Auckland Regional Public Health Service
Rātonga Hauora ā Iwi o Tamaki Makaurau
Working with the people of Auckland, Waitemata and Counties Manukau

27 September 2018

Submission on Indicators Aotearoa New Zealand – Ngā Tūtohu Aotearoa: Consultation

Thank you for the opportunity for Auckland Regional Public Health Service (ARPHS) to provide a submission on the Indicators Aotearoa New Zealand – Ngā Tūtohu Aotearoa consultation.

The following submission represents the views of ARPHS and has been developed with contributions from experts from across the three District Health Boards it serves. Please refer to Appendix 1 for more information on ARPHS.

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Introduction

Thank you for the opportunity for Auckland Regional Public Health Service (ARPHS) to submit on the Indicators Aotearoa New Zealand – Ngā Tūtohu Aotearoa consultation.

The reason for our submission is:

- Equity is a priority for the three Auckland metro District Health Boards (DHBs)
- The indicator framework needs to underpin the efforts of planning, monitoring and evaluating for health services and for broader initiatives to enhance wellbeing
- The indicators need to provide broad, longitudinal information on the wellbeing of the population in order to inform health priority setting and achieving equity
- Our organisation takes a population-based perspective on improving the wellbeing of Aucklanders, and this relies on nuanced statistical information.

ARPHS recommends:

- Co-design of the indicators with Māori
- That the indicators
    - are appropriate for our diverse population
    - measure distributions
    - are aligned with other important wellbeing work.

Equity and wellbeing

1. Achieving health equity and wellbeing is a key strategic priority for the three Auckland metro DHBs. The current government has made moves to re-orient the public sector towards improving wellbeing broadly and reducing structural inequalities. If government is to achieve the goal of reorienting the system toward wellbeing and avoiding reinforcing structural inequities, the indicator selection should have a strong basis in te ao Māori, a focus on the well-being of children and young people, appropriate for a diverse population, and there should be a strong link to other government reporting.

2. ARPHS supports a methodologically sound, consistent, longitudinal and broadly applicable indicator framework. This is needed for monitoring change and outcomes across multiple domains. Examples of where the indicator framework would support the health sector include: assisting in the planning, funding, implementation and evaluation of national and local programmes aimed at improving wellbeing and equity, supporting cross-sectoral consistency, and enabling international and longitudinal monitoring of wellbeing and sustainable development.

3. The indicator framework should be grounded in the values, culture and history of Aotearoa New Zealand. International comparison is important, but the indicator framework needs to be relevant locally. Public health and health promotion concepts and practice in New Zealand have been heavily influenced by Māori concepts of whānau ora health. This has led to a deeper and more nuanced approach to assessing community health than is often found in countries where health indicators are focused on individuals. There is an opportunity for Aotearoa New Zealand

to influence thinking and indicators internationally by the integration of te ao Māori into indicator frameworks.

Achieving equity through a te ao Māori perspective

4. ARPHS strongly supports the Stats NZ commitment to Māori co-design of the indicators[1]. The evidence on measuring and reporting on results for Māori highlights the importance of truly engaging Māori, both as users of data and as citizens[2]. The Minister of Māori Development has appealed for a Māori perspective in the living standards framework[3], something our organisation considers is equally important in the development of these indicators.

5. ARPHS supports Māori co-design of the selection of indicators, in part, because New Zealand has a commitment under Te Tiriti o Waitangi to optimise Māori health and wellbeing. Enabling Māori to holistically define what wellbeing looks like and selecting indicators that reflect the aspirations of Māori will be an important first step toward informing and measuring success of pae ora, the New Zealand Government's vision for healthy Māori futures[4].

6. Reorienting systems by developing indicators utilising a Māori-centric voice is a crucial starting point for revealing and addressing structural inequalities. Done well, co-design with Māori is an opportunity to work reciprocally and provide equitable benefits for all New Zealanders. In particular, a te ao Māori perspective will utilise kaupapa Māori research strategies, frameworks and offer the potential to strengthen relationships with all Māori (manawhenua and tangata whenua).

Appropriate indicators for our diverse population

7. New Zealand's population is diverse and we expect greater ethnic diversity in the future[5]. While we argue for the prioritisation of Māori views, we note that the two fastest growing ethnicities are Pacific people and Asian groups[6]. This is particularly relevant for the population that our organisation serves, as Auckland is the most ethnically diverse region in New Zealand. We acknowledge the challenge of ensuring that the indicators meet the needs of a diverse population. Nonetheless, if we are to achieve a legacy of population wellbeing, we need considerable effort and new methods of engagement. Furthermore, the work will be stronger if the voices of children and young people are reflected in the final set of indicators.

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[1] Keyes, N. (2018). Indicators Aotearoa New Zealand. Measuring New Zealand's progress. Presentation, Wellbeing and public policy conference, September 2018.
[2] Measuring performance and effectiveness for Māori: Key themes from the literature. https://www.tpk.govt.nz/en/a-matou-mohiotanga/crownmaori-relations/measuring-performance-and-effectiveness-for-maori-
[3] Mahuta, N. (2018). Māori perspective encouraged in Living Standards Framework. Te Karere TVNZ interview 28 August, 2018. https://www.youtube.com/watch?v=3KNFWiGaKU8
[4] Ministry of Health (2014). The guide to He Korowai Oranga: Māori Health Strategy 2014. Wellington: Ministry of Health. Available online: https://www.health.govt.nz/system/files/documents/publications/guide-to-he-korowai-oranga-maori-health-strategy-jun14-v2.pdf
[5] Statistics New Zealand (2014). Ethnic Population Projections: Issues and Trends. Available online: http://archive.stats.govt.nz/browse_for_stats/people_and_communities/pacific_peoples/pacific-progress-demography/population-growth.aspx
[6] Statistics New Zealand (2014). 2013 Census quickstats about culture and identity. Wellington: New Zealand Government. Available online: http://archive.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-culture-identity.aspx

Indicators to measure distribution of those factors that affect wellbeing

8. ARPHS supports the inclusion of indicators of distribution in the framework. These are the factors that determine wellbeing, and include: income, employment, education and health status, life expectancy, housing and living conditions. These are empirically stronger indicators of wellbeing than measures such as mean income or per capita GDP.

9. New Zealand has extensive relevant research for social indicators through New Zealand Census Mortality Study[7] and Health Inequalities Research Programme[8], using Stats NZ data. Some of the strongest research showing the impact of social position on health and wellbeing is from New Zealand. Repeated studies have shown an independent effect of income inequality on health outcomes[9,10]. In addition, New Zealand has significant and well documented ethnic gaps in life expectancy[11,12]. It has been estimated that over half the ethnic differences in health between Māori and all other ethnicities in New Zealand are explained by differing socioeconomic position, in particular, education, labour force status, income and deprivation[13,14]. The disparities in Māori health persist when confounding factors such as poverty, education and geographical location are accounted for, demonstrating that ethnicity is an independent determinant of health status.

10. Overcoming income and ethnic inequities in mortality in New Zealand will require both system and delivery-level changes; and action to address the educational achievement, labour market participation, living conditions and socioeconomic position in high need populations. ARPHS advocates for thorough and nuanced ethnicity and deprivation indicators to give a more complete picture of wellbeing and to guide policy development and intervention.

11. An unequal distribution of income and wealth in New Zealand is having a significant impact on living standards. Assessing equity simply by assessing how disposable income is distributed across the population will not provide an adequate measure. Instead, we need consistent methods to enumerate population-level denominators for communities in areas of social deprivation. While the technical challenges of this are acknowledged, we flag the importance of distributional measures rather than means. The indicators should have a focus on distribution and inequalities.

12. The indicator framework needs to be flexible enough for multiple agencies to use the information in a consistent way, and to allow different analytical methodologies to be developed

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[7] See Stats NZ http://archive.stats.govt.nz/methods/data-integration/data-integration-projects/nz-census-mortality-study.aspx

[8] See Otago University https://www.otago.ac.nz/wellington/departments/publichealth/research/hirp/

[9] Blakely T, Tobias M, Atkinson J. (2008). Inequalities in mortality during and after restructuring of the New Zealand economy: repeated cohort studies. BMJ;336:371-75.

[10] Blakely T, Kawachi I, Atkinson J, et al. (2004). Income and mortality: the shape of the association and confounding New Zealand Census-Mortality Study, 1981-1999. Int. J. Epidemiol.;33:874-83.

[11] Statistics New Zealand (2009). New Zealand Life Tables: 2005–07. Wellington: Statistics New Zealand. Available online: http://archive.stats.govt.nz/browse_for_stats/health/life_expectancy/new-zealand-life-tables-2005-07.aspx

[12] Tobias M, Blakely T, Matheson D, et al. (2009). Changing trends in indigenous inequalities in mortality: lessons from New Zealand. Int. J. Epidemiol.;38(6):1711-22.

[13] Blakely T, Fawcett J, Hunt D, et al. (2006). What is the contribution of smoking and socioeconomic position to ethnic inequalities in mortality in New Zealand? Lancet;368(9529):44-52.

[14] Blakely, T., G. Disney, et al. (2017). A Typology for Charting Socioeconomic Mortality Gradients: "Go Southwest". Epidemiology 28(4): 594-603.

or used. A recent example is a new poverty index developed in the UK by the independent Social Measurement Commission which takes more account of people's living conditions and access to social, physical or financial supports. These types of nuanced indicators should be able to draw on data gathered for wellbeing indicators (which could need supplementation from survey or other sources).

Alignment with other work

13. Achieving the potential of this work will require the engagement and participation of a wide range of stakeholders. Alignment of the indicators alongside other important work in this area, such as the Treasury's Living Standards Framework and the United Nations Sustainable Development Goals (SDGs), plus the insights gained through the 2018 Social Investment Agency consultation, should support and enable on-going collaboration. We support Stats NZ collaborating with other agencies on this work.

14. Furthermore, the *Local Government (Community Well-being) Amendment Bill* focuses on social, economic, environmental and cultural wellbeing of communities. However, the Bill omits reporting or monitoring requirements, and directions on implementation. This will be a challenge for councils to support best practice and determine whether they are achieving their purpose. Opportunities for the indicators to create locally and regionally relevant wellbeing measures would enable local government to contribute to community wellbeing.

Additional methodological considerations to achieve equity goals

15. Achieving equity in health and social outcomes will require concentrated and collaborative policy effort over some time. The risk of getting this wrong is high and the potential negative unintended consequences include reinforcing structural inequities; collecting data that does not lead to well-informed policy decisions, and funding government investment that is stigmatising and harmful (see for example Chin and others, 2018). Thus, ARPHS supports the commitment that Stats NZ has made to ensure that the indicators are outcome focused and not data driven[15]. There will need to be a broad array of data collection techniques to support the prevention efforts that will have the highest impact across our population.

16. Our organisation endorses strong and concerted engagement with communities. If the community are able to inform and shape the indicators and are engaged in decision-making, including considerations of trade-offs and prioritisation issues, the overall outcomes are likely to be enhanced.

17. A strengths-based approach to defining the indicators will support the overall aim of the indicators to promote wellbeing. A strengths-based approach uses an equal partnership, draws on culture as a source of strength and supports communities to initiate ideas and solve challenges (see for example Green et al, 2004[16]). Strengths-based indicators will foster and

[15] Keyes, N. (2018). Indicators Aotearoa New Zealand. Measuring New Zealand's progress. Presentation, Wellbeing and public policy conference, September 2018.
[16] Green, L.; McAllister, CL; & Tarte, MJ. (2004). The Strengths-Based Practices Inventory: A Tool for Measuring Strengths-Based Service Delivery in Early Childhood and Family Support Programs. Families in Society. 85. 326-334. 10.1606/1044-3894.1493.

develop the strengths of whānau and individuals while avoiding the stigmatising effect of focusing on gaps and weaknesses. This is likely to require non-routine data collection.

18. There are a number of existing ecological approaches that cover effectiveness of interventions, including the underlying causes and effects. These include the frameworks used by StatsNZ and the Ministry for the Environment for environmental reporting (State-Pressure-Impact) and that used by the Ministry of Health and the Institute of Environmental Science and Research (ESR), for environmental health monitoring (Driving force-Pressure-State-Exposure-Effect-Action (DPSEEA)). These types of frameworks can include social and cultural aspects and should be useful for the wellbeing indicators framework.

In conclusion

19. This area is both theoretically and methodologically complex. Done well, these indicators will facilitate collaboration between governments, organisations and communities for population wellbeing. ARPHS recommends comprehensive co-design of the indicators with Māori; indicators that are appropriate for our diverse population; the measurement of distributions; and alignment with other important and related pieces of work. Thank you for this opportunity to contribute to the on-going discussion on wellbeing indicators.

Appendix 1 - Auckland Regional Public Health Service

Auckland Regional Public Health Service (ARPHS) provides public health services for the three district health boards (DHBs) in the Auckland region (Counties Manukau Health, Auckland and Waitemata District Health Boards).

ARPHS has a statutory obligation under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of people and communities in the Auckland region. The Medical Officer of Health has an enforcement and regulatory role under the Health Act 1956 and other legislative designations to protect the health of the community.

ARPHS' primary role is to improve population health. It actively seeks to influence any initiatives or proposals that may affect population health in the Auckland region to maximise their positive impact and minimise possible negative effects.

The Auckland region faces a number of public health challenges through changing demographics, increasingly diverse communities, increasing incidence of lifestyle-related health conditions such as obesity and type 2 diabetes, infrastructure requirements, the balancing of transport needs, and the reconciliation of urban design and urban intensification issues.