



Australian Academy
of Health and
Medical Sciences

AAHMS submission to the Australian Government Treasury's Measuring What Matters consultation

January 2023

About the Academy

The Australian Academy of Health and Medical Sciences is Australia's Learned Academy for health and medicine. We are the impartial, authoritative, cross-sector voice for the sector. We advance research and innovation in Australia to improve everyone's health.

We are an independent, interdisciplinary body of Fellows – elected by their peers for their outstanding achievements and exceptional contributions to health and medical science in Australia. Collectively, they are a representative and independent voice, through which we engage with the community, industry and governments.

We welcome the opportunity to contribute to this consultation. Our response has been informed by input from Fellows and Associate Members of the Academy.

Measuring health and wellbeing

The Australian Academy of Health and Medical Sciences (the Academy) welcomes the Government's plans to consider and monitor a range of factors that contribute to Australia's progress and wellbeing through a '*Measuring What Matters Statement*'. Health is a fundamental component of a population's quality of life and productivity. It should therefore be included as an essential component when measuring the progress and wellbeing of a nation. We have seen throughout the COVID-19 pandemic how a specific health issue can impact the lives of the Australian community, including on education, income, access to services and social activities. By measuring health through metrics that paint the clearest picture of health and wellbeing, we can better monitor health trends across the nation, intervene to address potential health threats, reduce health inequities – particularly those relevant to the Australian context – and ultimately drive forward targeted and widespread benefits for the health of the public.

We note the Treasury's reference to the '*OECD Framework for Measuring Well-being and Progress*', and welcome steps to seek input from other nations who have already done important work in this area. However, health is underrepresented in the OECD framework. As far as we are aware, the only health-related factors appear to fall under the 'social' and 'environment' themes and are as follows:¹

- Life expectancy at birth
- Premature mortality
- Exposure to outdoor air pollution
- Access to green space

If Treasury is using the OECD's framework as a starting point for its work, we would urge them to place more emphasis on health as an individual theme.

Measuring health in the Australian context

The task of identifying good population-level measures of health and wellbeing is not a simple one. The Academy would suggest it is best done by groups with relevant expertise such as the Australian Institute of Health and Welfare (AIHW), which has statutory responsibility for providing national data on health and wellbeing. The Treasury should work closely with the AIHW and other relevant groups to develop indicators that are most informative for the Treasury's purpose. The Academy stands ready to support this work where relevant as it progresses – we note that this consultation is taking place at an early stage and look forward to further opportunities to contribute.

There are also multiple existing sources of high-quality health data that can be used to inform the development of indicators for the '*Measuring What Matters Statement*'. Data already available include those collected by state and territory governments, the Australian Bureau of Statistics, the AIHW, the Pharmaceutical Benefits Scheme, the Medical Benefits Schedule and others. For instance, the following examples might be considered:

- Measures that relate to **access to healthcare**, such as waitlist times GPs per 1000 population, out of pocket health costs, hospital beds per 10,000 population and medical specialists per 10,000 population.
- Measures that relate to **health outcomes**, such as neonatal mortality (deaths within 30 days of birth) or outcomes related to certain disease areas.
- Measures that relate to **preventing ill health**, such as levels of physical activity, access to green spaces, rates of smoking and alcohol consumption and vaccination rates.

Including these kinds of indicators would be useful to ensure that health is considered more fully as a component of wellbeing. The above list is provided as a set of examples, and we would stress that this is not a comprehensive or exhaustive list of options.

Crucially, in developing a '*Measuring What Matters Statement*', we would encourage the Treasury to develop indicators that are specific to the Australian context, such as those that relate to the way healthcare is delivered here or the specific health inequities that exist here, for example, those seen in Aboriginal and Torres Strait Islander communities.

Considering the distribution of common indicators across different sub-groups will provide important insight into Australia's wellbeing and development. For instance, analysing common OECD indicators over age distributions, sex, regionality or ethnicity could reveal some otherwise hidden shortfalls in Australia's progress as well as highlight areas requiring further investment.

These kinds of indicators and the detailed data behind them could be used by academics, researchers, public health experts, policy makers, health services executives and others to better understand, manage and monitor health and wellbeing for public good.

How to measure what matters

A key consideration in developing indicators is how they will be measured. Bias can present itself in data when methodologies for data collection are not adequately considered and

appropriately actioned. For example, selection bias occurs when the sample group is systematically different than the population. It can mean that the reported outcomes do not accurately portray the group it is aiming to represent. When assessing indicators associated with the 'Measuring What Matters Statement', data should reflect an accurate picture of the indicator's true state in Australia. For instance, accuracy would be improved if data could be stratified by sex, geographical area, Indigeneity and other demographics. Treasury should also ensure that the workforce and infrastructure needed to sustainably measure these indicators into the future are provided for.

Collaborating with Aboriginal and Torres Strait Islander Peoples

An important group that should be included when considering Australia's wellbeing and progress is Aboriginal and Torres Strait Islander Peoples. Indicators specific to our First Nation's Peoples should be included and should be developed alongside appropriate groups and individuals. For instance, an Aboriginal and Torres Strait Islander working group could be created to ensure there is meaningful engagement and to advise on which metrics should be included.

The Closing the Gap initiative is an ongoing partnership between Australian governments and Aboriginal and Torres Strait Islander Peoples to improve the life outcomes for First Nation's peoples in Australia.⁴ In the latest Annual Report it was revealed that a number of targets have actually worsened since the initiative launched.⁵ For an exercise in 'measuring what matters' to be most useful, it must make a positive contribution to existing initiatives such as this.

For questions about this submission, or to arrange a consultation with Fellows of the Academy, please contact Lanika Mylvaganam, Policy Manager (policy@aaahms.org) at Australian Academy of Health and Medical Sciences.

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References

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