

# Attachment A: Measuring What Matters: Consultation Feedback form

To be completed by meeting host after each meeting and returned to [measuringwhatmatters@treasury.gov.au](mailto:measuringwhatmatters@treasury.gov.au) by 26 May 2023.

## Meeting details

**Meeting host name/ organisation:** Mitchell Institute, Victoria University

**Meeting host contact details [phone or email]:** Rosemary Calder. [Rosemary.calder@vu.edu.au](mailto:Rosemary.calder@vu.edu.au)

### Meeting host

- ☐ Member of Parliament
- ☐ Local government
- ☐ Non-government organisation
- ☐ Business
- ☒ Academic
- ☐ Community group
- ☐ Individual
- ☐ Other [Click or tap here to enter text.](#)

**Meeting date:** Various, 2013 to 2023

**Meeting location:** Face to face and online, through national symposia, collaborative working groups and other collective methods. (Refer ATTACHMENT)

### Participants attending:

- ☒ Member of a community organisation
- ☐ Businesses
- ☒ Academics
- ☐ Union members
- ☒ Individuals
- ☒ Other Clinicians, system administrators, policy experts,

**Number of participants:** The AHPC comprises more than 80 individual experts and brings together up to 200 experts and consumers in working groups, national symposia and online and face to face consultations. Staff of the Brimbank City Council hosted community workshops and discussions and

codesigned the Brimbank Atlas of Health and Education with a taskforce of experts hosted by the Mitchell Institute.

## What matters to Australians?

1. Did the five emerging policy themes Prosperous, Inclusive, Sustainable, Cohesive and Healthy resonate with meeting participants?

☐ Yes ☒ No if not, why not In our lengthy co-design and consultation work to how to improve population health and wellbeing and reduce preventable chronic disease across the lifecycle, the themes of inclusive, sustainable, cohesive and healthy have been strongly articulated. There is some concern that reliance on continued economic growth must be moderated by a focus on prevention and reduction of harms to health and wellbeing.

2. Which of the following themes are most important to you? (Select three)

☐ **Prosperous:**

*A growing, productive and resilient economy*

☒ **Inclusive:**

*A society that shares opportunities and enables people to fully participate*

☒ **Sustainable:**

*A natural environment that is valued and sustainably managed in the face of a changing climate for current and future generations*

☐ **Cohesive:**

*A safe and cohesive society that celebrates culture and encourages participation*

☒ **Healthy:**

*A society in which people feel well and are in good physical and mental health now and into the future*

3. Which themes or descriptions were most frequently discussed? (Select three)

☐ **Prosperous:**

*A growing, productive and resilient economy*

☒ **Inclusive:**

*A society that shares opportunities and enables people to fully participate*

☒ **Sustainable:**

*A natural environment that is valued and sustainably managed in the face of a changing climate for current and future generations*

☐ **Cohesive:**

*A safe and cohesive society that celebrates culture and encourages participation*

☒ **Healthy:**

*A society in which people feel well and are in good physical and mental health now and into the future*

4. What do you see as the most important issues for future wellbeing? Are these captured by the emerging policy themes?

Future wellbeing is substantially influenced by the 12 key indicators of health and education outcomes that have been identified through the Brimbank Atlas of Health and Education (refer Attachment) and health is substantially influenced by the key risk factors identified in Australia's Health Tracker (refer attachment). These fit within the policy themes of Inclusive, Sustainable, Cohesive and Healthy and need to be critical measures for consideration within the Prosperous theme

5. How might the descriptions be amended to best reflect our priorities?

Prosperous could be amended to explicitly restore the dimension of 'opportunity' for people as provided in the previous Treasury Wellbeing Framework (2012). Our consultations have emphasised the need for **opportunity** for good health and education outcomes, including the reliance on the removal of social and economic barriers to those and **reduction in complexity of access** for those requiring structural and societal support for access to those opportunities. j

6. Are there any indicators and existing data sources that will be critical to inform the emerging policy themes?

Refer Attachment.

The 12 key indicators of health and education outcomes that have been identified through the Brimbank Atlas of Health and Education (refer attachment) are critical to individual and societal wellbeing. Population health is substantially influenced by the key risk factors identified in Australia's Health Tracker (refer attachment). Each suite of indicators have been developed through extensive codesign and consultative strategies for the purpose of informing and influencing relevant public policies. These fit within the policy themes of Inclusive, Sustainable, Cohesive and Healthy and need to be critical measures for consideration within the Prosperous theme.

7. Is there any additional information you would like to see in the Measuring What Matters Statement? If so, please outline.

The suite of indicators developed through the Brimbank Atlas of Health and Education are reliant on policy creating opportunity for access to good health and good education outcomes, regardless of the social and economic circumstances affecting individuals. Restoring the emphasis on opportunity and the reduction of barriers including complexity of access needs to be reflected in the Measuring What Matters Statement.

# Measuring What Matters – Mitchell Institute Submission

## ATTACHMENT

The Mitchell Institute for Education and Health Policy at Victoria University is an independent think tank focused on improving education and health, at both a system and individual level, so more Australians can engage with and benefit from these services, supporting a healthier, fairer society. We are informed, independent, and influential, with a proven ability to identify current and emerging problems in education and health and to facilitate national and local consultations and co-design methods to apply the best available evidence to identify achievable solutions. Established in 2013, the Mitchell Institute is part of Victoria University, whose mission is to create exceptional value for any student from any background and uplift the communities in which it operates.

In 2014, in a collaborative program with the City of Brimbank in the western suburbs of Melbourne, known as [Growing Brimbank](#), the Mitchell Institute (and representatives of the City of Brimbank co-designed and developed [the Brimbank Atlas of Health and Education](#) (the Atlas), compiled by the Public Health Information Development Unit (PHIDU) at University of Adelaide. A [second edition of the Atlas was published in 2019](#). Its aim was to identify and facilitate action to address the most pressing risk factors for poor health, education, and social disadvantage in the Brimbank local government area in the western metropolitan area of Melbourne, Victoria. The intent was to replicate this type of report in other local areas across Australia, to provide the evidence base upon which community leaders and organisations could plan and develop services and other supports, to enhance the health and education outcomes within their communities. The Atlas was purposefully co-designed by topic experts, community leaders, and community members to be a resource for communities with low socio-economic status and other measures of significant disadvantage.

The Mitchell Institute supports a nationwide collaboration of academics, clinicians, policy experts, and consumers -- the Australian Health Policy Collaboration (AHPC) -- to address the most pressing health issues affecting the health and wellbeing of Australians. The following diagram illustrates the consultative methodology developed by and used throughout the work of the AHPC. This submission represents the collective outcomes of those consultations and their relevance to the Measuring What Matters second phase consultations.



Figure 2. AHPC working method

## Q6. Are there any indicators and existing data sources that will be critical to inform the emerging policy themes?

### Indicators and their value

In general, indicators are useful for:

- informing people about social issues, including use and access to services, or outcomes in education and health;
- monitoring such issues to identify change, both between groups in the population and over time; and
- assessing progress toward set goals and targets or achievement of policy objectives.

These purposes suggest that indicators need to:

- reflect the values and goals of those who will use and apply them;
- be accessible and reliably measured in all of the communities of interest;
- be easily understood, particularly by those who are expected to act in response to the information;
- be measures over which we have some control, individually or collectively, and are able to change; and
- move individuals, communities, and governments to action.

### Indicators measuring health and education outcomes in communities of disadvantage

In 2021, The Mitchell Institute published a report examining change over time in Brimbank, [Children, young people and health in Brimbank](#), which highlighted 18 key indicators of health and education. These indicators were selected because they were strongly correlated with the extent of inequality in health and educational access, participation, and outcomes, in the context of the demographic and socioeconomic composition of Brimbank. The indicators were also selected to cover the lifespan. Finally, these indicators are those for which available and reliable national data, and where appropriate, state data, can be mapped to show variations by area and over time.

These indicators have been developed to inform policy and investment within the Brimbank community and like communities addressing three of the five identified themes for a Wellbeing framework: Healthy; Inclusive; and Cohesive. The City of Brimbank council has used the Atlas and associated reports to build a foundation of data and evidence to:

- Address priority risk factors and indicators of disadvantage across the life course
- Use interventions that have the strongest evidence
- Build/strengthen current practice and services
- Prevent harm; intervene early to reduce known risks
- Deliver through partnership and service coordination (refer Appendix A)

**Table 1. Key indicators of health and education outcomes (available from public, national data sources)**

Indicator	Indicator definition	Data source
Children in jobless families	<i>Children aged less than 15 years in families in which no parent is in employment</i>	ABS Census
Children in families with mothers with low	<i>Children aged less than 15 years living in families in which the female parent's highest level of schooling was year 10 or below, or in which the female parent did not attend school</i>	ABS Census

educational attainments		
Low birth weight babies	<i>Babies (both live born and stillborn) weighing less than 2500 grams at birth</i>	National Perinatal Data Collection (State and Territory data sources)
Women smoking during pregnancy	<i>Women who reported that they smoked at any time during the first 20 weeks of pregnancy</i>	National Drug Strategy Household Survey; National Perinatal Data Collection.
Participation in preschool	<i>Children recorded in the Census as attending a preschool</i>	ABS Census
Children developmentally vulnerable	<i>Children who were assessed as being developmentally vulnerable on one or more of the five national Australian Early Development Census developmental domains</i>	AEDC, Aust Govt Dept of Education
Young people earning or learning	<i>Young people aged 15-24 years who reported that they were in full-time work or full-time education, or in part-time work combined with part-time education</i>	ABS Census
Youth unemployment	<i>Number of people aged 15 to 24 years who reported in the Census of Population and Housing that they were unemployed</i>	ABS Census
Internet not accessed at home	<i>People living in dwellings where no one accessed the Internet</i>	ABS Census
Participation in full-time secondary school	<i>Young people aged 16 years recorded in the Census as attending full-time secondary school</i>	ABS Census
Early school leavers	<i>People whose highest level of education was Year 10 or below, or who did not attend school</i>	ABS Census
NAPLAN – Year 9 reading & numeracy	<i>Children in Year 9 with reading or numeracy scores below the national minimum standard, by PHA of the student's address.</i>	Victorian Curriculum and Assessment Authority
General health	<i>Estimated number of people aged 15 years and over who reported their health as 'fair' or 'poor'.</i>	Australian Health Survey
Psychological distress	<i>Estimated number of people aged 18 years and over who were assessed as having 'high' or 'very high' levels of psychological distress, based on their responses to the Kessler Psychological Distress Scale-10 items (K10) questionnaire.</i>	Australian Health Survey
Diabetes Type 2	<i>Estimated number of people aged 18 years and over with a glycated haemoglobin test (HbA1c) level of greater than or equal to 6.5% (the WHO recommended cut-off point for diabetes)</i>	National Diabetes Services Scheme; Australasian Paediatric Endocrine Group. Australian Health Survey
Circulatory system diseases	<i>Estimated number of people aged two years and over who reported that they had a heart or circulatory condition, and who confirmed that a doctor, nurse, or other health practitioner had told them that they have the condition.</i>	Australian Health Survey
Smoking	<i>Estimated number of people aged 18 years and over who reported being a current smoker.</i>	Australian Health Survey
Obesity	<i>Estimated number of people aged 18 years and over who were assessed as being obese, based on their measured height and weight. "Obesity" is classified as having a Body Mass Index (BMI) of 30 or over. BMI is calculated by dividing an individual's weight in kilograms by their height in metres squared (m<sup>2</sup>).</i>	Australian Health Survey

Additional data that is State specific in this suite of indicators is:

Electronic Gaming Machine player losses	<i>Expenditure (i.e. amount of money lost by gaming patrons) at gaming venues on electronic gaming machines expressed as a rate per head per year of the population aged 18 years and over.</i>	Victorian Commission for Gambling and Liquor Regulation
---	---	---

## Health data essential to enable and improve population health

The Australian Health Policy Collaboration is a network of Australia's experts in population health and chronic disease that is supported by the Mitchell Institute with additional support through grant funding from the Department of Health and Aged Care, Canberra. The aim of the AHPC is to contribute to a whole of population approach in policies, funding, institutional arrangements, and service models to better prevent and manage chronic diseases in Australia. AHPC works to improve health outcomes through evidence-based research, particularly for socioeconomically disadvantaged Australians.

In 2015, the AHPC developed a national monitoring and accountability framework for chronic diseases in Australia to reduce the burden of preventable disease on our nation. The work was underpinned by the World Health Organization's (WHO) *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020* (World Health Organization, 2013a) and *WHO Mental Health Action Plan 2013-2020* (World Health Organization, 2013b). [The Australian Targets and Indicators for chronic disease prevention in Australia](#) are consistent with the WHO Global Action Plan with the exception of the inclusion of mental health. The experts agreed that the inclusion of a stand-alone mental health target was important to recognise the growing burden of poor mental health on individuals, families, and the economy.

Expert working groups developed the targets and indicators across five themes (refer Table 2) and all worked to a common set of terms of reference. These included criteria for selecting indicators. namely, that chronic disease indicators must:

- be relevant<sup>1</sup>;
- be applicable across population groups;
- be technically sound (valid, reliable, sensitive (to change over time), and robust);
- be feasible to collect and report;
- lead to action (at various population levels; for example, individual, community, organisation/agency);
- be timely<sup>2</sup>; and
- be marketable (Australian Institute of Health and Welfare, 2011).

The [Targets and Indicators were updated in 2019](#) with the then most recent national health data.

**Table 2: AHPC working group areas and agreed health targets and indicators for improved population health (2019).**

Area	Target	Working group
<b>Mortality and morbidity</b>		

<sup>1</sup> The indicator covers an area or subject of key importance in terms of: the impact on health outcomes, and/or a significant area of health system policy focus. Reporting against this indicator is likely to help decision-makers identify opportunities for improvement. Adapted from COAG (2011).

<sup>2</sup> Timely measures have information available frequently enough, and with sufficient currency, to have value in making decisions.

<b>Mortality and morbidity; high risk populations</b>	1. A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases	Group 1 plus high risk aspects of targets 6, 7, and 8 (hypertension; high risk of diabetes; drug therapy and counselling for myocardial infarction and stroke)
---	--	--

#### Behavioural risk factors

<b>Alcohol</b>	2. At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context	Group 2
<b>Physical inactivity</b>	3. A 10% relative reduction in prevalence of insufficient physical activity	Group 3
<b>Salt</b>	4. A 30% relative reduction in mean population intake of salt/sodium	Group 4
<b>Tobacco</b>	5. A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years	Group 5

#### Biological risk factors

<b>Hypertension</b>	6. A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances	No specific group (group 1 for high risk considered)
<b>Diabetes and obesity</b>	7. Halt the rise in diabetes & obesity	Group 6

#### National system response

<b>National systems/ equity</b>	8. At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes	No specific group (considered by relevant groups)
	9. An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities	No specific group (considered by relevant groups)

#### Mental health

<b>Mental health</b>	10. An appropriate target, preferably linked to WHO targets for mental health within the <i>Mental Health Action Plan 2013-2020</i>	Group 7
	11. Other possible targets	All groups

The AHPC subsequently developed a national report card, [Australia's Health Tracker, 2016 and 2019](#), of the most significant health indicators to provide a comprehensive assessment of how Australia's population – both Aboriginal and Torres Strait Islander and non-Indigenous people, and children as well as adults – is faring when measured against the agreed health targets. The Tracker report card series includes analysis of these risk factors by age ([adults](#) and [children and young people](#)), [gender](#), [socioeconomic status](#), [mental and physical health status](#), [oral health](#), [smoking](#), and



[alcohol consumption](#). Data are compiled geographically in specific Tracker by Area reports on [smoking](#) and alcohol consumption. The indicators used in Australia's Health Tracker were agreed by consensus of Australia's leading experts, to be the suite of health measures most critical to improving population health and reducing preventable chronic diseases in the Australian population. We recommend that these measures be included in the national measures of health and wellbeing.

### Data not currently collected or not routinely collected nationally

The two suites of indicators listed above are limited to those indicators for which national, recurrent data is available. Additional data that our work identifies as critical to a comprehensive understanding of factors influencing healthy, inclusive, and cohesive communities and society are:

1. **Biometric measures of health including risk factors for preventable illness and chronic diseases.** Chronic diseases generate billions of dollars in avoidable health expenditure every year and are the major driver of health system utilisation and costs. For example, cancer is responsible for about one in every ten hospital admissions, and muscle, bone, and joint conditions account for the largest cost category for combined public and private hospital expenditure in Australia in 2015-16. Cardiovascular disease is the most expensive disease nationally, costing approximately \$7.5 billion each year, with more than half spent on patients admitted to hospital ([Better Data for Better Decisions, Mitchell Institute 2018](#)).

Biometric measures have now been collected twice as part of the Australian Health Survey 2011 – 12 and the [Intergenerational Health and Mental Health Survey](#) that is currently underway.

2. **Positive indicators such as community resilience and other community assets.** Data about health and wellbeing and education and child development tend to describe difficulties and problems in a community rather than assets.

In conjunction with the Brimbank Atlas, Mitchell Institute designed and developed the [Brimbank Spatial Map of Physical and Social Infrastructure 2017](#) (Spatial Map) to apply geographic information systems (GIS) to map the distribution, availability, and contribution of significant physical and social infrastructure to health and education outcomes in the community – those that can support individual capability and community capacity for health and wellbeing.

The selected elements of physical and social infrastructure explored were those most likely to:

- promote better health and wellbeing (such as good nutrition and social inclusion) or ameliorate risks;
- hinder or reduce good health and wellbeing (such as obesogenic environments); and
- be important for Brimbank City Council's community plan and health and wellbeing strategies.

They include:

- environmental determinants of food availability;
- physical activity;
- social inclusion;
- public transport;

- assets or features related to promotion of childhood development against the five Australian Early Development Census domains (libraries, leisure centres);
- environmental features that promote wellbeing (contour variation, parklands, tree canopy);
- availability (numbers) and proximity (coverage/ distribution) of a range of services and providers of food, leisure-time physical activity, learning and development, entertainment;
- community and neighbourhood supports and groups; and
- out-of-hours availability of some services.

The socio-economic make-up of the community (contextual factors) was also assessed for strength of association with each of the health indicators. The report clearly reinforced that those people living in areas of – and people experiencing – socio-economic disadvantage have greater odds of poor health outcomes and less access to community resources or capacity to use those resources to make healthy choices.

The Summary report of the Spatial Map provides the physical and social infrastructure data that we recommend for consideration as significant measures of What Matters in measuring, monitoring, and improving health, inclusive and cohesive communities.