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## From the President

31 January 2023

The Hon Dr Jim Chalmers MP  
Treasurer  
Langton Crescent  
PARKES ACT 2600

Via Email: [MeasuringWhatMatters@Treasury.gov.au](mailto:MeasuringWhatMatters@Treasury.gov.au)

Dear Dr Chalmers

### **Measuring What Matters**

I am writing about the Measuring What Matters consultation. It is pleasing to see the Government progress this important work to measure and track national quality of life indicators.

The Royal Australasian College of Physicians (RACP) trains, educates and advocates on behalf of over 19,673 physicians and 9,033 trainee physicians across Australia and Aotearoa New Zealand, including over 24,000 physicians and trainee physicians in Australia. The RACP represents 33 diverse medical specialties including paediatrics and child health, addiction medicine, public health medicine, occupational and environmental medicine, sexual health medicine, and rehabilitation medicine, general medicine, oncology, cardiology, respiratory medicine, neurology, and palliative medicine.

The RACP supports the implementation of a national framework to assess Australia's social, economic, environmental, and personal wellbeing. The OECD's Framework is a logical starting point that would need to be adjusted and tailored to the Australian social and cultural context and unique natural environment.

We are pleased to suggest some key points and resources, informed by the expertise within the RACP, for consideration.

#### **In summary:**

- Social determinants of health influence health inequities and must be measured
- Health equity, particularly for children, families and people with a disability must be factored into all quality-of-life measures
- The needs of Aboriginal Torres Strait Islander people must be reflected in a national quality of life framework and be guided by First Nations people
- Many chronic diseases and infections can be asymptomatic, and quality of life measures must account for screening of these

- Quality of life measures must incorporate climate and health mitigation, adaptation and resilience measures such as housing, access to water and access to fresh food for a healthy diet
- Our most recent [submission](#) to Treasury was premised on wellbeing and health equity and should inform the development of quality of life measures.

### **Quality of life indicators measure the social determinants of health**

Social determinants of health are the “...non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life”<sup>1</sup> such as level of education, income, housing and environment. Social determinants of health influence the health and well-being of individuals, communities and populations, and play a significant role in shaping quality of life outcomes.

The RACP’s 2016 [Health in All Policies Position Statement](#) is premised on a large body of evidence which demonstrates the link between health status and socioeconomic circumstances. It is driven by two central ideas for addressing the social determinants of health:

- Diseases and illness are directly related to social inequities. Social determinants of health influence health inequities, and the unfair and avoidable differences in the health status of populations
- Addressing the social determinants of health will reduce the burden of avoidable disease, enhancing the lives of Australians. Investing in addressing the social determinants of health will lead to cost savings to the health system over time by reducing avoidable disease. It can also promote economic growth and development through maximising the health and wellbeing of our people.

The social determinants of health are complex and operate at many levels to influence health. Most of these factors lie outside the immediate reach and traditional remit of the health system. Physicians are working more broadly with governments and the private sector to encourage a more health-focused, joined-up approach to policy-making. Health in All Policies (HiAP) puts ‘health’ at the centre of decision-making in all areas of policy by systematically considering the impacts of policy decisions on health, seeking synergies between policy portfolios, and by avoiding harmful health impacts and promoting population health and health equity.

Treasury’s new approach to measuring quality of life can help facilitate a better understanding of the health and wellbeing of the population by evaluating the social determinants of health. Quality of life measures can also support better integration of portfolios and cross government action to address the social determinants of health, and enable new accountability arrangements for meeting public health needs.

The RACP’s Australasian Faculty of Occupational and Environmental Medicine 2019 [Employment, Poverty and Health: Statement of Principles](#) supports physicians and health organisations to address the social determinants of health, and [promotes the health benefits of good work](#). The accompanying [Employment, Poverty and Health: Evidence Review](#) outlines the evidence base.

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<sup>1</sup> [World Health Organisation. Social Determinates of Health](#)

### **Quality of life measures must account for health inequalities**

Communities flourish when health equity exists – that is, the absence of avoidable differences in health between groups of people, whether defined socially, economically, demographically, or geographically.<sup>2</sup>

Health inequities are unjust, unnecessary, systematic and preventable. They are also modifiable. This is an important implication for policy and service delivery. Health equity must be factored into all quality of life measures. The [Health Equity Measurement Framework](#) aims to support improved statistical modelling and measurement of health equity and measures the direct and indirect effects of the social determinants of health.<sup>3</sup>

Quality of life indicators for the Australian context must also report trends within specific population groups, not just at the overall population level. This is essential for measuring inequalities in health outcomes, with certain populations needing special consideration because of identified risk factors.

In addition, quality of life indicators should focus not only on outcomes, but on the policies and programs needed to improve health. This is particularly important for First Nations people. It is important to be guided by First Nations people in the monitoring and measurement of access to, and utility of, dedicated services and culturally safe policies and practices that enable better health and quality of life.

### **Quality of life measures must support health equity for children and their families**

The RACP is the sole accredited provider of training for paediatricians in Australia and is the nation's peak body for paediatric expertise. Health equity is of particular importance for children and young people because it enables opportunities for effective intervention and/or prevention early in the life course. Our 2018 [Inequities in Child Health Position Statement](#) highlights that despite Australia's relatively robust health, education and welfare sectors, inequities in child health remain, and are increasing.

Children who experience inequities in health may also be disadvantaged in accessing health care. Their access to quality health care (especially specialist care) is adversely affected by geography (including living in rural and remote areas), ethnicity, and socioeconomic status, despite increased clinical need. Children most at risk include Aboriginal and Torres Strait Islander children, children of refugee and asylum seeker families, children living in rural and remote communities, children living in out of home care, children in poverty, incarcerated children, and children with disabilities.

The Convention on the Rights of the Child (1990), ratified by Australia in 1990, states that children must be free from discrimination, have an adequate standard of living for development, and should be provided appropriate support programmes, particularly regarding nutrition, clothing, housing and health care.

Australian Quality of life measures must reflect the particular needs of children and young people and ensure that health inequities are understood, prevented and redressed effectively.

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<sup>2</sup> Public Health Agency of Canada and World Health Organization 2008. [Health equity through intersectoral action: an analysis of 18 country case studies](#).

<sup>3</sup> [The health equity measurement framework: a comprehensive model to measure social inequities in health | International Journal for Equity in Health | Full Text \(biomedcentral.com\)](#)

## **A national quality of life framework must support health equity for people with a disability**

The RACP is committed to advocating for all mainstream health services and programs to meet the health needs of people with disability. Measuring What Matters is an opportunity to promote health equity for the estimated 4.4 million Australians (one in six) who have a disability.

As the RACP outlined in our 2021 [submission](#) to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, governments at all levels, and the health services they fund and manage, should adopt and implement a rights-based policy foundation for people living with disability underpinned by the following:

- A human rights-based approach: people with a disability have the same human rights as others in the community and are empowered to live independently.
- Equity of health care outcomes.
- Care delivered in a supportive, multi-disciplinary environment.
- Services will be easy to navigate, accessible to people with a disability and administrative barriers will be removed.
- Amplify the voices of people with disability.
- Communication and support will be timely and appropriate.

## **The needs of Aboriginal Torres Strait Islander people must be reflected in a national quality of life framework**

The RACP is a founding member of the Close the Gap Campaign and has a longstanding commitment to health equity for First Nations people through self-determination and adequate resourcing of Aboriginal and Torres Strait Islander health and healthcare, to overcome the legacy of colonisation and dispossession and its ongoing impacts on health.

[The Close the Gap Campaign Report 2022: Transforming Power: Voices for Generational Change](#) calls the full implementation of the Uluru Statement from the Heart. The RACP is committed to Indigenous Constitutional recognition and the Uluru Statement from the Heart, including the Voice to Parliament. This is set out in our 2018 [Aboriginal and Torres Strait Islander Health Position Statement](#).

We note that all parties to the [National Agreement on Closing the Gap](#) have agreed to the Productivity Commission undertaking a comprehensive review of progress every three years, the first of which is due late 2023.

Progress on these initiatives and the advice of Aboriginal and Torres Strait Islander people and communities themselves, should be reflected appropriately in Australian quality of life measures.

## **Quality of life measures must account for screening of asymptomatic disease**

Asymptomatic disease occurs when a person is infected or develops a disease that has no symptoms. Many chronic diseases and infections can be asymptomatic, for example long term renal and cardiovascular cases, metabolic and dietary related conditions, aggressive cancers, and genetic disposition to medical conditions. These diseases have a variable impact on premature death and need to be detected early. Their silent nature poses a major threat and cost to remote communities with poor access to health services.

Appropriate screening can prevent these diseases worsening, which can in turn, reduce the pressure on the primary care system. To understand the costs and effectively provide primary, secondary, and tertiary preventative services into acute care for remote communities, it is important to measure the intersecting point and/ or predictor for premature death from these diseases including known risk factors. Measures can include, for example,

genetic predisposition, poor cultural and environmental determinants, lack of early detection and intervention services and a general lack of holistic culturally safe models of care.

Understanding the impact of these diseases and providing timely, culturally safe and appropriate services can significantly improve uptake and outcomes and may reduce the pressure on the overall public health secondary and tertiary care services.

### **Quality of life indicators must account for climate change**

Climate change and health is one of the RACP's priority policy areas. The RACP has position statements on [Climate Change and Health](#), [Environmentally Sustainable Healthcare](#) and the [Health Benefits of Mitigating Climate Change](#). More recently the RACP commissioned a report - [Climate Change and Australia's Healthcare Systems – A Review of Literature, Policy and Practice](#), which was endorsed by nine other medical colleges.

We are pleased to see that Treasury has recognised that climate change poses challenges in an Australian context and that quality of life indicators will need to account for this.

Human health is dependent on the health of the planet. Climate change threatens to worsen food and water shortages and climate-sensitive diseases and increase the frequency and intensity of extreme weather events. Health impacts such as respiratory illness from bushfire smoke and cardiovascular issues from heat stress are already being seen alongside mental health issues secondary to damaged communities and livelihoods, and climate-related anxiety, which affects 80% of 14–23-year-old students.<sup>4</sup> These impacts disproportionately affect certain population groups. First Nations people, people living in regional and rural areas, people from low socioeconomic groups, people who are homeless, as well as young and old Australians are at increased risk.

We recommend that climate and health mitigation and adaptation measures are incorporated into national quality of life measures. These should include climate resilience and social determinants such as housing, access to water and access to fresh food for a healthy diet. Housing indicators should not only measure affordability, but also access to housing with energy efficient cooling and insulation, and other mechanisms that protect against weather extremes and air pollution. Measures addressing resilience to extreme weather events must include healthcare system resilience and heat hazard reduction. [Occupational and Environmental Physicians](#) can assist with worksite hazard controls for heat.

Mental health should be incorporated into disaster preparedness planning, and population data on mental health outcomes following climate events should be monitored. To be climate-resilient, the mental health care sector needs adequate resourcing to allow for increased capacity of services and infrastructure to respond to increasingly frequent climate events.<sup>5</sup>

We consider that an Australian indicator on greenhouse gas emissions must include other contributors to climate change such as methane and nitrous oxide. These should be reported separately as well as aggregated this way. Similarly, measuring exposure to outdoor air pollution must include exposure to nitrogen dioxide, sulphur dioxide and ozone, [which all impact health](#). This should be in addition to measuring fine particulate matter

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<sup>4</sup> <https://www.blackdoginstitute.org.au/wp-content/uploads/2021/10/Climate-Change-and-Mental-Health.pdf>

<sup>5</sup> <https://www.dea.org.au/wp-content/uploads/2021/10/Report-How-Climate-Change-Affects-Mental-Health-in-Australia-v3-1.pdf>

(PM2.5). Capturing the impact of bushfire smoke on health should be a factor in the development of this indicator.

**RACP 2022 pre-Budget submission is premised on wellbeing and equity and should inform the development of national quality of life measures**

Our most recent [submission](#) to Treasury was premised on wellbeing and health equity. We are pleased to see the Government formally commit to developing future budgets based on a holistic view of the community's wellbeing.

As physicians and paediatricians, our members know first-hand that wellbeing and health are interconnected, and that gains in both translate to a more resilient, equitable and productive society. To move towards a sustainable, resilient, and future-focused health system for all Australians, we recommend the Government focus on our four priority areas:

- System reform to strengthen the health system
- Equity to give all Australians the opportunity for good health and wellbeing across their lifespan
- Prevention to reduce preventable chronic disease and ill health
- Climate resilience to equip our healthcare system so it is climate ready and climate friendly.

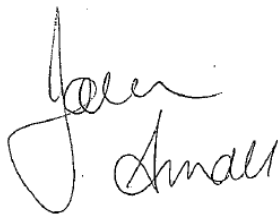
**Conclusion**

A robust quality of life framework that reflects the social determinants of health, equity considerations and can be disaggregated to account for priority population groups will enable objective monitoring and assessment of the wellbeing of the population.

The RACP welcomes the opportunity for ongoing engagement on *Measuring What Matters*, and to lodging our 2023 pre-Budget submission. We look forward to reviewing the 2023 *Measuring What Matters* statement when that Budget is announced.

For further information or to discuss this matter please contact Veronica Le Nevez, General Manager, Policy and Advocacy, via [policy@racp.edu.au](mailto:policy@racp.edu.au).

Yours sincerely



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