

## CONSULTATION ON MEASURING WHAT MATTERS FRAMEWORK FEBRUARY 2023

### About this submission

The George Institute for Global Health is pleased to contribute a written submission to the Commonwealth Treasury on the consultation for the 'Measuring What Matters' Framework (the Framework).

The George Institute joins our public health, consumer and social services colleagues in welcoming the establishment of the Framework in Australia. The implementation of a wellbeing approach to economic policy making presents an important opportunity for the Commonwealth Government to lead Australia into a healthier, more equitable society for current and future generations.

Since 2020, The George Institute has been developing analysis on the feasibility of wellbeing approaches in Australia(1). This work includes an analysis of innovative legal and policy measures to achieving sustainable development, contributing to national discussion and debate(2), hosting events(3), and more recently developing a wellbeing economy activity mapping and toolkit(4) to progress wellbeing economy approaches in Australia. By incorporating a wellbeing approach into the way that policy is developed and the 'success' of our economy is measured, The George Institute believes governments will be better able to focus on addressing the root causes of inequity in Australia and achieve greater intergenerational wellbeing for all.

To achieve such change, it is crucial that proposed indicators within the Framework are contextually relevant to communities, holistic in nature and equity focused, particularly targeting people experiencing vulnerabilities. As such, it will be crucial to the Framework's success that extensive community consultation with community members and groups is conducted to ensure the indicators are fit for purpose. Additionally, it will be crucial that these indicators are enabled through policy action that facilitates changes in how government operates.

The George Institute commends the Commonwealth Treasury on opening this initial consultation on the indicators of success within the Framework. While it will be important that additional consultations are conducted with Australian consumers and communities, as well as academics and systems experts, we acknowledge this consultation as an important first step.

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As a health and medical research institute, The George Institute's submission will focus on the indicators relevant to our areas of core business, while recognising the importance of all indicators outlined in the OECD Framework for Progress and Well-being as impacting wellbeing outcomes. Our submission, therefore, is written in two parts – the first provides feedback on the existing OECD indicators and their relevance in Australia; and, the second provides recommendations for additional indicators for consideration.

We welcome the opportunity to further engage with the Commonwealth Treasury and all state and territory governments on this important work.

### **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 chronic disease 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. The George Institute is also focused on investigating the root causes of these challenges to produce best-evidence health policy recommendations.

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 future.

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## Introduction

The George Institute joins our public health, consumer and social services colleagues in welcoming the establishment of a 'Measuring What Matters' Framework (the Framework) in Australia.

The increasing impacts of global environmental change, inflation and the cost-of-living crisis, and the ongoing ramifications of the COVID-19 pandemic, present significant challenges to all governments around Australia and globally. The development of the Framework, under the leadership of the Commonwealth Government, creates an opportunity to look for new ways of working together to better support the health and wellbeing of the community in the face of these challenges. Recently, Treasurer Jim Chalmers pointed to this 'values-based capitalism' as a way of "...build[ing] something better, more meaningful and more inclusive"(5). The George Institute supports this approach, recognising that through the application of wellbeing principles to the business of government, the success of our nation will be graded not only on economic development, but the day-to-day experiences of all Australians.

When applied to policy, The George Institute recognises wellbeing as a holistic concept that unites the health, economic, social, cultural and environmental dimensions of the sustainable development agenda, forming a political construct that blends the health and quality of life of people and communities with concepts of equity and planetary sustainability(6). It takes into consideration the broader social and environmental determinants that impact people's everyday lives and drives policy to improve these determinants. As such, indicators of wellbeing must reflect peoples lived experience and should therefore seek to be agile and flexible as the Framework is implemented and reported on year to year.

Drawing on international examples of success, such as Wales(7) and New Zealand(8), it is clear that meaningful engagement with the community is crucial to the success of a wellbeing approach to government. It will take extensive consultation and the inclusion of all members of the public, including youth, the elderly, members of the LGBTQI+ community, first generation Australians, faith leaders, those from low socio-economic backgrounds, those living in rural and remote Australia, and members of diverse communities, contributing to the development and ongoing implementation of the Framework for it to be successful.

It is also crucial that non-government organisations and civil society should be extensively consulted during the development and ongoing roll out of the Framework. The George Institute would like to commend organisations including the New Economy Network of Australia(9), VicHealth(10), the Victorian Council Of Social Services(11), the Centre for Policy Development(12) and the Australian National Development Index(13) for their ongoing work in this area.

Importantly, the success of the Framework in Australia will also be determined by how it represents the needs of Aboriginal and Torres Strait Islander peoples. The ongoing legacy of colonisation is having significant impacts on the health and wellbeing of Aboriginal and Torres Strait Islander people. It is crucial the Framework considers the cultural and spiritual determinants that underpin wellbeing for Australia's First Nations communities and seeks to address them in a meaningful way through reciprocity in policy development and implementation. Often, we see policy has been developed through a lens of disadvantage and vulnerability thrust upon Aboriginal and Torres Strait Islander peoples and culture. This perpetuates harmful rhetoric that overshadows the ongoing strengths and resilience of First

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Nations peoples and knowledges. As such, the Framework should see to take a strengths-based approach to developing indicators that impact Aboriginal and Torres Strait Islander people.

While Australia is facing significant challenges, there is also an opportunity for intergenerational change. Through the development of an inclusive Framework that moves priorities towards a wellbeing agenda, Australia can become a more equitable and resilient nation.

## **Part One: OECD Indicators**

The George Institute supports the use of the OECD Framework for Progress and Well-being, and its associated indicators, as a pragmatic basis for developing the Framework in Australia. These indicators represent important aspects of a holistic approach to wellbeing that can have tangible impact on the day-to-day lives of all Australians. Based on our expertise, the following is a series of recommendations for how several indicators could be strengthened to better reflect the needs of the Australian people. The George Institute recognises that several of the below data inclusions may be limited, and therefore recommends improvements are made to data collection that can facilitate the development of inclusive and meaningful indicators.

### **Indicator 5: Gender Gap in Feeling Safe**

The George Institute recommends Indicator 5:

- Reflect gender diversity, not only binary sex
- Use the phrasing “women, men and non-binary people”
- Use data that reflects gender diversity to garner a clear indication of gender gaps in feeling safe. This may include an expansion of current gender indicators data gathered by the Australian Bureau of Statistics (14-15).

### **Indicator 6: Gender Gap in Hours Worked**

The George Institute recommends Indicator 6:

- Reflect gender diversity, not only binary sex
- Use the phrasing “women, men and non-binary people”
- Use data that reflects gender diversity to garner a clear indication of gender gaps in hours worked. This may include a revision of current census questions to include gender diverse people.

### **Indicator 7: Gender Parity in Politics**

The George Institute recommends Indicator 7:

- Reflect gender diversity, not only binary sex
- Use the phrasing “women, men and non-binary people”
- Use data that reflects gender diversity to garner a clear indication of gender parity in politics. This indicator should also include data on parity in state and territory legislators, and in the bureaucracy.

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### **Indicator 8: Gender wage gap**

The George Institute recommends Indicator 8:

- Reflect gender diversity, not only binary sex
- Use the phrasing “women, men and non-binary people”
- Use data that reflects gender diversity to garner a clear indication of the gender wage gap.

### **Indicator 10: Having a say in government**

The George Institute recommends Indicator 10:

- Reflect gender diversity, not only binary sex
- Use the phrasing “women, men and non-binary people”
- Use data that reflects gender diversity to garner a clear indication of community engagement in government
- Include a measurement of sentiment within Aboriginal and Torres Strait Islander communities. While we acknowledge that a data point for this may not yet exist, the ongoing legacy of colonisation is having significant impacts on the health and wellbeing of Aboriginal and Torres Strait Islander people, including within decision making, and therefore collecting and reflecting data on this is of critical importance.

### **Indicator 13: Household Income**

While household income is an important indicator of wellbeing, it should not be over-emphasised in reporting. The George Institute recommends Indicator 13:

- Include the term ‘disposable income’ in the title of the indicator, not just in the definition, to emphasise quality of life attained through true income indicators and reflect a holistic approach to wellbeing as intended in the Framework. Indicator 14 can be used as a standalone indicator of ‘wealth’ in support of this type of indicator.

### **Indicator 15: Housing Affordability**

The George Institute recommends Indicator 15:

- Include homelessness, overcrowding and access versus need of social housing as key data points for assessing housing affordability in Australia
- Reports on data reflecting communities who experience the highest level of housing insecurity and that additional indicators (or sub-indicators) are developed to address this need. Data sources should include the Australia Institute of Health and Welfare reporting on homelessness and homelessness services(16).

### **Indicator 17: Life Expectancy**

The George Institute supports the use of life expectancy as an important overall indicator of health and wellbeing in Australia. However, it is important to consider that life expectancies for Aboriginal and Torres Strait Islander peoples and other Australians are vastly different. Estimates from the Australian Bureau of Statistics show Aboriginal and Torres Strait Islander males born between 2015 and 2017 could expect to live to 71.6 years, 8.6 years less than the 80.2 years expected for other Australian males and Aboriginal. Torres Strait Islander female age expectancy is 75.6 years, 7.8 years less than the expectation of 83.4 years for other Australian females (17). As such, The George Institute recommends that an additional

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indicator be created that evaluates life expectancy in the Aboriginal and Torres Strait Islander community. The George Institute also recommends that an additional indicator is developed (or sub-indicator) that incorporates Daily Adjusted Life Years as an indicator of wellbeing.

### **Indicator 26: Social Interactions**

The George Institute recommends Indicator 26:

- Be expanded in recognition of measurements of social interactions reflecting the cultural and social diversity in Australia
- Include connection to community groups, faith organisations, volunteering and charity work; access to culture, Connection to Country and the arts; and include access to culturally and linguistically appropriate information and resources.

### **Indicator 33: Access to Green Space**

The George Institute recommends:

- The inclusion of Indicator 33 within the Framework. Access to green space provides the community with the ability to exercise outside and interact with nature. As the COVID-19 pandemic demonstrated, these spaces are crucial to overall physical and mental wellbeing of communities
- The development of a national register based on state and territory data that includes the quality of green spaces, including accessibility and geographical spread
- Access and proximity to national parks and public lands be included as an additional data source
- Be expanded to include blue spaces.

### **Indicator 34: Gap in Life Expectancy by education**

The George Institute recommends:

- The inclusion of Indicator 34 within the Framework.

## **Part Two: Additional Indicators**

The George Institute makes the following recommendations for additional indicators to be included in the Framework. These proposed indicators reflect some of the most influential social and environmental determinants for quality of life and are therefore important indicators for wellbeing. The George Institute also recommends the Commonwealth Treasury draw upon wellbeing indicators already supported in various state and territory jurisdictions including the Home - ACT Wellbeing Framework(18); NSW Outcome Budgeting(19); and, Tasmania's wellbeing framework (under development).

### **Proposed Indicator: Chronic disease, disability and injury**

The George Institute recommends rates of chronic disease, disability and injury be used as indicators of wellbeing within the Framework. Not only are these conditions devastating to quality of life and contribute to preventable early mortality rates, managing them is economically unsustainable. Chronic diseases cause nine out of every 10 preventable deaths in Australia(20) and account for 85% of years lost due to ill health or early death(21). Injury is the leading cause of death for Australians aged 1-44

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years(22). This overwhelming burden of disease requires system wide preventive efforts, and therefore must be included in reporting and evaluating overall wellbeing in Australia. This prevention approach should include data related to multi-morbidity(23) to reflect the massive disease burden associated with the co-occurrence of communicable, chronic and mental health conditions and injury(24), as well as the social, cultural and environmental determinants of health.

Data sources should include the Australian Institute of Health and Welfare, the Australian Bureau of Statistics, reporting from the National Injury Prevention Strategy(25) (yet to be released), reporting from the National Preventive Health Strategy(26), reporting from the National Obesity Strategy(27), reporting from Closing the Gap(28) and the National Aboriginal and Torres Strait Islander Health Plan 2021–2031(29), and reporting from the Australia Centre for Disease Control(30) (to be established). It should also reflect national, state and territory governments contributions to health expenditure including %/\$ per capita expenditure on health from individuals and “other”(31); %/\$ government contribution to health expenditure(32) and; %/\$ expenditure on public and preventive health(32).

### **Proposed Indicator: Access to quality, culturally safe health services**

The George Institute recommends:

- The inclusion of an indicator that reflects access to health services, including primary, tertiary and community health services, and Aboriginal and community-controlled health services for First Nations peoples. Data sources should include reporting on delayed treatment due to costs(33) and avoidable presentations to emergency departments(34).
- The inclusion of maternal mortality in this indicator. While the rate is low in Australia, discrepancies between population groups exposes inequity.
- The inclusion of childhood health measures that include pre-term birth and low birth weight. Data sources should include hospital and service utilisation data and measures of Patient Reported Experiences and Outcomes (PREMs and PROMs).

### **Proposed Indicator: Healthy, affordable and sustainable food and water supply**

The George Institute recommends that an indicator relating to the healthiness, affordability and sustainability of the food and water supply be included in the Framework as an indicator of wellbeing. In light of ongoing impacts of the COVID-19 pandemic on supply chains, rising costs of living and impacts of global environmental change on food and water systems, there is growing recognition of the need to strengthen and safeguarding food and water security in Australia(35).

Food security encompasses both the quantity and nutritional quality of food. The Food and Agriculture Organization of the United Nations defines food security as ‘a situation that exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life’(36). This definition encompasses several dimensions: availability (the existence of foods), access (being able to obtain those foods), utilisation (the foods obtained providing adequate nutrition) and stability (maintaining food security). Disruption to any of these indicators could constitute food insecurity. It is important to recognise that food insecurity and hunger are not synonymous, as a person can be in a state of food insecurity but not hungry(37). There are well-documented links between food insecurity and both under- and over-nutrition(38), with the latter contributing to various diet-related chronic diseases, which

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may occur as people prioritise quantity over quality due to necessity, preference or the influence of unhealthy food environments(39). As such, it is crucial that food security is included as a wellbeing indicator, and that it be understood within these parameters. Sufficient access to safe water is a critical aspect of food security, important not only for the health of individuals, households and communities, including the wellbeing of First Nations peoples, but also for the future of food production and the protection of water supplies used in community operated vegetable gardens. Water security has been defined by the United Nations as ‘the capacity of a population to safeguard sustainable access to adequate quantities of acceptable quality water for sustaining livelihoods, human wellbeing and socio-economic development, for ensuring protection against water-borne pollution and water-related disasters, and for preserving ecosystems in a climate of peace and political stability’(40). As such, it is crucial that water security is included as a wellbeing indicator, and that it be understood within these parameters. Data sources to draw from should include the Australian Institute of Health and Welfare and assessment of water quality data as per the National Water Quality Management Strategy(41).

### **Proposed Indicator: Aboriginal and Torres Strait Islander / First Nations wellbeing**

Aboriginal and Torres Strait Islander perspectives of wellbeing encompass a holistic paradigm that includes physical, emotional, social, cultural and spiritual wellbeing and connection to Country. This approach to wellbeing has existed for millennia, though poorly understood in Western policy approaches. Wellbeing indicators such as health outcomes are achieved not through a biomedical approach to health and wellbeing, but through an understanding and connection to community, culture and Country. For Aboriginal and Torres Strait Islander peoples, wellbeing extends beyond individual outcomes and includes the broader community and connection to Country.

There are challenges however in defining indicators for Aboriginal and Torres Strait Islander peoples including efficacy of evidence and difficulties in measuring certain outcomes such as social connectedness and community engagement. The same metrics and data requirements as used elsewhere for other indicators might not be appropriate or sufficient when it comes to Aboriginal and Torres Strait Islander wellbeing.

Aboriginal and Torres Strait Islander peoples must be empowered to determine wellbeing indicators and a power shift needs to occur, whereby communities are able to self-determine priorities, engagement and implementation. Community led priorities and indicators for wellbeing are crucial to implementation and without meaningful engagement, community priorities, and therefore any potential outcomes, would be undermined.

It is important to consider that any indicators of wellbeing for Aboriginal and Torres Strait Islander peoples do not perpetuate what Professor Maggie Walter labels ‘The statistical Aborigine’ “In a seemingly unbroken circle, dominant social norms, values and racial understandings determine statistical construction and interpretations, which then shape perceptions of data needs and purpose, which then determine statistical construction and interpretation” Without granularity and providing context, the data presented as national statistics and benchmarks often describe Aboriginal and Torres Strait Islander people as sick, incarcerated, poor, uneducated, and having an early life expectancy.

The indicators developed for Mayi Kuwayu, the National Study of Aboriginal and Torres Strait Islander Wellbeing(42), were developed through a literature review and via consultations with Aboriginal and Torres Strait Islander people across Australia and provide

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an example of indicator development led by community priorities. Mayi Kuwayu indicators of wellbeing are linked to culture and broadly categorised across six main domains:

1. Connection to Country
2. Indigenous beliefs and knowledge
3. Indigenous language
4. Family, kinship and community
5. Cultural expression and continuity
6. Self-determination and leadership

### **Proposed Indicator: Access to safe travel and public transport**

The George Institute recognises the impact that access to safe, affordable and sustainable travel and public transport has on the capacity to fulfil employment, social and cultural obligations. Further, safe, affordable and sustainable transport systems impact injury risk, liveability of cities, regions and communities and can reduce our environmental footprint. This is critical in urban fringes and regional and remote communities where transport disadvantage is particularly evident. Data sources to draw from should include public transport utilisation, Australian infrastructure audit(43); road related injury rates(44); and, participation in social, community and cultural events.

#### **Contact**

Chelsea Hunnisett  
Policy and Advocacy Advisor, Impact and Engagement  
The George Institute for Global Health  
[chunnisett@georgeinstitute.org.au](mailto:chunnisett@georgeinstitute.org.au) | [REDACTED]

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