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RACP submission to Measuring What Matters

May 2023

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of physicians and trainee physicians, across Australia and Aotearoa New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine.

Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients and the community. Position statements and submissions of relevance to the Measuring What Matters Statement include:

- 2016 [Climate Change and Health](#)
- 2016 [Environmentally Sustainable Healthcare](#)
- 2016 [The Health Benefits of Mitigating Climate Change](#)
- 2016 [Health in All Policies Position Statement](#)
- 2018 [Inequities in Child Health Position Statement](#)
- 2018 [Aboriginal and Torres Strait Islander Health Position Statement](#)
- 2021 [submission](#) to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
- 2021 [Climate Change and Australia's Healthcare Systems – A Review of Literature, Policy and Practice](#)
- 2022 – 2023 [Pre Budget submission](#)
- 2023 [RACP submission to Measuring What Matters – Phase 1](#)



We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

RACP Feedback on Measuring What Matters – Phase 2

The RACP welcomes the opportunity to provide feedback to the Australian Treasury on the second phase of *Measuring What Matters*. RACP feedback reflects the expert views of physician contributors. We respond as a medical member-based peak body and provide the feedback below.

Introduction

As outlined in our [previous submission](#), the RACP supports the implementation of a national framework to assess Australia's social, economic, environmental, and personal wellbeing. We also support Treasury's proposal to include a small number of interconnected themes, rather than a long list of separate issues.

The [RACP 2023 Pre-Budget Submission](#) to the Australian Treasury outlines our key priorities for enhancing the health and wellbeing of all Australians. We recommend that our Pre-Budget Submission is reflected in the *Measuring What Matters* framework ('the framework') and future budgets to ensure the wellbeing needs of the Australian population are met.

This response complements and extends our first submission, highlighting key areas and population groups to include in quality-of-life measures. In summary:

- Equity is an essential principle that should feature in all quality-of-life measures
- The needs of priority population group must be reflected in all quality-of-life measures
- Quality-of-life measures must specifically include prevention of ill health and access to health services and early healthcare intervention
- Quality-of-life measures must account for climate change impacts on health
- A broader range of sustainability challenges should be included in quality-of-life measures.

Equity should feature as a basic principle in all quality-of-life measures

We note that "equity" is considered in the second policy theme outlined in the Consultation Pack in Table 1: *"Inclusive: A society that shares opportunities and enables people to fully participate"*.

Whilst "equity" is essential for inclusivity, we consider it to be a fundamental principle that underpins all community wellbeing and prosperity themes outlined in Table 1 and should be included as a key component of all quality-of-life measures.

It is pleasing to see that the Consultation Pack on page 2 acknowledges the need to allow for disaggregation of quality-of-life indicators at a demographic or geographic level. This is essential for measuring inequalities in health outcomes, with certain populations needing special consideration because of identified risk factors and should be a key feature of quality-of-life measures for Australia.

Quality-of-life measures must reflect the needs of priority population groups

The five policy themes outlined in the Consultation Pack play an important role in the health and wellbeing of all population groups. While the themes apply generally across population groups, it is important that indicators for specific population groups are included and prioritised.

Aboriginal and Torres Strait Islander peoples

The fourth policy theme in Table 1: *Cohesive: A safe and cohesive society that celebrates culture and encourages participation*, reflects the importance of Closing the Gap and First Nations Culture. Whilst the Measuring What Matters framework is intended to complement the Closing the Gap report, it is vital that the framework specifically reflects key quality-of-life indicators important to First Nations peoples. Health and wellbeing indicators for First Nations people must also be reflected in

the fifth policy theme: *Healthy: A society in which people feel well and are in good physical and mental health now and into the future.*

Involving First Nations peoples in the development of these indicators is essential.¹

Children, adolescents, older people and people with disabilities are priority population groups with specific needs

Quality-of-life measures that reflect the unique needs of children and adolescents should be reflected in the framework. These indicators should include physical and mental health, social support, family stability as well as education, stable housing, access to quality open space, well-connected and safe active transport infrastructure, and other social determinants of health.

We noted in our [previous submission](#) that children and adolescents who experience inequities in health may also be disadvantaged in accessing health care. Their access to quality health care including specialist care is affected by where they live, their ethnicity and socioeconomic status. 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.

COVID-19 had a significant impact on the health and wellbeing of children and young people. It resulted in limited in-person interaction for children, their families and loved ones; reduced in person school attendance; limited opportunities for sporting and creative activities, and increased children's screen time.² It is important that the Strategy recognises these impacts and enables the monitoring of progress against them.

Quality-of-life measures for older people and people with disabilities should also be included in the framework. Measures should include physical, cognitive and emotional health indicators as well as broader social determinants of health such as social connectivity, access to health services and independent mobility. Progress can also be measured against [Australia's Disability Strategy 2021-2031](#) and [Roadmap for Improving the Health of People with Intellectual Disability](#).

Prevention, early healthcare intervention and access to health services should be included as quality-of-life measures

Whilst "...access to necessary services and amenities" is included within Table 1: *Prosperous: A Growing, productive and resilient economy*, access to health services should be identified as a specific measure of quality-of-life in its own right. Access to health services is essential for good health and many people are unable to access the services they need due to a range of socioeconomic factors, geography, resource constraints and cultural barriers.

The RACP has developed the [Medical Specialist Access Framework](#) as a guide for health sector stakeholders to promote and support equitable access to specialist care for Australia's Indigenous peoples. There are 7 principles that inform and support the equitable provision of high quality, effective, accessible, affordable and culturally safe specialist medical care. These principles can be helpful standards to ensure quality care is delivered.

Avoidable diseases and illnesses 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. The AIHW reported that over one-third of the disease burden is potentially preventable by reducing or avoiding exposure to modifiable risk factors.

¹ [Roach, P. and McMillan, F. \(2022\) Reconciliation and Indigenous self-determination in health research: A call to action. PLOS Glob Public Health 2\(9\).](#)

² [Arundell et al, 'Changes in Families' Leisure, Educational/Work and Social Screen Time Behaviours before and during COVID-19 in Australia: Findings from the Our Life at Home Study', Int. J. Environ. Res. Public Health 2021, 18\(21\), 11335](#)

Addressing the social determinants of health will reduce the burden of avoidable disease, enhancing the lives of Australians. Prevention of ill health and early healthcare intervention are essential for reducing the burden of disease and protecting the community against future challenges and should be clearly recognised in quality-of-life measures. This will also 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 Sax Institute has provided further details on the [value of prevention](#).

The following indicators can help track progress and ensure that health services are accessible and meet the needs of populations: availability of quality health services; cultural appropriateness of health services; affordability; and hospital admission rates. Additionally, telehealth usage and transport availability are useful indicators of health service accessibility.

Demographic and socio-economic profile; mortality and morbidity profile; health risk factors for communicable diseases, chronic diseases and occupational diseases are also good population health indicators that measure impacts of preventive health actions over time. Examples of these measures include genetic predisposition, poor cultural and environmental determinants, physical activity levels, tobacco and alcohol use, education levels, access to open space, and where people live.

A prosperous society also requires a healthy workforce. It is important to recognise the broader impacts on health such as income and social protection, unemployment and job insecurity and working life conditions and other social determinants.³

There are some difficulties in measuring prevention, with key issues being the difficulty of defining and measuring the benefits of preventive interventions, inconsistent availability of data to conduct meaningful analysis and a lack of resources dedicated to evaluation.⁴ It is essential that we monitor progress and adequate funding is allocated to evaluating prevention measures in the long term.

Quality-of-life measures must account for climate change impacts on health

We are pleased to see “Sustainability” identified as a key policy theme and note that it is focussed on climate change.

The health impacts of climate change are substantial. Climate change threatens to worsen food and water shortages and climate-sensitive diseases and increase the frequency and intensity of extreme weather events. As climate change impacts on health become long-term and compounding it will become increasingly important to capture the impact on quality-of-life including mortality, morbidity, and life expectancy.

The RACP acknowledges that Aboriginal and Torres Strait Islander peoples have sustainably cared for this land for countless generations over many tens of thousands of years. Climate change has a disproportionate effect on areas of Aboriginal and Torres Strait Islander land and sea; in turn, it has correspondingly deleterious effects on cultural practices that Australia, via the operation of international treaties, recognises as a right of Indigenous peoples. This is therefore not merely an environmental problem but a human rights challenge, and a matter of Indigenous justice and equity as well as environmental sustainability. We strongly support including the impacts on connection to country as measures of the health and wellbeing of our First Nations peoples.

[Climate change and health indicators](#) have been developed to capture the impact of climate change on human health. The impact of climate change on health can also be understood by measuring the social determinants. These include, for example, energy affordability, housing quality, education, employment, land-use planning and urban design, access to green space, biodiversity protection,

³ https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

⁴ [Productivity Commission. Innovations in Care for Chronic Health Conditions. March 2021](#)

water, and sanitation policies. These social determinants all impact health and quality-of-life and should be measured.

The health impact of extreme heat and bushfires should also be measured

Two major health impacts from climate change include extreme heat and bushfires including bushfire smoke. It is essential that these impacts are measured to better understand and respond to the needs of communities.

Heat disproportionately effects the elderly and disadvantaged⁵, as well as in suburbs of lower socio-economic background and regional and remote communities.⁶ Evaluating the impact of temperature on mortality across different climate zones is one way to assess how well a community is responding to climate change.⁷

The 2019-20 bushfires were unprecedented in their scale and devastation. They resulted in increased hospitalisations for burns and increased demand for mental health services from fire related activity.⁸ Borchers-Arriagada et.al estimated that bushfire smoke was responsible for 417 excess deaths, 3,151 hospitalisations for cardiovascular and respiratory problems, and 1,305 emergency department presentations for asthma.⁹

It is important that these climate related impacts are included in the framework. The framework should include respiratory and cardiovascular morbidity and mortality indicators and reflect heat stroke and hospital presentations and admissions data.

The RACP is also separately preparing information to the Treasury on modelling the impacts of climate change on health. While some of the above is incorporated, further detail will be provided and may inform *Measuring What Matters*.

Quality-of-life measures must account for a broader range of sustainability matters

In addition to climate change, other sustainability matters include biodiversity loss, contaminated air, water and soil and emerging pathogens and antimicrobial resistance, all of which have adverse impacts on human health and wellbeing including physical, mental, spiritual, and cultural factors.¹⁰

The [Sustainable Development Goals](#) (SDG) provide the basis for a prosperous and healthy society that take these impacts into consideration by ensuring that development is balanced in social, economic and environmental sustainability terms. The goals are all inter-related and progress in one area affects outcomes in others.

These broader sustainability impacts should be reflected in the “Sustainability” policy theme outlined in Table 1. In addition, it is critical that circular economy indicators are included as quality-of-life measures. The [OECD Inventory of Circular Economy Indicators](#) provides an overview of categories that can be included. For example, indicators looking at energy efficiency in homes, number of waste reduction centres, recycling centres, water reuse projects and eco designed buildings.

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 Australian population. Understanding the needs of specific population groups will enable better decision-making to provide greater health gains to those most in need.

⁵ [AECOM. Economic Assessment of the Urban Heat Island Effect. 2012](#)

⁶ [RACP Climate Change and Australia's Healthcare Systems. 2021](#)

⁷ [Longden T. 2019. The impact of temperature on mortality across different climate zones.](#)

⁸ [AIHW. 2019-2020. Short term health impacts of the 2019-2020 Australian Bushfires.](#)

⁹ [Borchers-Arriagada, N. et.al. Unprecedented smoke-related health burden associated with the 2019-20 bushfires in Eastern Australia, MJA, 12 March 2020](#)

¹⁰ [The WHO. Connecting Global Priorities: Biodiversity and Human Health. A state of knowledge review. 2015](#)

Thank you for the opportunity to provide feedback. Should you require any further information about this submission, please contact Jessica Blanchard, Policy & Advocacy Officer, at Policy@racp.edu.au