

## Questions and Answers: Ethnicity Discussion Papers

**9 Dec 2010:** In December 2010 three papers were published as part of a series of discussion papers considering key issues in ethnicity data, and implications for Māori health.

Commissioned by the Ministry of Health, the papers are available on the Ethnicity Data in Aotearoa/New Zealand website and include:

- [Classification and output of multiple ethnicities: considerations for monitoring Māori health](#) (by Donna Cormack & Carey Robson)
- [Improving and maintaining quality in ethnicity data collections in the health and disability sector](#) (by Donna Cormack & Melissa McLeod)
- [Ethnicity, national identity and “New Zealanders”: considerations for monitoring Māori health and ethnic inequalities](#) (by Donna Cormack & Carey Robson)

### **1. Why did the Ministry of Health commission this series of discussion papers on ethnicity?**

Ethnicity data is a key variable for understanding the health experiences and priorities of different population groups, leading to the development of more effective policies and programmes. These data are also necessary for monitoring the performance of the health system, which explains why the Ministry of Health has an ongoing interest in improving the quality and completeness of ethnicity data in the sector.

These papers were prepared as part of a series of discussion papers considering key issues in ethnicity data and implications for Māori health. The issues were identified from the literature and from fora with stakeholders and data users. The papers are aimed as a resource for those collecting, recording, and reporting ethnicity data in the health and disability sector, and particularly, for those interested in Māori health and ethnic inequalities.

### **2. How is ethnicity data currently collected across the health and disability sector? What efforts are being made to improve the quality of ethnicity data?**

Ethnicity data has been collected in the health and disability sector in New Zealand for a number of years. However, there have been variable levels of completeness, quality and standardisation. Ethnicity data is collected during encounters with the health system, such as during an admission to hospital, or when registering with primary care. It is also collected in surveys run by the Ministry of Health, such as the New Zealand Health Survey.

In the past, there was no standard approach to collecting ethnicity data. A range of approaches is used to collect data, resulting in ethnicity data that was of variable quality and not always comparable with other datasets. There have also been relatively high levels of misclassification of ethnicity data for Māori in health datasets, such as hospital data.

The Ministry of Health has undertaken a number of activities to improve the quality of ethnicity data, including the development in 2004 of protocols for the whole sector that outline a standard approach to collecting, recording and releasing ethnicity data. The Ministry is also supporting work on developing tools to maintain data quality, such as an ethnicity data audit tool for primary care. Efforts are also being made in the broader health sector, and there has been improvement in the completeness of ethnicity data collected in recent years.

### **3. What are the key findings of these three discussion papers?**

Measuring and monitoring Māori health depends on having high-quality, available ethnicity data, both in the health sector and in official statistics more generally. These papers identify that changing official policies for the collection of ethnicity data can impact on the stability of ethnicity data. Changing response patterns and changing policies for classifying ethnicity make it more difficult to compare data over time and between datasets, which is essential for monitoring.

### **4. What are the key issues with respect of ethnicity data and their potential implications?**

The key issues for ethnicity data in relation to measuring and monitoring Māori health and ethnic inequalities are the availability of high-quality ethnicity data and the standardisation of data over time and between datasets. Having quality ethnicity data means data that is available, timely and complete. In addition, there needs to be some consistency in the way data is collected and classified in the health sector and, more broadly, in official statistics in order that data can be compared over time and between datasets, to see if ethnic inequalities are reducing, increasing or remaining at the same level.

These papers suggest it is important that any changes to the official Statistical Standard for Ethnicity, including changes to the definition, question, classification, or standard outputs, consider the impacts on Māori data. Statistics New Zealand has a role in raising the awareness of agencies and the broader public about the purpose and uses of ethnicity data. Government agencies should encourage the continued collection of ethnicity data using standardised approaches.

### **5. How can these discussion papers inform the measurement and monitoring of health and ethnic inequalities?**

These papers aim to encourage a focus on key issues relating to the measurement and monitoring of Māori health and ethnic inequalities. They are

designed to support the careful consideration of the collection and use of ethnicity data in the health and disability sector, including a recognition of the historical context of official ethnicity data in New Zealand as well as an understanding of the broader contemporary context of official statistics. It is hoped they will encourage discussion about quality ethnicity data in the health sector.