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Justice Committee
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Submission

Inquiry into 2019 Local Elections and Liquor Licensing Trust Elections

Thank you for the opportunity to make a submission on the Inquiry into the 2019 Local Elections and Liquor Licensing Trust Elections (The Inquiry)

The Public Health Association of New Zealand (PHA) was active in raising awareness during these elections for the District Health Board Candidates where its Branches were then active. We will speak only to some of the terms of reference pertaining to this activity.

Who are we?

The PHA is a national association with members from the public, private and voluntary sectors. Our organisation's vision is 'Good health for all - health equity in Aotearoa', or 'Hauora mō te katoa – oranga mō te Ao', and our purpose is to advocate for the health of all New Zealanders. To achieve this, we provide a forum for information and debate about public health action in Aotearoa New Zealand. Public health action aims to improve, promote and protect the health of the whole population through the organised efforts of society.

We recognise Te Tiriti o Waitangi as Aotearoa New Zealand's founding document, defining respectful relationships between tangata whenua and tangata Tiriti, and are actively committed to supporting Te Tiriti values in policy and legislation. We actively promote also full implementation of related international agreements to which New Zealand is a signatory, including the UN Convention on the Rights of the Child (UNCROC), the UN Declaration of the Rights of Indigenous People (UNDRIP), the Convention on the Rights of Persons with Disabilities, the UN Framework Convention on Climate Change

and the Paris Climate Agreement. We also advocate action on the United Nations Sustainable Development Goals (SDGs), in particular Goal 3: Good Health and WellBeing. The purpose of our activity during local elections, is consistent with the targets of SDG3 including ‘Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all’ <https://www.undp.org/content/undp/en/home/sustainable-development-goals/goal-3-good-health-and-well-being.html#targets> . We purport that the purpose of this Inquiry is also consistent with SDG targets, specifically Goal 11: Sustainable Cities and Communities including ‘Support positive economic, social and environmental links between urban, peri-urban and rural areas by strengthening national and regional development planning’ <https://www.undp.org/content/undp/en/home/sustainable-development-goals/goal-11-sustainable-cities-and-communities.html#targets> and Goal 9: Industry, Innovation and Infrastructure including ‘Develop quality, reliable, sustainable and resilient infrastructure to support economic development and human well-being, with a focus on affordable and equitable access for all’ <https://www.undp.org/content/undp/en/home/sustainable-development-goals/goal-9-industry-innovation-and-infrastructure.html#targets>

PHA Branch activity during 2019 Local Body elections

1. Three of the PHA’s four branches developed scorecards for the DHB candidates in the 2019 local body elections with the support of national office. This initiative followed the very successful scorecards produced by Wellington branch in 2016. The aims of our initiative were:
 - i. To raise awareness about the local DHB elections
 - ii. To engage voters and provide them with more information about candidates from a public health perspective
 - iii. To encourage candidates to consider public health issues in their campaign (and term for those elected)
 - iv. To promote democracy by encouraging informed voter turnout
2. The scorecards were based on responses to a survey sent to all DHB candidates whose addresses were available. The 2019 survey was based on the original survey developed by Wellington branch in 2016 and adapted by each branch for their area. The survey quizzed the candidates on three dimensions relevant to public health: their alignment with PHA public health values and policies, including equity and upholding te Tiriti o Waitangi; their health sector and governance knowledge and experience; and their views on specific public health issues such as fluoridation.
3. National office sent the survey (using Survey Monkey) to DHB candidates in the three locations: Wellington region (Capital Coast DHB), Canterbury (Canterbury DHB) and Otago Southland (Southern DHB). The original survey was followed by 2-3 reminders. The responses were then collated and scored by a panel within each branch using the scoring guide developed by Wellington Branch in 2016. Candidates' responses received a score for each category (prevention focus, equity, pro-fluoridation and knowledge/experience) ranging from 1 (does not align) to 4 (strongly aligned). This was a robust process; the scoring guide was very specific on the types of responses needed for a candidate to be aligned or strongly aligned with the PHA values and

policies, and ongoing discussions were held until all four scoring members agreed on a candidate's score for each category.

4. We then created a professionally designed scorecard in a format for printing (an A4 triple-fold brochure) and a single-sided jpeg for sharing on social media. Names and photos of candidates were listed in alphabetical order to avoid ranking candidates, and their scores were represented as yellow emoji faces: (1) small frown, (2) neutral face, (3) happy face and (4) very happy face. A grey neutral emoji face represented non-responders. An 'authorisation statement' was added as a footnote with CEO Prudence Stone named as the authoriser, to comply with the Local Electoral Act 2001. Please refer to the appendicised examples of the PHA scorecards.
5. Canterbury's survey was sent to all but two candidates. The response rate was just under 50% (11 of 21 surveys sent were returned) but as the survey was only open for a week it was a good response. Canterbury branch's scoring panel departed slightly from the scoring guide as they noticed during the process that each candidate had valid strengths that might appeal to voters, but were not always aligned with PHA values. The panel agreed to add an additional text category and identify a key 'strength' of each candidate; health related or otherwise.
6. Otago Southland branch's survey was sent to 28 DHB candidates and 24 replied in time to be included in the scorecard. One candidate was so keen to complete the survey that, after experiencing technical difficulty, he rang national office who sent him a Word version copy of the survey, which he then completed and delivered in person to the chair of Otago Southland branch at her workplace.
7. Wellington branch's survey was sent to all 23 CCDHB candidates and 16 replied in time to be part of the scorecard. Four candidates who didn't complete the survey in time for the launch at the Meet the CCDHB Candidates event (for various reasons) still wanted to complete the survey. National office sent it to them and their results were included on PHA's website so the total number responding came to 20.
8. Each branch printed copies of their scorecard(s) and distributed them. National branch shared the scorecards on PHA's social media, published them on the website and featured them in PolicySpot, the e-newsletter. Candidates' individual responses were uploaded to the PHA website. Each branch also launched their scorecard(s) at an event. Canterbury at their AGM, and Wellington and Otago-Southland each held Meet the DHB Candidate events.
9. There was a lot of interest in the scorecards both from candidates and from the public as can be seen in the table below showing the number of times people looked at and downloaded for printing and distribution locally the candidate responses and scorecards. National office also received some feedback (via email and face to face), some positive and all constructive.

Website activity

	Previews	Downloads
Canterbury DHB (CDHB) candidate survey responses	455	5
CDHB scorecard - social	181	24
CDHB scorecard - pdf	646	47
Capital Coast (CCDHB) candidate survey responses	809	128
CCDHB scorecard - social	255	21
CCDHB scorecard - pdf	525	43
Southern DHB (SDHB) candidate survey responses	262	6
SDHB scorecard - social	94	5
SDHB scorecard - pdf	226	8

On low voter turnout at local elections

10. In all three of the areas where PHA branches were actively raising public awareness of DHB election candidates and elections, we found no other community stakeholders to partner with. All efforts made/capacity among our usual stakeholder partners were in either raising public awareness of the Council candidates and elections, or supporting the Electoral Commission's efforts to raise voting enrolments generally.

11. We note with concern the dearth of information resources given to communities nationwide regarding their candidates for DHBs. If the PHA is alone in raising public awareness for these candidates and DHB elections, this leaves most of the country outside Wellington, Canterbury and Southland/Otago without adequate information to support and inform the public's decision-making, let alone rally better turnout for these elections. The lack of informed decision-making, compounded by low voter turnout, weakens the democratic process for electing District Health Board members, and will compromise board outcomes.

Irregularities or problems that could have compromised the fairness of elections

12. A dearth of effort in widely distributing information resources regarding our DHB candidates leads to inevitable public reliance upon the self-promotion of the candidates themselves during elections. These self-promotion efforts have no means of public scrutiny on the basis of public health interests, equity or previous governance experience, and are inequitable in terms of public access, due to the unequal level of income and investment among candidates for their self-promotion.

13. The PHA received considerable positive feedback for our efforts to provide an information service to the public regarding its DHB candidates in three areas of New Zealand, particularly for its robust scrutiny of the candidates for their relevant knowledge and experience in health equity and governance. We consider the considerable positive feedback an indication of the public demand for this service nationwide, had we more active branches to provide it, or other stakeholder partners, including the electoral commission and local council staff across the country, that might fill the gaps in our own capacity.

On the Justice Committee's report on the 2016 local elections


14. Due to the points we raise above, we support the recommendation of the Justice Committee that the Government consider giving responsibility for running all aspects of local elections to the Electoral Commission, so long as it is given adequate technological, human and funding resource to partner with community stakeholders such as the PHA, and distribute our robust information resources regarding DHB candidates. Where this information service is not provided by community stakeholders like the PHA, the Electoral Commission's responsibility should extend to producing these information resources itself, either in partnership with each Council or scaling up the PHA's methodology of scrutiny and information provision in its three branch areas, or partnering with us to extend our own capacity.

15. We also support the recommendation that the Government consider encouraging or requiring the same voting system to be used in all local elections, and this should include a nationwide cap on all individual candidates' expenditure for self-promotion during elections, to ensure equity of public access to information and the levelling of candidates' playing field.

Conclusion

The PHA will build on the success of its score-carding process for DHB candidates, increasing its capability of scrutiny to include Auckland DHB by the time of the next local elections, if not more pending the proactivity and capacity of our volunteer members in all regions of New Zealand. Given the positive feedback and successful scale-up from one branch's activity in 2016 to three in 2019, we have developed a formula of information resource provision that is robust, scaleable nationwide, and multi-media. We hope the Justice Committee notes our success and the value-add the PHA provides in regions where it can, supporting and informing fair democratic process for DHB elections.

Sincerely,



Dr Prudence Stone, CEO