World Health Organization

# MONITORING SOCIAL WELL-BEING TO SUPPORT POLICIES ON THE SOCIAL DETERMINANTS OF HEALTH: THE CASE OF NEW ZEALAND'S "SOCIAL REPORTS/TE PŪRONGO ORANGA TANGATA"

## Social Determinants of Health Discussion Paper 3

DEBATES, POLICY & PRACTICE, **CASE STUDIES**

# MONITORING SOCIAL WELL-BEING TO SUPPORT POLICIES ON THE SOCIAL DETERMINANTS OF HEALTH:

## THE CASE OF NEW ZEALAND'S "SOCIAL REPORTS/ TE PŪRONGO ORANGA TANGATA"

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The Discussion Paper Series on Social Determinants of Health provides a forum for sharing knowledge on how to tackle the social determinants of health to improve health equity. Papers explore themes related to questions of strategy, governance, tools, and capacity building. They aim to review country experiences with an eye to understanding practice, innovations, and encouraging frank debate on the connections between health and the broader policy environment. Papers are all peer-reviewed.

**Background:**
The idea of this paper and the case study it describes was generated in discussions between WHO and Don Matheson who represented New Zealand on the country stream of work of the Commission on Social Determinants of Health (CSDH). The country stream of work aimed at galvanizing political will for tackling the social determinants of health and supporting knowledge sharing across countries on how to implement the social determinants agenda. The principal investigator was Frank Pega, who also developed the first draft of the paper. The paper was written by Frank Pega, Nicole Valentine and Don Matheson.
This paper provides a historical overview of how New Zealand's social indicators reports came to be generated, describing the contextual issues related to the use of the report for monitoring social progress. It attempts to make a first assessment of the policy impact of the social indicators reports.

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# Executive summary

Since the "Social Indictor Movement" was pioneered in the mid 1960s, national social reports have become established tools for the monitoring of social well-being outcomes in many countries. In line with their mandate, international organizations, including the United Nations system, have contributed to these efforts with the publication of international social reports. They have also provided encouragement, technical and conceptual support for Member States to establish national social reporting schemes and set internationally ratified standards and norms around definitions and measurement of social outcomes. Intersecting these previous achievements in the area of social monitoring and the quest for health equity, the recent work of the United Nations Special Rapporteur on the "right to health" promoted a right-based approach to the monitoring of the realization of the right to health, implying that health indicators need to include the determinants or conditions for health, as outlined in the General Comment. In sum, this national and international work has generated a comprehensive body of theoretical and practical knowledge on social indicators.

Investigating the case of New Zealand's "Social Reports/ te pūrongo oranga tangata", the core aim of this discussion paper is to contribute to answering the research question of how monitoring social well-being supports a policy agenda aimed at addressing the social determinants of health to improve health equity. Hence, this study contributes to the WHO goal for improving the dissemination of knowledge to support action on the broader determinants of population health and health equity (which we term "the social determinants of health") - both within and outside the health and government sectors. It builds on the work of the WHO Secretariat in supporting the global Commission on Social Determinants of Health and is a contribution by New Zealand, as a country partner, to the body of knowledge on institutions and mechanisms for supporting implementation of the social determinants of health agenda in countries.

The paper provides a historical overview of how New Zealand's social indicators reports came to be generated, describing some of the contextual issues related to the use of the report for monitoring social progress, and attempts to make a first assessment of their policy impact. Methodologically, the paper draws on the social reports themselves, as well as diverse secondary academic texts and white papers of relevance. In addition, the paper draws on structured key-informant interviews, which were undertaken with five senior policy staff from the Ministries of Health and Social Development and results of an e-mail survey of 24 key informants, mostly civil society representatives from a range of different economic sectors.

In New Zealand, a nation with a history of strong social welfare policy, the establishment of social reports was preceded by a short and jagged pre-history of national interest in and action on social reporting dating to the early 1970s. These early endeavors were interrupted by governments focusing singularly on national free-market economic policy reforms which were implemented in the 1980s and 1990s, eventually leading to a standstill of the national social indicator work. However, motivated by a change of government in 1999, New Zealand's emphasis shifted from a sole focus on economic growth as a measure of progress to include the achievement of social progress, as marked by social indicators. As part of this general policy re-orientation the New Zealand government also enacted a broad cross-government initiative aimed at "Closing the Gaps" (later terminology changed to

"Reducing Inequalities") between the indigenous Māori and ethnic minority Pacific peoples on the one hand and non-Māori, non-Pacific New Zealanders on the other in terms of economic and social outcomes. In this era, achievement of equal rights and a more equitable society again became central benchmarks of policy. Changes of Administrative changes, such as the formation of the New Zealand Ministry of Social Development, accompanied these political navigations. The establishment of the series of *New Zealand Social Reports/ te pūrongo oranga tangata* (the "Social Reports"), the first report of which was launched in 2001 by the Ministry of Social Development, was embedded in these policy and administrative changes. Conceptually grounded in findings from two national Royal Commissions of Inquiry into Social Security and Social Policy, the reports detail, over time and often in comparison with OECD reference populations, social well-being organized in ten social outcomes domains, including a health domain. Following its first release, the reporting underwent a two-year phase of development, which was marked by careful evaluation (i.e. nation-wide public and stakeholder consultations) and major conceptual and technical improvements. This resulted in governmental commitment to on-going, annual publication of the reports. Since 2003, while retaining the overall conceptual framework, the annual reports have been refined and up-dated, for instance through the further upgrading of social indicator measures and by using new data sources, when those become available. There have been attempts to put some legislative or compulsory reporting into formal government accountability systems around these indicators, but these efforts have been unsuccessful.

In terms of policy impact, the Social Reports have gained some level of prominence in central and local government. For sectoral public agencies, the Social Reports appear to constitute a valuable policy tool to foster intersectoral thinking and joint action on the social determinants across sectors. Senior health officials from the Ministry of Health unanimously agreed that the institution of routine social reports and the content of these reports have assisted in both raising awareness and stimulating action to address the social determinants of health to improve health equity, both within and outside the health sector. However, government agencies concerned with national policies related to economic development and the Treasury made negligible use of the national social reporting, which significantly limited the report's impact. Amongst civil society actors, the Social Reports have gained a good level of currency, especially amongst health advocacy agencies, health service providers, Māori organizations, academic audiences and the media. However, the Social Reports have not influenced the business sector.

Some key lessons have arisen from the New Zealand experience of social reporting with respect to addressing the social determinants of health and health equity. Firstly, social reports can be successfully used for monitoring social determinants of health and social (including health) equity. To measure within-country equity, social reports ought to present data disaggregated along the "social determinants of health inequity", whereas in order to account for between-country equity, national level social reports need to include cross-countries comparisons of equity. Social reports need to be published over time, preferably periodically, to assure time-series of social outcomes are available for equity trend analyses. It needs to be ensured that an on-going focus on findings with respect to equity, which have arisen from social reporting, is maintained.

Secondly, social reports can catalyse policy action on the social determinants of health, within and outside the health sector, in government and beyond. They can generate some political will, and action, with respect to addressing the social determinants of health to achieve health equity. Social reports can be used to validate and strengthen a health-sector approach focused on addressing the social determinants, and can enhance intersectoral coordination in support of determinants-based policy-action. For policy actors from civil society that are concerned with health equity, social reports present a good advocacy tool by providing official, authoritative, government-sourced data on health (and social) equity. Social reports can meaningfully be used as a platform to raise awareness of the health outcomes of disadvantaged populations of specific policy interest (i.e. indigenous people). Social reporting extends the health-sector focus on health and well-being to the intersectoral notion of social well-being. Such reporting can also assist in generating national agreement on standard social indicators for national and international benchmarking.

Thirdly, social reports have the potential to inform the evaluation and design of public policy and intervention. They can be used to assess the medium and long-term impact of policy initiatives to reduce social and health inequity. Preferably, social reports explicitly link to policy action and clearly demonstrate the interconnectedness between their individual outcomes domains.

Finally, social reports need to be developed with a number of core process, conceptual and technical considerations in mind. If the public, especially diverse disproportionately burdened populations, have the chance to actively participate in the conceptual development of social reports, and if the reports are transparent with respect to changes made and easily available free of charge, an emphasis on equity in social reports is likely be strengthened and public debate and up-take of the reports' findings increased. If possible, social reports should be based on positive, as opposed to deficit-based, concepts to enhance up-take, especially from civil society. To be able to guide action towards addressing between-country inequities, country-level social reporting ought to be aligned with international social reporting, i.e. by using internationally standardized social indicators. Only when social reports link their health outcomes findings to accurate research into the cause/effect relationship between social determinants of health, policy actions and health outcomes, conclusions can be drawn with respect to causality. Countries with indigenous populations appear to have the collective need for a distinct set of social indicators that, developed by indigenous people, have the ability to document trends in indigenous people's social (including health) outcomes. It seems advisable to anchor a responsibility to publish social reports in national legislation.

# 1 Introduction

It has become a widely accepted fact that health and well-being cannot be addressed from within the health sector alone. In other words, a multiplicity of social factors influences the health outcomes of populations. A synthesis of existing theoretical models (Solar & Irwin, 2010) has shown that what we term the "social determinants of health", hereafter SDH, can be divided up into three distinct blocks: The "socioeconomic and political context" (labor market; education system; social policies; and culture, religion and human rights), describing the "causes of the causes"; the "social determinants of health inequities" (socioeconomic position and social class as expressed through an individual's or social group's income, education, occupation, gender and ethnicity); and, finally, the "intermediary factors" (the material circumstances, psychosocial factors, and behavioral and biological factors, as well as the health system and its impact on the distribution of sickness, disability and other consequences like impoverishment from catastrophic expenditures). Social cohesion and social capital act across the two later blocks of determinants to mitigate some of the effects of social stratification or intermediary factors. The SDH influence the distribution of health along the socioeconomic spectrum, causing health inequities, and, as decomposition analysis has evidenced, for many health outcomes the impact of social factors in the way they design and run their health services and programs. Historic strategies to address the SDH through intersectoral action have been documented (Solar & Irwin, 2006), but there is a need for further international exchange of experiences and sharing of learnings with respect to policy tools, including related institutions, facilitating intersectoral action on the SDH. In the policy context of trying to impact on the determinants of health, it is obvious that monitoring performs a critical function. Across sectors, it can be used to support accountability of different actors who may not form part of the same line ministry or sector impacting on health.

The human rights literature refers to the monitoring function at the national level as including the following mechanisms: (1) administrative, policy, political mechanisms; (2) judicial mechanisms; and (3) national human rights institutions (see the OHCHR/WHO document on "The Right to Health" available online PDF [52p.] at: http://www.ohchr.org/Documents/Publications/Factsheet31.pdf). This paper focuses on a somewhat narrower public health and epidemiological definition of "monitoring" by discussing the tracking of quantitative trends and relationships between social and health variables.

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