

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Submission on Indicators Aotearoa

To: Statistics New Zealand

Submitter: Canterbury District Health Board

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Details of submitter

1. Canterbury District Health Board (Canterbury DHB).
2. The submitter is responsible for promoting the reduction of adverse environmental effects on the health of people and communities and to improve, promote and protect their health pursuant to the New Zealand Public Health and Disability Act 2000 and the Health Act 1956.

Details of submission

3. The Canterbury DHB welcomes the introduction of Indicators Aotearoa as an important tool in moving the emphasis at a national level from measuring economic growth to measuring intergenerational wellbeing and sustainable development.
4. The Canterbury DHB has an important role within our community to protect and promote the health and wellbeing of our population and is aware that many of the determinants of health lie outside the health sector. The CDHB therefore supports mechanisms, such as Indicators Aotearoa, which aim to guide policies to improve the wider determinants of health and wellbeing.
5. The Canterbury DHB has particular expertise in monitoring population wellbeing, having inherited the Canterbury Wellbeing Index and the Canterbury Wellbeing Survey after the Canterbury Earthquake Recovery Authority (CERA) was disestablished in 2016. In 2017 the Index was reviewed and a revised Index, with a set of 10 domains and a complementary Māori Index will be produced in 2018, drawing heavily on the Canterbury Wellbeing Survey¹. The Community and Public Health Unit of the Canterbury DHB also has expertise in developing local solutions to promoting and communicating issues of wellbeing across our population.
6. The Canterbury DHB acknowledges Te Tiriti o Waitangi as a foundational wellbeing document for Aotearoa New Zealand and our work in the area of promoting and monitoring wellbeing reflects our commitment to working with Māori partners. New Zealand's bi-cultural approach is globally unique and should be integral to developing any set of wellbeing indicators for New Zealand. The Canterbury DHB acknowledges and supports the Statistics New Zealand co-design process to

¹ The Canterbury Wellbeing Survey was developed by CERA to monitor wellbeing post-earthquakes, in the absence of other robust measures of subjective wellbeing on a regional basis. The survey is governed by a cross-agency group and includes measures of subjective wellbeing, determinants of wellbeing and earthquake impacts.

Page 2 of 9

ensure Te Ao Māori perspectives are embedded within the Indicators Aotearoa set of indicators.

7. The Canterbury DHB notes that Statistics New Zealand intend to base the framework on the Conference of European Statisticians (CES) framework. While it is important to draw on the wider international evidence base, it is also important that a national discussion such as this draws heavily on local culture and wisdom. Our experience in promoting health and wellbeing in the aftermath of the Canterbury Earthquakes 2010-11 was that while international evidence on disaster recovery was useful, there remained a need to develop local responses that resonated with the unique wisdom and experience of local communities. One example of this is that the '5 ways to wellbeing' (nef, 2008) did not initially resonate well with local communities when transplanted from the overseas model but were useful when adapted through the extensive local consultation that underpins the 'All Right?' wellbeing promotion campaign.
8. Local knowledge and culture are intrinsic to supporting wellbeing. The Canterbury DHB is encouraged that Statistics New Zealand is using the development of Indicators Aotearoa as an opportunity for significant widespread dialogue across communities. This is an opportunity for New Zealand to pioneer a transformation in how a country enhances the wellbeing of its people². The recent conversations held as part of the Inquiry into Mental Health and Addiction may also inform the development process for Indicators Aotearoa.
9. The Canterbury DHB takes a different view than Statistics New Zealand (and Treasury) on the substantive issues of knowledge and cultural capital, and encourages further exploration of these concepts with a view to enshrining them within Indicators Aotearoa. The Canterbury DHB does not agree that including several measures of cultural identity under current wellbeing is sufficient to reflect the importance of cultural capital as a key contributor to intergenerational wellbeing.
10. The Canterbury Wellbeing Index includes measures of participation and attendance at arts events and measures of sporting participation as indicators to reflect the

² Dalziel, P. and C. Saunders (2015) Wellbeing Economics: Future Directions for New Zealand. Wellington: Bridget Williams Books.

importance of these activities to wellbeing. The Canterbury DHB encourages Statistics New Zealand to include these aspects of culture in Indicators Aotearoa.

11. The development of Indicators Aotearoa also provides a valuable opportunity to explore what indigenous cultural and knowledge capital contributes, or could contribute, to intergenerational wellbeing.

Technical issues

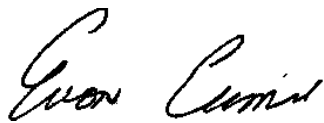
12. The 2017 review of the Canterbury Wellbeing Index included a review and analysis of examples of wellbeing monitoring indicators used internationally. The revised Canterbury Wellbeing Index focuses on measuring current wellbeing (the individual wellbeing aspect of the CES framework) through a mix of subjective and objective measures of wellbeing and utilises indicators that are available at a regional level. It incorporates a Population Index and a complementary Māori Index with equal weight in the online navigation. The attached document provides a summary of the indicators chosen for the Canterbury Wellbeing Index.
13. The Canterbury DHB supports analysis that draws attention to inequities, especially where these further disadvantage those who already experience disadvantage. The Canterbury DHB supports the analysis of data by ethnicity, age and gender and also suggests that analysis should be undertaken based on socioeconomic deprivation and disability status.
14. The Canterbury DHB strongly encourages the presentation of indicators at regional level. This will allow local leaders to have access to information that can support good decision-making in local communities.
15. The Canterbury DHB encourages Statistics New Zealand to boost survey sample sizes so that regional analysis (by other various breakdowns outlined above) is possible. More frequent, regionally representative data will better support regional decision making.
16. The Canterbury DHB encourages Statistics New Zealand to consider possible measures from the New Zealand Health Survey as this is a regionally representative survey that includes relevant measure of wellbeing.

17. The Canterbury DHB recommends that the suicide measure from the CES Framework be excluded. While every suicide is a tragedy, and there is rightly considerable public debate about suicide rates, the relative numbers involved are statistically low and therefore volatile and at risk of misinterpretation. How media and government communicate about suicide is itself part of suicide prevention – there is good evidence that keeping the focus on the wider determinants of suicide eg alcohol harm, social isolation, can avoid the risk of causing further harm to vulnerable populations through misinformed public debate.
18. The Canterbury DHB encourages consideration of other health related measures to complement the obesity and smoking indicators in the CES. Alcohol harm is significant in New Zealand and a spotlight on hazardous drinking would be beneficial for public policy making that aims to improve population wellbeing.
19. The Canterbury DHB also recommends that Statistics New Zealand considers using the WHO-5 scale of emotional wellbeing as a suitable indicator. Its advantages are that it is a validated measure, is brief and easy to ask and is positively framed. The WHO-5 scale has been used in Canterbury in the post-earthquake environment, including since 2013 in the Canterbury Wellbeing Survey, and a national comparator would be valuable. The Canterbury DHB suggests that this could be included in the New Zealand General Social Survey.
20. The Canterbury DHB supports the inclusion of a life satisfaction question but notes that this is one aspect of quality of life. The CDHB notes the value of a single item overall quality of life measure³ as used in the Canterbury Wellbeing Survey. This question was originally sourced from the Quality of Life Survey⁴, where it continues to be used.
21. Our experience is that a measure of loneliness is a more useful measure than a measure of support in times of need. This latter measure has been removed from the Canterbury Wellbeing Survey as it is a less discerning measure (being yes / no only as compared to a scale) and was very stable over time with only 3% not having someone to turn to in times of need.

³ For example, “Would you say that your quality of life is.... Extremely poor/ Poor/ Neither Poor nor Good/ Good/ Extremely good”

⁴ <http://www.qualityoflifeproject.govt.nz/survey.htm>

Person making the submission



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Canterbury Wellbeing Index Indicator Set

| Domain | Indicator # | Full name of indicator | Source |
|------------------|-------------|---|---------------------------|
| Environment | Env1 | Satisfaction with community facilities | CWS |
| | Env2 | Satisfaction with access to transport | CWS |
| | Env3 | Impact of loss of sports, recreation, cultural and leisure facilities | CWS- 3 questions combined |
| | Env4 | Alcohol license density | Massey |
| | Env5 | Gaming machine density | DIA |
| | Env6 | Satisfaction with access to natural environment | CWS |
| | Env7 | Air quality breaches | ECan |
| Civic Engagement | CE1 | Voter turnout in local government elections | LGNZ |
| | CE2 | Voter turnout in general elections | ElectionsNZ |
| | CE3 | Ability to influence central and local government | CWS |
| Education | E1 | Year-1 entrants' previous participation in ECE | MoE |
| | E2 | School leavers' achievement of NCEA level 2 or higher | MoE |
| | E3 | Highest qualification for those aged 15 years and over | Census |
| | E4 | Young people not engaged in employment, education, or training (NEET) | StatsNZ |
| Health | He1 | Self-rated health | CWS |
| | He2 | Year-10 students' smoking | ASH |
| | He3 | Adult smoking | NZHS |
| | He4 | Adult obesity | NZHS |
| | He5 | Physical activity | NZHS |
| | He6 | Hazardous drinking | NZHS |
| | He7 | Psychological distress | NZHS |
| | He8 | Physical and mental functioning (not available 2018) | NZHS |
| | He9 | Unmet need for primary health care | NZHS |
| | He10 | Acute medical admissions | CDHB |
| | He11 | Mental health service access | CDHB |
| Housing | H1 | Housing affordability measure (HAM) | MBIE |
| | H2 | Spending on housing | HES |
| | H3 | Rental property supply – price of bonds lodged | MBIE |
| | H4 | Household crowding | Census |
| | H5 | Satisfaction with housing quality | CWS |

| Domain | Indicator # | Full name of indicator | Source |
|--------------------|-------------|---|------------|
| Income | I1 | Household income | HLFS |
| | I2 | Household income after housing costs | HES |
| | I3 | Low household income | HLFS |
| | I4 | Satisfaction with income meeting everyday needs | CWS |
| Jobs | J1 | Unemployment rate | HLFS |
| | J2 | Employment rate | HLFS |
| | J3 | Labour force participation rate | HLFS |
| | J4 | Underemployment rate | HLFS |
| | J5 | Job satisfaction | NZGSS |
| Personal Wellbeing | PW1 | Quality of life | CWS |
| | PW2 | Emotional wellbeing | CWS |
| | PW3 | Self-reported stress | CWS |
| | PW4 | Sense of purpose | NZGSS |
| Safety | S1 | Perceptions of safety | CWS |
| | S2 | Property-related victimisations | Police |
| | S3 | Child investigations | OT |
| | S4 | Child abuse or neglect | OT |
| | S5 | Family violence victimisations | Police |
| Social Capital | SC1 | Sense of community in the neighbourhood | CWS |
| | SC2 | Contact with family and friends | NZGSS |
| | SC3 | Loneliness and isolation | CWS |
| | SC4 | Personal identity | CWS |
| | SC5 | Attendance at arts events | CNZ |
| | SC6 | Participation in the arts | CNZ |
| | SC7 | Experience of discrimination | NZGSS |
| | SC8 | Regional sports organisations membership | Sport Cant |
| | SC9 | Involvement in unpaid activities | Census |
| | SC10 | Confidence in agencies | CWS |
| Māori | M1 | Sense of community in the neighbourhood | CWS |
| | M2 | Contact with whānau who don't live with you | Te Kupenga |
| | M3 | Whānau support in times of need | Te Kupenga |
| | M4 | Involvement in unpaid activities | Census |
| | M5 | Whānau wellbeing | Te Kupenga |

| Domain | Indicator # | Full name of indicator | Source |
|--------|-------------|---|------------|
| | M6 | Self-rated health | CWS |
| | M7 | Quality of life | CWS |
| | M8 | Ability to speak te reo Māori | Te Kupenga |
| | M9 | Ability to understand spoken te reo Māori | Te Kupenga |
| | M10 | Adults who know their iwi and hapū | Te Kupenga |
| | M11 | Marae visits in the past 12 months | Te Kupenga |
| | M12 | Connected to ancestral marae as tūrangawaewae | Te Kupenga |
| | M13 | Whānau support with Māori cultural practices | Te Kupenga |
| | M14 | Importance of being engaged in Māori culture | Te Kupenga |
| | M15 | Importance of spirituality | Te Kupenga |
| | M16 | Satisfaction with housing quality | CWS |
| | M17 | Satisfaction with income meeting everyday needs | CWS |
| | M18 | Satisfaction with access to transport | CWS |
| | M19 | Satisfaction with access to natural environment | CWS |