
Measuring what matters

Response to public consultation

30 January 2023

About Healthy Male

Healthy Male is a peak men's health organisation with a proud, twenty three-year commitment to improving men's health.

Healthy Male provides health information and education to health professionals and the wider community, and collaborates with others to facilitate action on men's health. Healthy Male advocates for change, empowers men and boys to act on their health, builds the capabilities of the health system and workforce, and prioritises efforts to close the health and wellbeing gaps between groups in our community. Ultimately, we work towards our vision of 'generations of healthy Australian men'.

Healthy Male was the Australian Government Department of Health and Aged Care's major partner for development of the National Men's Health Strategy 2020-2030. The strategy is designed to guide action for continuous improvement in the health and wellbeing of men and boys over the current decade. It is informed by evidence, developed with input from a wide range of stakeholders, and reflects feedback from extensive public consultation. The National Men's Health Strategy 2020-2030 informs our response to this public consultation.

People and the economy

People are fundamental to the operation of any economy. Therefore, a nation's economic success relies upon the health and wellbeing of its people. To adequately measure Australia's economic success, we must effectively evaluate the health and wellbeing of our population, with accurate reporting of individuals' subjective wellbeing (e.g., wellbeing-adjusted life years) and contemporary health (e.g., disability-adjusted life years, child health).

Indicators

Indicators should be accurate measures of what it is they are claimed to measure.

Gross domestic product (GDP) is a poor measure of economic development and progress (e.g., it neglects non-market activities), and was never intended to be used as a measure of social welfare.¹ Other composite indicators, such as the human development index (HDI), are arbitrary in their integration of the measures used for their component domains.¹ The Human Capital approach, which ascribes to each life a monetary value based on an average person's potential economic output, is inadequate for measuring what matters.² Such aggregate measures are arbitrary, lack transparency, and are not readily understood.

Recommendation:

- 1. Use individual measures of progress and wellbeing, rather than composite measures.**

Subjective wellbeing

We are familiar with the use of 'quality-adjusted life years' to measure health. An equivalent measure of wellbeing, defined as a one-point change in life satisfaction on a Likert scale from 0 to 10 for one person for a year, is the wellbeing-adjusted life year (WELLBY). There is "large-scale and robust evidence"¹ that such measures of subjective wellbeing relate to economic factors. Hence, WELLBYs have been adopted by the UK Government for policy assessment³.

Valid measurement of wellbeing can be obtained simply by asking, “Overall, how satisfied are you with your life nowadays?”, with answers ranging from 0 (‘not at all’) to 10 (‘completely satisfied’)⁴.

Recommendations:

- 2. Subjective wellbeing fulfils the criteria required of indicators that measure what matters: it is relevant, complete, measurable, comparable, reliable and understandable.**
- 3. Use subjective wellbeing as a core indicator of any framework used to measure economic progress and wellbeing.**

Health

Health is fundamental to economic prosperity, but it is regularly measured using life expectancy. Other variables, such as quality-adjusted life years (QUALYs), may be better indicators of the health of a population.¹ These indicators, and others potentially suitable for assessment of Australians’ health, are available from The Australian Institute of Health and Welfare.

Indicators that focus on end-of-life events, such as life expectancy, are retrospective measures of health and wellbeing; they tell us about people’s health in the past, lives lived and opportunities lost. Lifelong health and wellbeing are fundamentally determined by events that occur at the beginning of life, so early-life indicators (e.g., rates of newborn illness and death, parental health and wellbeing, enrolment in early childhood education) better reflect current and future wellbeing and economic prosperity.

Recommendations:

- 4. Use quality-adjusted life years as a core indicator of the health of Australians.**
- 5. Use health measures based in early life as core indicators of Australians’ health.**

Reporting

There is no ‘average Australian’ in contemporary Australia. In our increasingly diverse society, it is critical to have sufficiently detailed measures to identify inequity, so that the true impact of economic policy, on everybody, can be measured and action can be taken to eradicate disadvantage. Failure to measure demographic and sociological variables that fundamentally impact on everyone’s health and wellbeing (such as gender, age, income and location) will lead to indicators that are invalid.

The National Men’s Health Strategy 2020-2030 identifies 9 priority population groups, whose health is poorer than most: Aboriginal and Torres Strait Islander males; males from socioeconomically disadvantaged backgrounds; males living in rural and regional areas; males with a disability, including mental illness; males from culturally and linguistically diverse backgrounds; members of LGBTQIA+ communities; male veterans; socially isolated males; males in the criminal justice system. Having identified these groups as ones that matter, any framework for measuring wellbeing, and thus economic progress, should report indicators in a way that allows comparisons between these and other groups.

Summary statistics are often poorly representative of the underlying data and may be used to provide invalid comparisons. For example, ordinal data (such as responses on Likert scales) should be summarised using the median or mode, rather than the average value, of scores.

Recommendations:

- 6. Collect data, and report indicators, in a form that allows identification of differences between priority populations.**
- 7. Report health indicators with sufficient detail to provide an accurate picture of the health of all Australians.**
- 8. Report all indicators openly and transparently, so that they are verifiable and can be used for public enquiry, academic research etc.**
- 9. Report indicators using valid summary statistics (and measures of variability) if raw data are unavailable.**

Disaggregation of data

Fundamental differences in health and wellbeing between different population groups (such as males and females) cannot be identified if there is insufficient detail in reporting.

Current health data (published by the Australian Institute of Health and Welfare or the Australian Bureau of Statistics) are not consistently available in a way that allows assessment of sex- or gender-based inequity. If the assessment cannot be made the benefit of budgetary measures will not be available to Treasury. For example, disaggregation by sex is commonly reported for end-of-life measures (e.g., life expectancy, cause of death) but not for the beginning of life (e.g., perinatal morbidity and mortality).

Recommendation:

- 10. Report all indicators consistently in a form that allows identification of differences between males, females and others with diverse gender identities.**

¹ Welsch, 2023. Wellbeing, Nature, and Moral Values in Economics: How Modern Economic Analysis Faces the Challenges Ahead. Taylor & Francis Group

² [OECD, 2013, OECD Guidelines on Measuring Subjective Well-being, OECD Publishing](#)

³ [HM Treasury, 2021, Wellbeing guidance for appraisal: supplementary green book guidance](#)

⁴ [Frijters & Krekel, 2021. A handbook for wellbeing policy-making. Oxford University Press](#)