

TRANSCRIPT OF PODCAST

WORK WITH PURPOSE

EPISODE #90

UNPACKING AUSTRALIA'S FIRST WELLBEING FRAMEWORK

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DAVID PEMBROKE:

Hello everyone, and welcome to Work with Purpose, a podcast about the Australian Public Service and how it serves the Australian community. My name is David Pembroke. Thanks for joining me. We begin today's podcast with an acknowledgment of the traditional custodians of the land on which we are meeting today, the Ngunnawal and Ngambri peoples. I pay my respects to their elders past, present, and emerging, and acknowledge the ongoing contribution they make to the life of our city and this region. I'd also like to acknowledge the custodians of all the lands from where anybody listening to this podcast is also joining us from.

Now, the idea of measuring the wellbeing of a country beyond strictly economic indicators such as gross domestic product or employment numbers is not new, but it's certainly becoming more widespread and mainstream. New Zealand, Germany, and Scotland are three countries who include wider wellbeing measures in their budgets. Just last month, Australia released its first federal 'Measuring What Matters' framework. Now, the framework has five pillars or five themes, healthy, secure, sustainable, cohesive, and prosperous. Those themes are used to monitor and track progress against each of them with 50 separate indicators.

Now, the purpose of the framework is that it will be used by government, business, and academia to measure the wellbeing of Australia's various communities. Now not everyone is happy with the first version because in part, it did rely on data from five years ago. But the Federal Treasurer, Jim Chalmers, has acknowledged that and says that the future additions of the framework will be updated to capture more contemporary data. To understand just exactly how the framework works and why it's important, I'm joined today by two experts to unpack the framework and how it will help drive better outcomes for Australian communities.

Now, Leanne Wells is a freelance health consultant who works with the consultancy 89 Degrees East. She is a former CEO of the Consumers Health Forum of Australia and has served as a CEO of various national peak and state-based organisations in the health sector. She is a health advocate and senior executive with over 30 years' experience across many health and social policy program and service development domains. Leanne, welcome to Work with Purpose.

LEANNE WELLS:

Thanks very much, David.

DAVID PEMBROKE:

Professor Rosemary Calder is a professor of health policy at the Mitchell Institute of Victoria University. Professor Calder has worked in health policy for more than two decades and heads up the Mitchell Institute's Australian Health Policy Collaboration (AHPC). Professor Calder has held various senior executive positions in

health policy and administration in both State and Commonwealth Departments of Health and was the head of the Office for the Status of Women in the Commonwealth Department of Prime Minister and Cabinet Professor Calder, welcome to Work With Purpose.

ROSEMARY CALDER: Thank you, David.

DAVID PEMBROKE: Leanne, perhaps let's just start with you. Why is it important to look beyond those traditional economic factors of say, GDP or unemployment to measure how well a country is performing?

LEANNE WELLS: I think it's fundamentally important, David, because it allows us to broaden the scope of public policy debate and discourse and our aspirations for the country. To me, it's about relevant, responsive, modern government and better governance and better policy. It's also about being people and community centred, I think because in looking beyond traditional economic measures, we are measuring how well we are delivering on what matters to people. We've got an adage in the health sector that rather than ask patients, "What's the matter with you?" We ask, "What matters to you?" It's a different point of inflexion. I think the same principle applies here. We're really saying more broadly what matters to the community beyond those traditional methods.

I think the other reason it's important is that we know from research that the community is receptive to broadening how we think about measuring prosperity. The Centre for Policy Development in their re-imagining progress report said that Australians believe wellbeing should be the guiding purpose for government. In our own research at 89 Degrees East, we surveyed over 1,000 people, 18 to 75 years last September. The majority of people said they wanted a budget framework of this nature that prioritises wellbeing 61%. Just bear with me with just a couple of interesting stats here. 61% said they agreed that the traditional way of managing the economy fails to measure things that really matter. 73% agreed that economic success should include measures like health, housing, stability, fairness, how we're tracking on environment, climate change.

Finally, 70% said that a budget focused on community need rather than pure economic measures would do a better job of measuring life for Australians. They're using budget in the terms of a budget. But the same principle applies to a statement or report card like the one the treasurer has released as a work in progress.

DAVID PEMBROKE: Professor Calder, do those statistics tally with the work that you are doing there at the Mitchell Institute that there is this desire from the community to know more rather than just stay narrow around those economic indicators?

ROSEMARY CALDER:

That's very true. I've done a lot of work for some years now in measuring health and measuring the risk factors for poor and good health. People want to know how to improve health, not simply how to get help when you're not well. The measurements that we need to have are those about what is the outcome of what we are delivering. There's been long-term criticism of GDP as the only measure of the wellbeing of the nation, that it measures what we're producing, but not the benefits or deficits from what we produce. I think Leanne summed it up well when she said that most people when asked the question, what matters, identify that wellbeing for themselves and wellbeing of the nation is what matters most. It's quite clear when you look at it.

DAVID PEMBROKE:

With the actual framework that the federal government has now produced, this first framework that Australia has, it's got those five wellbeing themes of healthy, secure, sustainable, cohesive, and prosperous. Would you be able to take us through each of those and describe to us just exactly how we can measure each of those?

ROSEMARY CALDER:

Well, healthy means measuring the health of the person, the family, the community, and the nation. We have a lot of data about when people present to hospitals when they have a GP appointment, we know how people seek access when they're not well. What we don't measure or know anything about is how does their health improve after those interventions? What do we achieve? We don't do any discharge measurements. In fact, we don't even do discharge plans very well. We have no investment in finding out what's been the benefit of a hospital stay or what's been the benefit of a visit to a GP. So, we need to measure what the outcome is. It could be a measure by the treating practitioner saying, "This was the outcome of our consultation or time in hospital."

It should, for the best outcome or best form of data, also measure what the consumer says. With all the electronic technologies we now have, we could have a screen in a GP clinic which people are asked to enter their information about how they feel about the consultation, what did it do for them? That wouldn't be a check on was the doctor doing well, it would be what's the outcome? Has it been a gain? It might be that they're asked electronically some weeks later about the benefit because that's the better measure. At that level of detail, I'm describing what you do to try and measure health outcomes. We also need to measure how we stay healthy.

We have, at the moment, a very comprehensive survey going on through ABS to measure the health and wellbeing of the nation, but we don't often do that. We have done one biometric survey of Australia's health in the last 12 years. We're repeating it 12 years later, 13 years later. Some countries do that every three years.

Those biometric measures measure how well people are in the community and identify where the risk factors are for poor health. Those measures could be [inaudible 00:10:34] interventions at the population level to improve those risk factors. That's the work I've been doing for the last 10 years. How do you identify those risk factors? How do you identify the communities that have the greatest concentration of some of those risk factors? Then how do you work at that community level to bring about change?

Measuring what our health is allows us to skew the way in which health authorities work such as departments of health, but also hospitals and also, primary care into doing much more about what we call preventive health. It has the lowest investment in the health budget and has been the lowest or among the lowest of the OECD countries for a long time now. We don't do much about prevention. We do invest a lot in vaccinations. That's fantastic. We need to back that up with investing a lot in the risk factors that contribute to very preventable illness in our community. At least, one-third of the burden of chronic disease is estimated to be preventable. That's what measuring in health would do. In security and sustainable and cohesive and prosperous, there are measures that have been well established for a long time in literature and research and in those communities or countries that are doing something about this. Secured means security for the individual. We talk about food security, housing security, income security. Those are secure measures.

We measure what insecurity there is. We know when people are in housing crisis. We hear that a lot about that at the moment with the rental pressures as well as price pressures. We do know when there is insecurity. What we don't measure is what you do about it and how you bring about change. Had we been measuring those security factors for the last two decades; we may not be now where we are with the rental and housing crisis. We would've had a debate about investment in social housing much earlier than reaching the crisis point because we could have measured the risk factors along the way.

I think I might leave it there because I'm pointing out that the whole notion of measurement is to identify the measures that tell you how well something is being achieved, how prosperous a person is, a family is, a community is, and our nation is how cohesive. We really don't measure that at all. We deal with the crises of lack of cohesion. We don't invest in measuring cohesion and identifying how to achieve the measurements that we define as the best level to reach. Measurement has to be developed with people and processes that it is measuring.

DAVID PEMBROKE:

Leanne, Professor Calder there outlines a very clear and very comprehensive pathway to a better understanding. But how difficult will it be to build this wellbeing framework in a way that it can be reliable, it can be used for decision-making? How far are we away from really being able to have these effective measures in place? Because it sounds to me like there's a fair bit of work to be done before we've got something that is going to be really robust and reliable.

LEANNE WELLS:

Look, I think... I mean, the treasurer himself has said that the framework and the wellbeing statement that he published a few months ago now is a work in progress, it will evolve. Clearly, there's a body of work and he's alluded to that around data improvement. I would imagine he's called that out, I would imagine there'll be arrangements in place to look at both gaps in data to look at what we need to be measuring more effectively, as Rosemary said, to look at even where the themes and the current suite of 50 indicators are, and are they really the appropriate ones? Have we really settled those as the appropriate ones as well as the data sources for those?

I think he's clearly saying we've got to start somewhere. This is the beginning of a process. The statement as it currently stands is not an end in itself. Data is a big issue. We're generally well served with data here in Australia, ABS, and the Australian Institute for Health and Welfare. For example, we've got good data gathering and interpreting bodies like that. But Rosemary's comments I think are very, very moot. It's about what we are measuring and why we're measuring and how we're using that information to transform and respond through better policy and better programs.

DAVID PEMBROKE:

Leanne, what role then do inclusion and equity, and fairness play in wellbeing?

LEANNE WELLS:

Look, I think they are fundamental concepts. It's fundamental that we have an inclusion and an equity lens on this. You've only just got to think about the stark inequities we've got in this country between First Nations and non-First Nations people, between people living in rural and remote communities and those that are living in metropolitan settings between the physical health status, and the variation in physical health status for people with mental health problems, for example, and those that aren't experiencing mental ill health. Bottom line, I suppose is if we've got an aspiration to raise the bar and improve our overall wellbeing status. Obviously, a definition of what wellbeing constitutes is a moot point here as well. But I think fundamentally, if we are to improve wellbeing across the board if we start by improving wellbeing for the most disadvantaged, we improve it for everyone.

I think inclusion and equity is really fundamental. There are so many emerging issues that public policy and what we're measuring need to take into account as well that have profound effects on our productivity and performance in workplaces and schools and other settings. For example, today yet another report out on loneliness and the extent to which Australians are feeling disconnected and lonely. 33% of us are saying we're feeling disconnected and lonely. The literature tells us that a society that lacks social connections, the impact of that, they're not only health impacts, but their productivity and workplace impacts as well.

It's all part of the menu, I think. Back to the point about why an inclusion and an equity lens is important and why we need to change mindsets around how fundamentally linked the economy and health is. COVID was a game changer. It taught us many things. But if it taught us one thing, it was how central health is to our economy. If we don't have health, we don't have an economy to put it in fairly bold terms. I think that's the comments I'd make, David, on inclusion and equity, a big topic in its own right.

DAVID PEMBROKE:

Yeah. Professor Calder, your views around the role of inclusion and equity, and fairness in wellbeing?

ROSEMARY CALDER:

I absolutely concur with Leanne. They are fundamental measures of a healthy and well community and society. We know that because we measure the deficits and we've long measured the deficits, we've long measured who owns their own home, who is in a homeless situation, we know the problems. We don't look at all how we measure gain, how we measure improvement in those. That's what we need to change. We long had the view that government has to handle the problems. I recall having ministers say to me, "I wish people wouldn't come to me with the problems. I know them really well. I wish they'd come to me with the solutions." At the time, for me, that was a logical understanding of what the interactions were. But I think as Leanne said, COVID has been a game changer in our understanding of the role of government.

We've not had a crisis of that nature for a long time. We'd forgotten that you need a very, very strong national response to something that threatens national wellbeing. I think that taught us not just how important health is, but it taught us how important government investment in the solutions is. I think that indicates very clearly, quite starkly, in fact, that government needs to do what this 'Measuring What Matters' framework proposes. It needs to measure how well we are doing and then address why we are not doing so well. The 'Measuring What Matters' document says that while the ABS produces monthly labour market indicators and quarterly

economic indicators such as GDP, many social indicators of wellbeing are only available every few years.

I would add if that because lots of social indicators aren't collected at all. Many indicators for First Nations people are only produced every five years. Data for cohorts such as culturally and linguistically diverse people, LGBTIQ+ people vary by data source. I would add to that a whole lot of different groups within our communities, we don't measure their health and wellbeing at all. Well, that we don't distinguish what is the difference in why they are at high levels of healthcare risk or at high levels of chronic disease. That's the work I've done to look at why we have groups of people who are doing so much less well in our community. We all know that there's been a considerable increase in diversity and inequity over the last four or five decades. We need to understand why we've done that. I suggest it's because we've invested in the growth measures, the growth of the economy, not the growth measures of the population.

DAVID PEMBROKE:

Leanne, this is happening around the world as I mentioned in the introduction, New Zealand, Germany, Scotland, other countries are looking at these wellbeing measures. What can we learn from the experience overseas that can help to address just exactly some of those issues that Rosemary has just mentioned very clearly about some of the gaps that are obvious and need to be addressed?

LEANNE WELLS:

Look, I mean, wellbeing frameworks and 'Measuring What Matters' with regard to wellbeing in some ways is not a new concept. As you say, other countries have various forms of wellbeing frameworks and budgets. The OECD itself has the Better Life Index that compares quality of life around the world. Our 'Measuring What Matters' statement is our first foray really at a national level into that space. Some jurisdictions already have wellbeing frameworks here in the ACT where I live, we have one. South Australia has their Health in All Policies thinking if you like. But as the treasurer said, I think we've got the framework, we've made our first foray, its application will evolve.

There seems to be fairly determined political stewardship around advancing this work. There's the whole data piece that Rosemary was talking about, work to check that we've got the right indicators and evolve them over time work to consider what are we collecting it and is it current and could it be more current? What are the gaps in data? That's a whole piece in itself. The hope would certainly be that the framework as it stands, spurs and triggers that body of work. But I think its application is enormous and there's a lot of options ahead of us as a country depending on where the government want to take this.

You've got approaches in some countries like Wales that are very systemic where you have a future generations' commissioner. Their lens on this is very much about, this is about shoring up the wellbeing and prosperity for our future generations. Their commissioner is tasked with reporting on outcomes, and they actually embed their future generations commissioner and their wellbeing approach and ensuring that they're taking a sustainable approach to wellbeing impact in legislation. That's one end of the spectrum. New Zealand and their approach, as Rosemary said, measuring where we're doing well, measuring where we are not doing so well, and exposing that where wellbeing might be lagging is another application because that can then guide allocation of funding, prioritisation, sharper, smarter prioritisation, shifting the investment dial as Rosemary said more towards preventative health and preventative social interventions and early interventions.

I think that's the exciting prospect to think with this. It opens up a discussion about data. It opens up a discussion about better policy and program design, and it opens up a discussion about how we evaluate and collect data across a whole spectrum of services and programs that we currently don't do and could do across the spectrum of programs and services that government funds.

DAVID PEMBROKE:

Professor Calder, then just off the back of Leanne's answer there, and as this framework matures and it becomes a tool for better decision-making, what are the first one or two things that need to be done to continue on this journey of continuous improvement? Where are the priorities and where does the focus need to be?

ROSEMARY CALDER:

I would suggest that the first priority is to now engage in a very comprehensive discussion with the community. We in governments or associated industries and sectors are aware of this statement. I would suggest 90% of the population is not. To measure what matters, we actually need to understand what people say matters to them. I think I would urge government to now raise the awareness of this framework and to engage in a fairly extensive consultation process over the next 12 months to ensure that the first budget that endeavours to measure what matters is doing so with good sound information and contribution from the community it's meant to serve. That means to me that every government agency that is asked to develop measures for their contribution to the framework through their programs and investments need to be the conduit of those consultations as well.

Leanne and I have a strong investment in consumer engagement in health. We've both worked at that pointy end at various parts of our careers, and we know the difference it makes when government work is well-informed and designed with the people for whom it's

designed and intended. I would suggest like the Wales framework that Leanne referred to, and which I use a lot, each government agency with any role in addressing the measures in the framework should be starting with a consumer consultation. It should be developing the indicators that matter to people as well as to government in a co-designed way.

The Wales framework identifies which agencies are relevant to which parts of the wellbeing framework, and it identifies which agencies are associated with which measures. It's a comprehensive, one-nation approach. Everyone has a role in delivering. Wales has the advantage of one level of government, of course. That's one of our difficulties, but they are difficulties that we can overcome through a concerted effort. That's why I think a very strong community awareness of this framework is the first step. The second, the integral part is that every government agency ensures there's strong consultation around the indicators that matter. Don't endeavour to produce indicators and then test them. That's the wrong way around.

DAVID PEMBROKE:

Well, Professor Rosemary Calder and Leanne Wells, thank you so much for joining us on Work with Purpose today. This is to me an enormously exciting innovation. As you say, the basis of a great community conversation about not just output, not just productivity, but to really understand what are the things that matter to the community, and over time to be able to build awareness and understanding of each of those five themes that sit inside the framework. I think it's a very exciting step forward for the country, and thank you so much for sharing your knowledge, your experience, and your wisdom with us today to bring attention to this important innovation in public policy in Australia.

ROSEMARY CALDER:

Thank you.

LEANNE WELLS:

Thank you.

DAVID PEMBROKE:

What a great insights there from two of our most respected public policy experts in the area of health that they clearly described just exactly what these benefits are. I think it's also exciting with, as Leanne was suggesting the opportunity around technology to really capture these insights, but then to use them and to roll them together in such a way that it can be used for better decision-making and better prioritisation and allocation of precious taxpayer resources. Exciting times. But thanks, audience, for coming back once again. Work with Purpose is a co-production of IPAA ACT, and the contentgroup with great support from the Australian Public Service Commission. If you do have any ideas or suggestions, please connect with either contentgroup or IPAA on LinkedIn or an email to events@act.ipaa.org.au.

To the listeners, also, if you could find time for a rating or review on your favourite podcast catcher, it helps us to be found. There are quite a number of reviews out there about the program and we're very grateful for everyone who's been able to do that. It doesn't take long, just get out there, and it will help us to be found. So really very grateful for that support. We'll be back with the next episode of Work with Purpose in a fortnight's time. My name is David Pembroke, and it's bye for now.