

1 April 2020

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Tēnā koutou katoa,

Subject: Urgent requirement for high quality ethnicity data to effectively monitor for equity in COVID-19

Ethnicity data are critical during a national pandemic, to understand the patterning and impacts of COVID-19, and to monitor access to testing, treatment, and healthcare, as well as COVID-19 outcomes by ethnicity. In addition, they are required in a timely manner in order to monitor and rapidly address any potential inequities in pandemic actions.

It is unclear if ethnicity data are being routinely and consistently collected in key COVID-19 healthcare areas, including Healthline and CBACs. In addition, while some ethnicity data are now being reported about COVID-19 cases, the source and quality of these data are not clear.

We call for the urgent implementation of the Ministry of Health Ethnicity Data Protocols for the Health and Disability Sector¹ in all healthcare activities related to COVID-19, and in any reporting of ethnicity data.

Background

It is a mandatory requirement for ethnicity data to be collected in the health and disability sector.² For Māori, ethnicity data are critical to understand the impact of COVID-19 for Māori communities, and to monitor access to COVID-19 related testing, treatment and other healthcare (access to Healthline, to testing, and to other COVID-19 healthcare). In addition, they are required in a timely manner in order to monitor and address any potential inequities in pandemic actions quickly.

Ethnicity data are necessary as part of monitoring the Crown's obligations under te Tiriti o Waitangi in relation to COVID-19, including to enable Te Puni Kōkiri to undertake its "legislated monitoring function to assess the "adequacy" of services delivered to or for Māori".³ Effective monitoring requires high quality ethnicity data, but also the ability to examine Māori patterns by age, gender and region, as well as inequities in these factors. In particular, all data requires clear identification of which cases are NZ residents to enable the monitoring of ethnic inequities.

¹ Ministry of Health. (2017). *HISO 10001:2017 Ethnicity Data Protocols*. Wellington: Ministry of Health.
<https://www.health.govt.nz/publication/hiso-100012017-ethnicity-data-protocols>

² Ibid.

³ <https://www.tpk.govt.nz/en/a-matou-mohiotanga/cabinet-papers/te-puni-kokiris-monitoring-function>

There are clear, well-established protocols for how ethnicity data are to be collected, recorded and output in the health and disability sector.⁴ However, we are aware that currently there does not appear to be a routine, consistent approach to collecting ethnicity data nationally in relation to COVID-19. Key COVID-19 activities, such as Healthline, are not collecting ethnicity data from people who call in about COVID-19. In relation to testing, it appears that it depends on how people access the testing – for example, referral through primary care or otherwise – in terms of whether or not any ethnicity data are collected.

We are aware that the HISO standard for Community Based Assessment Centres was released on 27 March 2020.⁵ Ethnicity is a mandatory data field in this Standard. However, it is unclear how the HISO standard will be implemented retrospectively, given that CBAC systems may have been established prior to the release of the CBAC Standard.

We thus call upon the Ministry of Health to urgently:

1. Require all health and disability sector activities as part of the COVID-19 response to collect and record ethnicity data in line with the Ministry of Health Ethnicity Data Protocols for the Health and Disability Sector. In addition:
 - a. All forms that collect personal data must include the mandatory standard ethnicity question for the health and disability sector.
2. Data (numbers and population rates) on COVID-19 should be disaggregated and reported by ethnicity (and also by age, gender, region, and country of residence) where possible. In addition:
 - a. Data on confirmed and probable cases must be reported by ethnicity.
 - b. Data on calls to Healthline and access to COVID-19 testing must be reported by ethnicity.
 - c. Data on hospitalisations and outcomes must be reported by ethnicity.
 - d. The source of ethnicity data must be clearly identified in any data by ethnicity.
 - e. The methods used to categorise people who report multiple ethnicities must be clearly stated in any output.
3. The Ministry of Health must regularly, and in a time-sensitive way, release Māori data and that of other ethnic groups, to allow Māori to independently monitor of the impacts of COVID -19, and the success (or otherwise) of the Government response. This data should include, but is not limited to:
 - a. Number of confirmed and probable cases
 - b. Number of calls to Healthline
 - c. Number of people tested for COVID-19
 - d. Number of peoples hospitalised and the number of peoples in ICU

Ngā mihi,

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Associate Professor Elana Curtis

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⁴ Ministry of Health. (2017). *HISO 10001:2017 Ethnicity Data Protocols*. Wellington: Ministry of Health.

<https://www.health.govt.nz/publication/hiso-100012017-ethnicity-data-protocols>

⁵ <https://www.health.govt.nz/publication/hiso-100822020-covid-19-community-based-assessment-data-standard>

cc:

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