

Auckland Regional Public Health Service

Rātonga Hauora ā Iwi o Tamaki Makaurau



Working with the people of Auckland, Counties Manukau and Waitemata

Auckland Regional Public Health Service

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30 January 2009

Social Conditions

Statistics House, The Boulevard,

Harbour Quays

PO Box 2922, Wellington 6140

AUCKLAND REGIONAL PUBLIC HEALTH SERVICE

SUBMISSION – HEALTH EXPECTANCY:

TOWARD TIER 1 OFFICIAL STATISTIC STATUS

Thank you for the opportunity for the Auckland Regional Public Health Service (ARPHS) to provide a submission on the recommendations of the health expectancy discussion paper.

The following submission represents the views of the Auckland Regional Public Health Service and does not necessarily reflect the views of the three District Health Boards. Please refer to Appendix 1 for more information on ARPHS.

ARPHS understands that all submissions will be available under the Official Information Act 1982, except if grounds set out under the Act apply.

The primary contact point for this submission is:

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Health Expectancy: Toward Tier 1 official statistic status –
feedback form

Statistics New Zealand and the Ministry of Health welcome your feedback on the recommendations made in the health expectancy discussion paper. Please complete the following questionnaire and post or email it back to Statistics New Zealand.

Email: social.conditions@stats.govt.nz

Post: Social Conditions, Statistics House, The Boulevard, Harbour Quays,
PO Box 2922, Wellington 6140

For any technical questions about the paper, contact: martin_tobias@moh.govt.nz.

Name: Mr Ron King

Position: Informatics Advisor

Organisation: Auckland Regional Public Health Service

1. Do you favour one single health expectancy indicator or a set of indicators?

Please list the indicator(s) you favour.

The Auckland Regional Public Health Service, (ARPHS), supports the use of both indicators the Independent Life Expectancy (ILE) along with Healthy Life Expectancy (HLE).

2. Should health expectancy be recognised as a Tier 1 statistic?

Please explain the reason/s for your answer

ARPHS supports the proposal that health expectancy indicators be afforded official Tier 1 statistic status because it incorporates disability with mortality, which attempts to describe the complex nature of health. The elevation of health expectancy as a Tier 1 statistic would encourage the usage of this metric amongst multi-sectoral agencies, which could ultimately influence policies that affect the broad determinants of health. However, the selected indicator requires commitment to stable, long term, measuring in order to provide value by way of trend monitoring.

3. How often do you think health expectancy should be updated?

ARPHS supports recommendation 4 of the discussion document that the update of the health expectancy should take place every five years and be in coordination with the Census of population and dwellings.

4. Do health expectancy estimates need to be produced sub-nationally (and if so, for which groups and for/or regions)?

There are obvious sampling and statistical limitations with respect to calculating health expectancy statistics at a sub-national level. ARPHS believes that any high level national health statistic does need to exist in a comprehensive framework of regional and sub-population monitoring. From a regional perspective, there is limited utility with respect to an abstract national figure removed from actual communities where health is determined and services accessed.

ARPHS is the largest regional public health service in the country in terms of the population covered and it is possible that the proposed health expectancy indicators could be calculated for the Auckland region. However, the ultimate usefulness of such a regional statistic is questionable when it encompasses three large DHBs with different populations, priorities and approaches to health care.

While it is possible to calculate Māori and non-Māori health expectancy figures, it is unclear how such monitoring may ultimately contribute to reduction of health inequalities given the current inability to analyse by region, cause or intervention. The inability to analyse health expectancy statistics by socioeconomic or other ethnic minority groups is also a large limitation.

In order to increase the utility of the proposed health expectancy metric, beyond high level usage by central government and national agencies, ARPHS recommends that consideration be given to the way in which the proposed indicators contribute to the functioning and delivery of public health services at both a national and regional level.

5. Where do you think the source of data for health expectancy should come from?

ARPHS recommends that the best source of data for health expectancy would come from a continuation of post-census disability survey and the official life tables.

6. What are your thoughts/comments about the method for calculating the health expectancy proposed in the discussion paper?

No comment

7. What are some possible uses of health expectancy indicators?

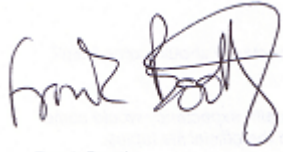
At this stage, ARPHS does not envisage any uses of the health expectancy indicators, as proposed, at a regional level. However, it is likely that central agencies will be able to use a high level national statistic, particularly with respect to the description of trends. International comparisons may also be possible if methodologies are sufficiently comparable, though the ultimate purpose of such comparisons would need to be considered.

8. Any other comments?

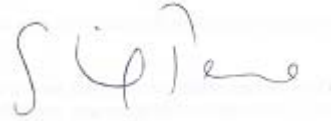
ARPHS recommends that careful consideration should be taken if the three health state expectancy measures (DFLE, ILE and ALE) are used. Relative calculations (as opposed to absolute) that use these measures could lead to inaccurate assessments of health disparities between Māori and non-Māori, despite higher rates of mortality and disability in Māori. Reporting only one measure would avoid these issues. ARPHS supports the use of ILE as the single health state expectancy indicator as it provides a threshold level beyond which public health and support services will be required.

Thank you for the opportunity to make this submission.

Yours sincerely

Handwritten signature of Frank Booth in black ink.

Frank Booth
Service Manager
Auckland Regional
Public Health Service

Handwritten signature of Dr Shanika Perera in black ink.

Dr Shanika Perera
Public Health Medicine Specialist
Auckland Regional
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Appendix 1 - Auckland Regional Public Health Service

Auckland Regional Public Health Service (ARPHS) provides public health services for the three district health boards (DHBs) in the Auckland region (Auckland, Counties Manukau and Waitemata District Health Boards), with the primary governance mechanism for the Service resting with Auckland District Health Board.

ARPHS has a statutory obligation under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of people and communities in the Auckland region. The Medical Officer of Health has an enforcement and regulatory role under the Health Act 1956 and other legislative designations to protect the health of the community.

ARPHS' primary concern is to improve population health rather than deliver personal health services. It actively seeks to influence any initiatives or proposals that may affect population health in the Auckland region to maximise their positive impact and minimise possible negative effects on population health.

The Auckland region faces a number of public health challenges through changing demographics, increasingly diverse communities, increasing incidence of lifestyle-related health conditions such as obesity and type 2 diabetes, outstanding infrastructure needs, the balancing of transport needs, and the reconciliation of urban design and urban intensification issues.

Policy to affect health gain is often marginalised to medical care. Health, however, is influenced by a broad range of policy decisions and is therefore a multi-sector responsibility and not solely the responsibility of the health sector. Statutes such as the New Zealand Public Health and Disability Act, Local Government Act, Resource Management Act and Building Act (amongst many others) all have elements designed to deliver outcomes promoting, protecting and maintaining the health of the community. Planning and policy decisions by central government, local government, non-government agencies and the commercial sector can have a large impact on health outcomes. ARPHS, therefore, has a role to play in policy advocacy. Population health and wellbeing can be improved if policy decision makers are considering long term outcomes. ARPHS aims to influence public policy to create a supportive environment for the communities of Auckland.

