

MEASURING WHAT MATTERS: SECOND CONSULTATION MAY 2023

About this submission

The George Institute for Global Health is pleased to contribute a written submission to the Treasury on the second consultation on Measuring What Matters.

We welcome the opportunity to further engage with you on this important issue. While we have not conducted wider community listening sessions, we would like to augment our earlier submission by commenting on the emerging policy themes and draft descriptions provided in the consultation pack, and how they fit within a broader framework for measuring wellbeing.

Executive Summary

The George Institute appreciates the opportunity to provide input to the policy areas and descriptions currently being developed.

We recommend that:

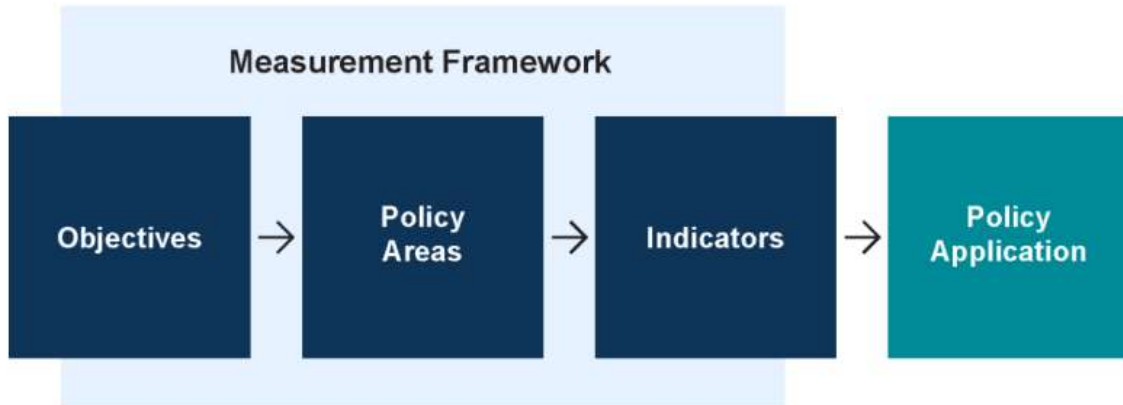
- overarching goals are accompanied by specific and measurable targets under each Policy Area, as articulated in the Closing the Gap targets for example;
- the Treasury develops a range of indicators for health which include non-communicable diseases, alcohol and drug use, measures of healthy eating and the prevalence of injuries to enable a comprehensive view of health.
- the Treasury include indicators that reflect the interrelationships between environmental, social, economic and health outcomes (see below for suggestions).

A framework for measuring (and improving) wellbeing

Budget Statement 4 – Measuring What Matters provides an excellent overview of the current available frameworks for measuring what matters, and the approaches that national governments have taken to this issue. Figure 4.1 outlines the key parts of the framework, and it is understood that the policy themes and descriptions are a step towards developing the ‘Policy Areas’ part of the framework.



Figure 4.1: Progress and Well-being Measurement Framework elements



Source: Treasury

Statement 4 provides limited detail on how the objectives will be set; however it is our view that this is a crucial part of developing and implementing the indicators that should be explored in more depth.

Statement 4 notes that the objectives are usually high-level and intuitive, but not necessarily sufficiently specific to be able to measure. However we believe that under each of these high-level objectives, clear, specific and measurable goals need to be set. This could be articulated by including a further step outlining specific targets between 'Policy Areas' and 'Indicators'.

Examples where such goals have been successfully articulated and incorporated into policy frameworks include the UN Sustainable Development Goals (2) and the Closing the Gap targets (3) (see table below for examples).

Goal	Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages
Targets	<p>3.1. Maternal mortality By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births.</p> <p>3.2. Neonatal and child mortality By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.</p> <p>3.3. Infectious diseases By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat hepatitis, waterborne diseases and other communicable diseases.</p> <p>3.4. Noncommunicable diseases By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment, and promote mental health and well-being.</p> <p>3.5. Substance abuse Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.</p>

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	<p>3.6. Road traffic By 2020, halve the number of global deaths and injuries from road traffic accidents.</p> <p>3.7. Sexual and reproductive health By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</p> <p>3.8. Universal health coverage Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all.</p> <p>3.9. Environmental health By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p>
Goal	Closing the Gap Target 1: Everyone enjoys long and healthy lives
Target	Close the gap in life expectancy within a generation, by 2031

These examples demonstrate a logic model for change that cascades down from high-level visionary goals, through specific and measurable targets, to actions and review.

Specific targets are needed to:

- a) Provide impetus for action;
- b) Focus priorities, effort and resources on achieving progress on those areas where the greatest impact can be achieved;
- c) Clearly articulate the purpose and focus of work to ensure that there is cooperation and coordination across government and with its partners to achieving meaningful improvements;
- d) Provide a yardstick against which to measure success and recalibrate actions accordingly.

In the health and related social welfare fields that The George Institute has expertise in, there is good quality data available from which to develop meaningful goals. The Australian Institute of Health and Welfare’s report Australia’s Health 2022 clearly identifies the biggest causes of mortality and morbidity in the Australian community (1). These indicate some of the areas where specific targets would be useful in driving change.

The George Institute recommends that overarching goals are accompanied by specific and measurable targets under each Policy Area, as articulated in the Closing the Gap targets for example.

Limitations of the OECD wellbeing framework as applied to health

The OECD wellbeing framework has one measure for health: life expectancy. The AIHW report “Australia’s welfare” provides a more nuanced breakdown, including disability-free life expectancy, severe or profound disability, prevalence of overweight and obesity, psychological distress, deaths by suicide and life satisfaction. In our previous submission we suggested that indicators should be added that provide a more comprehensive view of health, including:

- Prevalence of chronic disease and multimorbidity
- Prevalence of injuries including road and traffic accidents and workplace accidents
- Cancer survival rates
- Prevalence of non-communicable diseases
- Rates of alcohol and other drug use and misuse

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- Measures of healthy eating, for example nutrition/malnutrition, consumption of unhealthy foods.
- Levels of physical activity

The health profile in Australia is changing and will continue to change. The prevalence and impact of non-communicable diseases is increasing. Preventable diseases caused by poor diet, low physical activity and other modifiable factors have grown significantly. To achieve improved health in the population, health policy needs to shift its focus from primarily addressing acute illness, to implementing effective measures to prevent ill health from developing. The measurement of progress against health indicators also needs to take preventive health into consideration. The George Institute has a strong record of researching and implementing preventive health measures, and can provide further advice on how to monitor the effectiveness of preventive health interventions.

The George Institute recommends that the Treasury develops a range of indicators for health which include non-communicable diseases, alcohol and drug use, measures of healthy eating and the prevalence of injuries to enable a comprehensive view of health.

Comments on the emerging policy areas and descriptions

While The George Institute is primarily concerned with the indicators relating to health, it is important to acknowledge that the health of individuals and populations is influenced the health of the natural environment, social and economic factors.

For example, the increase in the frequency of very hot days caused by global warming results in a range of health impacts. Deaths from heatwaves increased by 2% in Australia between 2007-2017, at the same time as the frequency of very hot days increased, and a heatwave in Victoria in 2009 caused a 62% increase in all cause mortality (4).

Similarly air pollution is responsible for significant health impacts. In 2018, more than 3,200 (2.0%) deaths and 1.3% of the total burden of disease in Australia was attributed to PM2.5 air pollution (4).

Research by The George Institute in partnership with the University of NSW and the Dharriwaa Elders Group found that in the community of Walgett in NSW, 46% of the Walgett Aboriginal community members surveyed had experienced food insecurity; 44% had experienced water insecurity; salt concentration in water was 15 times the levels recommended for people with high blood pressure and respondents reported spending \$30-50 per week on bottled water (5). Among Indigenous Australians, 62% of the burden due to hypertensive heart disease in 2018 was attributed to high blood pressure. High blood pressure also contributed to 41% of the burden of coronary heart disease and 39% of stroke burden (6). Water quality and environmental health more generally have a direct impact on the health of communities. The indicators for wellbeing need to consider these complex interrelationships.

The George Institute supports the recommendations made by other key groups on social and environmental indicators, including the Australian Council of Social Service (ACOSS), the Climateworks Centre, the Australian Academy of Social Sciences and Vic Health, and recommend that the Treasury include indicators that reflect the interrelationships between environmental, social, economic and health outcomes.

Prosperous

- We recommend including environmental sustainability in this policy description; for example 'An economy which uses natural resources sustainably and protects our natural

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environment to ensure future prosperity'. This recognises that future prosperity depends on good stewardship of our natural environment.

Inclusive

- Amend the first point to 'A society in which no one lives in poverty'.
- Include: A society in which income inequality is reducing and the population enjoys a good standard of living.

Sustainable

- Suggest replacing 'sustainable' with Nature Positive – ie that we value nature and the natural environment and seek to remediate damage to the environment and prevent future harm. This is aligned with the G7's pledge in 2021: "our world must not only become net zero, but also nature positive, for the benefit of both people and the planet, with a focus on promoting sustainable and inclusive development. Nature, and the biodiversity that underpins it, ultimately sustains our economies, livelihoods and well-being" (7).
- Amend the fourth point to 'A society that values the social, cultural and economic significance of protecting our natural environment.
- Include: A society where environmental pollution, including air and water pollution, waste and contamination are reduced to healthy levels.
- Include: a society that values access and connection to the natural environment, including 'blue' spaces.

Cohesive

- Include: a society where health and wellbeing are valued and prioritised
- A society where there is equal opportunity to thrive, and particular communities are not marginalised.

Healthy

The Healthy emerging policy theme is currently defined as 'A society in which people feel well and are in good physical and mental health now and into the future'. We recommend modifying this statement to:

'A society in which we achieve health for all, where every Australian has equal opportunity to achieve good physical and mental health and wellbeing'. This definition is adapted from "*Australia in 2030: what is our path to health for all?*"; a special edition of the Medical Journal of Australia and authored by more than 40 of Australia's public health experts [8]. This proposed definition recognises health as a fundamental human right that should be integrated into policy, programs and practice to ensure that no one is left behind.

This proposed definition recognises that both subjective perceptions of health and objective measurement of health outcomes are important. For example, we will not close the gap on disparities in health outcomes between First Nations peoples and the general population unless we target, take action and measure the success of programs against objective criteria. The drive to achieve health outcomes can help to focus funding priorities to ensure long-term investment in those areas of health that matter most. Defining the policy theme with objective goals can also assist in driving more coordinated action between the Commonwealth and States and Territories, to better achieve national goals whilst also appropriately supporting individual communities with tailored measures.

The George Institute recommends the following descriptions for the Healthy policy area:

- A society in which people are in good physical health

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- A society in which people experience good mental health
- A society in which health outcomes are improving
- A society that is reducing health inequities
- A society that is reducing preventable disease
- A society where people have improved diet and physical activity
- A society that ensures all children are healthy and thriving
- A society in which life satisfaction is improving
- A society in which people with disability are valued and included
- A society that enables social and community activities.

About The George Institute for Global Health

The George Institute is a leading independent global medical research institute with major centres in Australia, China, India and the UK, and an international network of experts and collaborators.

Our mission is to improve the health of millions of people worldwide, particularly those living in disadvantaged circumstances, by challenging the status quo and using innovative approaches to prevent and treat non-communicable diseases and injury.

The George Institute is focused on the global health challenges that cause the greatest loss of life, the greatest impairment of life quality and the most substantial economic burden, particularly in resource-poor settings.

Through a program of research, advocacy/thought leadership, and disruptive social entrepreneurship, we are driving global impact.

Acknowledgement of Country

The George Institute acknowledges the Gadigal People of the Eora Nation as the Traditional Custodians of the land on which our Australia office is built, and this submission was written.

We pay our respect to Elders past, present and emerging.

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