufficient in producing real change. The levers for change described in this paper will need to be deployed in tandem to achieve mutually reinforcing interaction and change at all levels of the health system.

The key levers for change identified in this review will be included in a preliminary anti-racism systems change model for the Aotearoa health system (systems change model). In the next phase of Ao Mai te Rā we look forward to testing and expanding the levers and micro-levers for change that are recognised in this paper and integrated into the systems change model.