New Zealand Nurses Organisation

Submission to the Ministry of Health and Statistics New Zealand

On the

Health Expectancy: Toward Tier 1 Official Statistic Status

Discussion Paper

January 31 2009

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INTRODUCTION

1. The New Zealand Nurses Organisation (NZNO) thanks the Ministry of Health and Statistics NZ for the opportunity to comment on this well framed discussion paper.

2. The New Zealand Nurses Organisation is the leading professional body of nurses and nursing union in Aotearoa New Zealand, representing over 42 000 nurses and health workers. Te Runanga o Aotearoa is the arm through which our Te Tiriti o Waitangi partnership is articulated.

3. NZNO has consulted its staff and members in the preparation of this submission in particular Researchers, Professional Nursing Advisors, Policy Analysts, Te Runanga, and Industrial Advisors.

4. NZNO **supports** Tier 1 official statistic status for health expectancy because of the opportunity it offers to give a richer picture of New Zealanders' health status and health inequalities with which to inform health policy and its implementation.

5. We recommend that you:

   - **note** our support for all but the second and seventh of the ten recommendations listed on page 27;

   - **note** that we have some reservations about restricting reporting to a single indicator, independent life expectancy (ILE) unless and until adequate education and publicity is given to the change from reporting mortality ratios; and

   - **agree** that E Te Rōpū Rangahau Hauora a Eru Pomare, the premier Māori Health Research Centre partner the development of associated surveys, research, estimations and projections alongside the Ministry of Health and Statistics NZ and that service funding to address the identified inequalities be provided.

DISCUSSION

6. The discussion paper clearly demonstrates the potential of the health expectancy metric to deliver important information about health sector performance as well as population health than mortality statistics alone. It articulates and addresses the challenges in measuring and monitoring health expectancy and presents a cogent argument for recommending it as a Tier 1 statistic.

7. Nursing is an evidence-based profession and NZNO strongly believes that good quality data is instrumental in informing good practice: better data leads to better decision-making and better performance. NZNO believes that a transparent, high-quality, integrated statistical infrastructure, including performance measures, is essential to enable the delivery of equitable and sustainable healthcare.

8. More sensitive indicators of health outcomes are particularly pertinent in the wake of widespread changes in the structure of New Zealand's the health system over the past twenty years, which have seen a marked shift in the delivery and direction of health care, towards a focus on population health objectives.

9. Similarly, medical advances, changing education and employment patterns and increased global migration pose new challenges to the management of the health workforce and how, when, where and by whom healthcare is delivered. In this constantly changing environment, where workforce availability, new technologies, new drugs and policy decisions in other countries can directly affect New Zealand's health system, it is imperative that good, timely information and flexible tools for analysis are available to ensure efficient and equitable use of resources.

10. Although the paper does not address costs in any detail, other than to suggest they are likely to be "negligible" because the necessary infrastructure for measuring and monitoring health expectancy already exists, NZNO considers investment in useful health information statistics is essential.

11. We take this opportunity to voice our concern at the lack of a national system for coordinating basic health information, including workforce information, from a

plethora of diverse sources such as the DHBs, primary healthcare organisations, private hospitals, residential care units and the health professions' Responsible Authorities. Over the past decade it been difficult to get even consistent, accurate health workforce information, let alone utilise the huge potential of advanced information and communications technologies to deliver "faster, better, cheaper," healthcare as expected. It is difficult to see how sound decisions can be made in an environment where *comprehensive* and *reliable* data is not readily available.

12. The lack of responsible leadership by the Ministry of Health in ensuring the collection and accessibility of consistent, accurate health information (we note the dismantling of the Public Health Intelligence unit in the recent restructure and the lack of progress with the Health Information Standards Organisation in effecting integrated access to patients' health data, for example) does not give us confidence that the Ministry of health currently has the capability for Recommendation 7, that is, the reporting and interpretation of the ILE estimates.

13. The continuing disparity between Māori and Pākeha health outcomes suggests that E Te Rōpū Rangahau Hauora a Eru Pomare, the Māori Health Research Centre should be responsible for further research to develop methods for producing improved ILE estimates and projections for Māori and funding provided to address identified inequalities.

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

14. We believe a set of indicators would give a more comprehensive picture and allow more flexible analysis. However, it is not clear what the cost implications would be and since improved information can be extracted from a single ILE indicator at negligible cost, that seems a good place to start.

15. In terms of reporting we suggest that the usual life expectancy figures should be retained at least for a period since that is what most people are familiar with and it would serve as a useful comparison for educating the public, policy makers and politicians.

Question 2 *Should health expectancy be recognised as a tier 1 statistic?*

16. Yes for the reasons given above.

Question 3 *How often do you think health expectancy indicators should be updated**?***

17. We think the recommended 5 yearly interval would be the minimum accepted time interval between updates, but look forward to the implementation of online data collection which would enable more timely feedback. With advances in medicine, global migration, changing patterns of employment and resource limitations, the health environment can be subject to rapid change requiring more immediate policy response. To give an example, three years ago NZNO's membership comprised 77% New Zealand trained nurses. Three years later, in 2008, they represent just 55% of our 42, 000 members (NZNO) which comprise an appreciable part of the nursing workforce. There are enormous ramifications for the health system with such rapid changes within the largest section of its health workforce, yet accurate figures on a national scale which would allow some analysis of cause and effect, are not available.

Question 4 *Do health expectancy estimates need to be produced sub-nationally?*

18. Absolutely. The most important groups being Māori, rural, age.

Question 5 *Where do you think the source data for health expectancy should come from?*

19. Official life tables and the post-censal Disability Survey as recommended but consideration should also be given to also The Disability survey HISAC had developed a health sector information flow model that supports patient-centred care. As far as it is aware, the model is a first of its kind in the world. It depicts an information environment where the richest data about patients resides in local systems to support care delivery, with subsets of the information available at regional and national levels, generally in anonymised form. It also supports population health management, funding and planning, policy development and research.

Question 6 *What are your thoughts about the method for calculating the health expectancy proposed in the discussion paper?*

20. We assume standard practice is followed.

Question 7 *What are some possible uses of health expectancy indicators?*

The obvious areas are policy, workforce planning, evaluation of programmes etcetera, but there is also potential for them to open up public debate on ethical issues such as quality and end-of-life decision making and resource allocation with an aging population, which until recently could not be informed by such information.

21. ***Question 8*** Other comments***.***

CONCLUSION

22. In conclusion NZNO welcomes this discussion. We value the collection of robust data and believe there is considerable potential to use statistical data more effectively to improve health outcomes.
23. We generally support recognition of health expectancy using the Independent Life Expectancy indicator as a Tier 1 statistic.
24. We suggest that E Te Rōpū Rangahau Hauora a Eru Pomare be responsible for research for improved ILE estimates and projections for Maori and that public education accompanies changes to reporting.

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REFERENCES

NZNO. 2008. NZNO's Membership Changing Rapidly. *Kia Tiaki Nursing New Zealand*. 2008. **14,** 12.NZNO, Wellington**.**