

Response to Stats NZ recommendations for the HSU

August 2022

Recommendation		Response	Notes	Timeframe
Methods				
1.	The HSU should be derived 'as at' key reference dates (eg, 30 June, 31 December) before deriving a 'mean' population from these 'as at' estimates. Separating these steps simplifies the demographic accounting (updating the HSU), as well as providing alternative but consistent HSU estimates for different purposes.	Accepted	Agreed. A review of these recommendations, and how they can be implemented, will be undertaken as part of the HSU workplan.	Decisions to be made by Q2 2023. Implementation to occur in 2023.
2.	All aggregate HSU populations should be derived from the HSU 'as at' unit record datasets – including revisions to those unit record datasets – so that there is one source of truth (internal consistency).	Accepted		
3.	Either the aggregate population distribution or unit record datasets can be used as the denominator for rates at a reference date, as these are consistent with each other.	Accepted		

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4.	The aggregate population distribution, not unit record datasets, should be used as the denominator for rates over periods of time (eg, a year). These mean populations will average the reported attributes – age, ethnicity, and place of residence – of the population over the year. These aggregate mean populations over the year are consistent with (but not equal to) the ‘as at’ populations.	Accepted		
5.	All live births registered in New Zealand should be included in the HSU population according to the date of birth of the child, regardless of their stated residence (ie, in New Zealand or overseas).	Completed	All births registered in NZ are included in the HSU.	Complete
6.	All people whose deaths are registered in New Zealand should be included in the HSU population for reference dates before the date of death, regardless of their stated residence (ie, in New Zealand or overseas).	Completed	All deaths registered in NZ are included in the HSU.	Complete
7.	Vaccination data should be used to increase the HSU population where people were not previously in the HSU relative to each reference date.	Completed	This has been implemented.	Complete
8.	Ethnicity data should be collected and reported according to ‘total response’ rather than ‘prioritised’, to better reflect the ethnicities reported by people using health services.	Under discussion	Work is underway within health agencies including Te Aka Whai Ora, Te Whatu Ora, and the Ministry of Health, to discuss and agree an approach. Agencies need to ensure this change would not negatively impact Māori.	Decisions to be made by Q2 2023. Implementation in 2023.
9.	Ethnicity data should be collected at the most detailed level of the ethnicity classification practicable, to give ultimate flexibility in reporting.	Accepted	Agreed. The National Health Index (NHI) HISO standard for ethnicity specifies that up to six ethnicities should be collected at level 4.	Ongoing

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Dissemination				
10.	The HSU should adhere to the principles of official statistics in its derivation and dissemination. This is because the HSU is an official statistic in its own right and is used to derive other official statistics.	Accepted	Agreed. Will be included in the future workplan for a process to formalise HSU production and dissemination.	Ongoing
11.	The strengths and limitations of the HSU population as a population measure and denominator should be openly published. This could be presented either for the HSU population alone, or in contrast with Stats NZ population estimates and projections.	Accepted	Agreed. Will be included in the future workplan for a process to formalise HSU production and dissemination.	To be published by Q1 2023
12.	The rules by which people are added to, and removed from, the HSU population, should be openly published. In the absence of explicit migrant arrivals and migrant departures data, the rules are important in defining the HSU population.	Accepted	Agreed. Will be included in the future workplan for a process to formalise HSU production and dissemination.	To be published by Q1 2023
13.	The Ministry of Health/Te Whatu Ora – Health New Zealand should implement some steps in their dissemination of the HSU to facilitate use, understanding, and transparency of the data and methods, including:	Accepted		Ongoing
a.	A regular release and revision cycle for the HSU, as per published statistical principles.	Accepted	Agreed. Regular release dates suggested as 1 August and 1 February each year.	To be published by Q1 2023
b.	Advance notification of release dates, including dates of revisions to the HSU.	Accepted	Agreed. Will notify users.	To be published by Q1 2023

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c.	Publication of the HSU for selected disaggregations, with suitable rounding to protect the confidentiality of individuals.	Accepted	Agreed. Will be included in the future workplan for a process to formalise HSU production and dissemination.	Published by Q1 2023
d.	Explanation of how the HSU is derived for both technical and less technical audiences, including explanation of revisions or corrections to the HSU.	Accepted	Agreed. Will be included in the future workplan for a process to formalise HSU production and dissemination.	To be published by Q1 2023
14.	How far back these revisions are applied requires an assessment by MoH/Te Whatu Ora of the value of such revisions against the downsides (small changes to derived series or inconsistencies), but MoH/Te Whatu Ora could consider a threshold of five years, beyond which no revisions are made.	Accepted	Agreed. We will develop a position on the appropriate length of time for revisions.	Formal decision to be made by Q1 2023
15.	The grouping of level 1 ethnic groups 'European' and 'Other (including New Zealander)' is appropriate when 'Other' responses are largely non-existent in numerator data sources. However, the level 1 ethnic group 'MELAA' should be separately reported where possible, as a relatively fast growing and ethnically different grouping to European/Other.	Completed	All ethnic groupings are currently available in the HSU, including MELAA. Whether or not MELAA is used in a specific situation needs consideration. If there are small number issues which lead to privacy concerns, then MELAA will not be appropriate for published data.	Complete



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