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New Zealand Nurses Organisation Submission

Which of the following topics is your first preference for the supplementary module content for NZGSS 2016?

- ☐ Option 1: Civic and Cultural Participation
- ☒ Option 2: Housing and Physical Environment
- ☐ Option 3: Other topic(s) you think we should measure in 2016

How would information from your preferred topic contribute to your work?

It would contribute to understanding the broader social determinants of health and consequently would inform the rationale use of resources to improve health population and reduce inequity. For nurses in particular it would provide clearer evidence in support of a primary health care approach to wellbeing and the value of an overarching public health model of care, that empowers individuals and communities and is socially responsible. The potential for better utilisation of health workforce skills is to a large extent dependent on evidence that is difficult to quantify and draw together, in comparison to medical data derived from clinical trials.

What aspects of this topic would be of most value? (If applicable please don't feel limited by the aspects listed in tables 2 and 3.)

Affordability - %age of income
quality - i.e. insulation, heating, damp etc.
Size/number of people e.g. per bedroom
Location - access to transport, services, amenities

How frequently would you need this information? Every:

- ☒ 4 years

What are the population groups of interest you would need this data to identify (eg ethnic groups, geographical areas, age groups, migrant status)?

All groups but particularly those experiencing entrenched disparities i.e. those with disabilities, Māori and Pacific peoples, and children and the workforces working with them.

Which of the following topics is your second preference for the supplementary module content for NZGSS 2016?

- ☒ Option 1: Civic and Cultural Participation

How would information from this contribute to your work?

Would identify disparities/gaps in health services for particular ethnic and other groups and inform (and improve) cultural competence expected from health professionals.

What aspects of this topic would be of most value? (If applicable please don't feel limited by the aspects listed in tables 2 and 3.)

Access to health services

Health literacy

Participation

Work

How frequently would you need this information? Every:

- ☒ 4 years

What are the population groups of interest you would need this data to identify (eg ethnic groups, geographical areas, age groups, migrant status)?

All of the above -

For internationally qualified migrants we think it is very important to understand their intentions, and what may affect their decision to permanently settle in Aotearoa. The health sector is very heavily reliant on overseas practitioners and it is essential that we retain them as well as locally trained health professionals.

Any other comments?

NZNO values this comprehensive multidimensional data collection which we are confident will reveal a more accurate and useful picture of population health and health needs for rational and effective planning. We would like to see a more comprehensive data set

developed around work; employment statistics do not reflect the significant changes in employment, job security, hours of work, <safety>, pay or prospects that have taken place over the past few years leading to increasing inequity, vulnerability and poorer health - note NZ's poor work safety record and the rise in infectious as well as chronic disease, and rate at which the gap between rich and poor is increasing. The disestablishment of normal standards of work and safety has to a large extent been invisible and unquantified, for example the redefinition of a fulltime work as comprising 30-32 hours per week rather than 35-40 hours, fire-at-will provisions, amalgamation of hours over a fortnight, anticipated repeal of meal break provisions etc. work is an important component of health - see the Australasian Faculty of Occupational and Environmental Medicine (AFOEM) Position Statement on the Health Benefits of Work which NZNO is a signatory to, and also the CTU report: Under Pressure: Insecure Work in New Zealand (2013). The NZGSS presents an invaluable opportunity to identify the real costs and benefits of legislative and social changes, and identify the social and workforce potential to improve health outcomes and equity.

Thank you for this opportunity to contribute to the NZ General Social Survey.

Nāku noa, nā



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NEW ZEALAND NURSES ORGANISATION (NZNO)

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 46,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces Te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse*.

