



HEALTHIER, LONGER,
BETTER LIVES

5590+

The new health insight
helping New Zealanders lead
Healthier, Longer, Better Lives



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FOREWORD

At AIA NZ our dream is for New Zealand to become one of the healthiest and best protected nations in the world. We believe we have a responsibility as New Zealand's largest life insurer to move away from simply being a payer of claims, to partner with New Zealanders to help them lead Healthier, Longer, Better Lives.

As a life, health and wellbeing company, we see the devastating impact that chronic health conditions can have on our customers and their families, and we are concerned at the increasing numbers of New Zealanders who are hospitalised or unable to work due to a serious medical condition. A greater focus on prevention and early intervention is required to prevent conditions from developing in the first place, and to prevent existing conditions from deteriorating further.

The 5590+ insights show us that by focusing on and improving five modifiable behavioural risk factors – physical inactivity, poor nutrition, smoking, excess alcohol and our interaction with the environment – we can assist to prevent five major non-communicable diseases – cancer, diabetes, respiratory diseases, heart disease and poor mental health.

5590+ provides the foundation for our work on life, health and wellbeing. In 2019 we launched our market-leading, science-backed health and wellbeing program AIA Vitality into the New Zealand market. It provides education and motivation for our customers to better understand their own health, and to make small changes where needed to improve it. From prediction to prevention, diagnosis, treatment and recovery, AIA encourages all Kiwis to Think Well, Eat Well, Move Well and Plan Well so that they can take small steps towards better health and wellbeing.

Together we are optimistic that this report will drive further conversation and collaboration to improve health and wellbeing outcomes in New Zealand, Australia, and around the world.

Nā māua noa, nā



A white ink signature of Damien Mu, consisting of stylized, overlapping letters.

Damien Mu
CEO and Managing Director
AIA Australia and New Zealand



A white ink signature of Nick Stanhope, consisting of stylized, overlapping letters.

Nick Stanhope
CEO
AIA New Zealand

EXECUTIVE SUMMARY

The causes of global disease have changed significantly over the past few decades.

Until recently, it was accepted that four modifiable behaviours – physical inactivity, poor nutrition, smoking and excess alcohol – led to four major non-communicable diseases (NCDs) – cancer, diabetes, respiratory and cardiovascular disease. Each year these NCDs are responsible for 90 per cent of deaths in New Zealand.

This health insight is often referred to as 4490 – that is, four modifiable behavioural risk factors leading to four NCDs that cause 90 per cent of deaths in New Zealand.

4490 provided the foundation for AIA New Zealand's purpose-driven focus on life, health and wellbeing. Using these insights, AIA New Zealand developed an ecosystem of products, services and partnerships designed to shift the healthcare focus away from treatment towards health promotion and prevention of NCDs, by addressing the modifiable behaviours that have the greatest impact.

In keeping with the latest evidence and data on global disease, AIA has updated 4490 to 5590+. This revision includes a fifth NCD: poor mental health, and a fifth modifiable behavioural risk factor: our interaction with the environment.

Together these now contribute to more than 90 per cent of deaths in New Zealand.

The case for investing in health promotion and prevention of NCDs is now stronger than ever. NCDs are the main cause of death and disability worldwide, and yet they are largely preventable.

AIA New Zealand is contributing to the critically important work of improving the health outcomes for Kiwis and helping them live Healthier, Longer, Better Lives, through the prevention of five major non-communicable diseases – cancer, diabetes, respiratory diseases, heart disease and poor mental health – and a focus on the modifiable behavioural risks that underpin these – physical inactivity, poor nutrition, smoking, excess alcohol and our interaction with the environment.

The World Health Organization (WHO) defines health as 'a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity'. Concerningly, over the last 30 years we have moved further away from the WHO definition of health.¹

1. WHO, 2019.

THE BURDEN OF DISEASE

We can assess the health of a nation by measuring the burden of disease; that is, the impact of a health problem on a population that results in death or disability. These insights are critical to inform the planning, prioritisation and evaluation of relevant and effective health promotion and prevention.

There are three broad causes of death and disability:

- **Non-communicable diseases (NCDs)** – including cardiovascular disease, diabetes, respiratory disease, cancers, and poor mental health.
- **Communicable, maternal, neonatal, and nutritional diseases (CMNN)** – including HIV/AIDS, infectious diseases, maternal and neonatal disorders, and nutritional deficiencies.
- **Injuries** – including accidental, interpersonal, and self-inflicted.

Measuring the burden of disease

There are various indicators used to measure the disease burden of a population, such as years of life lost due to early death (premature death), years of life lost due to health-related suffering that does not cause death (years lived with disability) and a combination of life lost by both premature death and disability (total years of healthy life lost).

FIGURE 1:
MEASURING THE IMPACT
OF DISEASE BURDEN



Risk factors

Risk factors are an important contributor to the cause of disease.

A risk factor is a behaviour or condition that increases the likelihood that a person will experience a negative health condition or event. A risk factor can be behavioural, metabolic, or occupational/environmental.

Some risk factors can be modified, for example changing a behaviour like quitting smoking, while other risk factors cannot be modified, such as a person's age or medical history (see Figure 2).

If, over time, people engage in less risky behaviours, or if fewer people live in risky conditions, the incidence of health problems associated with those risk factors should decrease².

FIGURE 2: TYPES OF RISK FACTORS (EXAMPLES)



2. Institute for Health Metrics and Evaluation, 2016.

The evolution of NCD insights

2003

The Oxford Health Alliance proposes the 3four50 model to communicate the need for prevention of diseases. This is based on three risk factors (unhealthy diet, physical inactivity and tobacco use) that lead to four NCDs (cardiovascular disease, diabetes, chronic respiratory diseases and certain cancers) which contribute to more than 50 per cent of global deaths.

2017

AIA Australia and New Zealand adopt the concept of 4490. This reflects the four main risk factors that led to the four main NCDs, that contribute to 90 per cent of deaths in Australia and New Zealand

2018

The United Nations member states broaden their focus on NCDs and risk factors to a five-by-five approach, which includes mental disorders and other mental health conditions, as well as environmental contributors³. Together, these are responsible for 71 per cent of all deaths worldwide.

This approach is then adopted by the NCD Alliance, a network of 2,000 organisations in more than 170 countries, dedicated to improving NCD prevention and control worldwide.

2016

The Vitality Institute, a global research organisation, proposes an update to reflect the evolution of the science, evidence and data underlying the global disease burden. The 4Four60 model represents four risk factors (poor diet, physical inactivity, tobacco use and excess alcohol intake) that lead to four NCDs (cardiovascular disease, diabetes, chronic lung disease and various cancers) which contribute to 60 per cent of global deaths.



2021

AIA New Zealand adopts the concept of 5590+ and continues its focus on health promotion and prevention.

2019

The AIA Group, which operates in 18 Asia-Pacific countries, adopts a similar approach to the United Nations.

Also known as chronic diseases, NCDs are the most common cause of death and disability globally, accounting for 70 per cent of all global deaths and more than three out of four years lived with a disability⁴

4. NCD Alliance, 2019

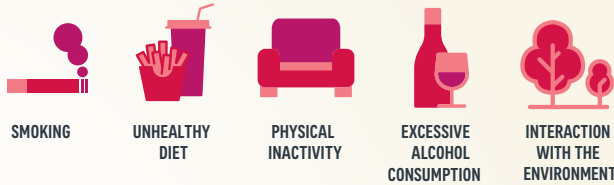
5590+

In keeping with the latest evidence and data on global disease, in 2021 AIA New Zealand updated its previous approach of 4490 to 5590+.

This revision includes a fifth NCD: poor mental health, and a fifth modifiable behavioural risk factor: our interaction with the environment.

Combined with the 4490 inputs, these now lead to more than 90 per cent of deaths in New Zealand.

5 MODIFIABLE BEHAVIOURAL FACTORS



LEAD TO

5 NON-COMMUNICABLE DISEASES



THAT CAUSE

OVER **90%** OF DEATHS IN NEW ZEALAND



GLOBAL STATISTICS

In 2019, NCDs were responsible for 42 million deaths globally, which equated to 74 per cent of the year's total deaths. NCDs also took seven places in the top ten causes of death.

FIGURE 4: TOP TEN GLOBAL CAUSES OF DEATH 2019, THE LANCET



- Non-communicable diseases
- Communicable, maternal, neonatal and nutritional diseases
- Injuries

NCDs contribute not only to global deaths, but also to years lived with disability. NCDs were responsible for 1.62 billion total years of healthy life lost to both death and disability in 2020.⁵

By 2025, the NCD burden is expected to increase by 17 per cent.⁶

Global mental ill health

More than 300 million people or 4.4 per cent of the world's population suffer from depression⁷, and this is the leading cause of disability worldwide. By 2030 mental disorders are expected to be the leading contributor to disease burden⁸.

5. Global Burden of Disease, 2019.

6. NCD Alliance, 2017.

7. WHO, 2017.

8. WHO, 2012.

Contributors to NCDs

FIGURE 5: TOP TEN GLOBAL CAUSES OF LOSS OF HEALTHY LIFE, 2019 AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE



The impact of the environment

Globally, 23 per cent of all deaths (about 12.6 million deaths per year) are linked to the environment and nearly two-thirds of the annual deaths caused by the environment are due to NCDs⁹.

9. WHO, 2017.

NEW ZEALAND STATISTICS

A closer look at the statistics for New Zealand reveals that in 2018, NCDs were estimated to account for 89 per cent of all deaths, led by cardiovascular diseases (31%) and followed by cancers (30%)¹⁰.

The three most common causes of death were cardiovascular, ischaemic heart disease, stroke and COPD (Chronic Obstructive Pulmonary Disease), which have remained the top three causes of death since 2009, across all ages combined.

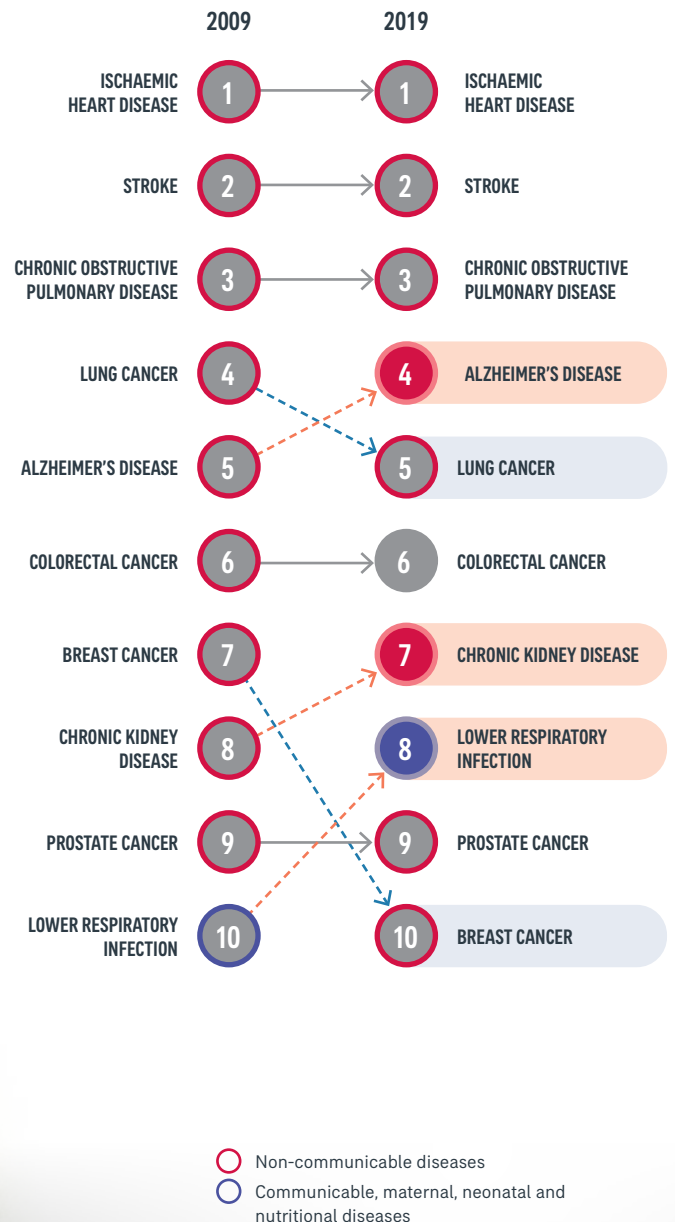
Since 2009, NCDs have represented nine out of the top ten causes of death in New Zealand. The most common causes of death are cardiovascular, specifically ischaemic heart disease and stroke.

Three out of the five leading causes of healthy life lost to disability are also chronic diseases¹¹:

1. Cancer (17.5%)
2. Cardiovascular and blood disorders (17.5%)
3. Mental ill health disorders (11%)
4. Musculoskeletal disorders (9%)
5. Injuries (8%)



FIGURE 6: TOP 10 CAUSES OF DEATH IN 2009–2019, INSTITUTE FOR HEALTH METRICS AND EVALUATION



10. World Health Organization (2018). Noncommunicable Diseases (NCD) Country Profiles.

11. Health Loss in New Zealand - A report from the New Zealand Burden of Diseases, Injuries and Risk Factors Study, 2006–2016 (moh.govt.nz)

New Zealand's mental health

The He Ara Oranga Report of the New Zealand Government Inquiry into Mental Health and Addiction published in 2018 states that:

- More than 50–80% of New Zealanders will experience mental distress or addiction challenges - or both - in their lifetime.
- A range of social determinants are risk factors for poor mental health: poverty, lack of affordable housing, unemployment and low-paid work, abuse and neglect, family violence and other trauma, loneliness and social isolation (especially in the elderly and rural populations) and, for Māori, deprivation and cultural alienation.
- Addiction to alcohol and other drugs is causing widespread harm in New Zealand communities. A heavy drinking culture harms health and wellbeing.
- Disparities in outcomes also exist for groups such as Māori, Pacific peoples, and people in contact with the criminal justice system.

New Zealand sits in the middle of other OECD countries when comparing total population suicide rates. Our suicide rate is higher than Ireland's or the United Kingdom's, but lower than Australia's or the United States¹².

Suicide is the leading cause of death in young people however, with New Zealand youth suicide rates among the highest globally. A recent report by Unicef found New Zealand's suicide rate of teenagers between 15 and 19 is the highest of 41 OECD and EU countries.

It is worth noting suicide is not the only attributer to deaths from poor mental health. When we look at the breakdown of causes of death from the Global Burden of Disease, the grouping of poor mental health/ mental health conditions also includes Substance Abuse, Dementia, Alzheimer's and other mental disorders.

Contributors to NCDs

The biggest risks contributing to the overall disease burden (ill-health, disability and early death combined) in 2019 were tobacco, high body mass index and high blood pressure.

Drilling further down into the behaviours that contribute to the overall disease burden reveals that the following modifiable factors have the largest impact:

- Smoking
- Alcohol use
- Drug use
- Diet high in red meat
- Diet low in whole grains
- Low physical activity
- Diet low in legumes
- Diet high in processed meat
- Diet low in fruits
- Second-hand smoke

FIGURE 7: INSTITUTE FOR HEALTH METRICS AND EVALUATION (IHME) – NEW ZEALAND PROFILE: TOP 10 RISKS CONTRIBUTING TO THE BURDEN OF DISEASE IN 2019



12. OECD (2019), Suicide rates (indicator).

THE IMPORTANCE OF THE ENVIRONMENT

Broadly, the environment includes everything external to people, including the physical, natural, social and behavioural environments. Environmental health is a branch of public health that focuses on preventing or controlling disease, injury, and disability related to the interactions between people and their environments.

The environment is increasingly being recognised as a significant cause of disease, with research showing links between NCDs and environmental factors such as:

- air pollution
- climate change
- agriculture and food
- urbanisation

Impact

There is mounting evidence that demonstrates the link between health and the environment. Our behaviours have an impact on the environment, which in turn impacts our health and wellbeing. We cannot thrive in an unhealthy environment, while the environment cannot thrive when our behaviours are unhealthy. Concerningly, the impact of environmental factors on NCDs is escalating.

Air pollution is second only to tobacco smoking in causing global NCDs¹³. Air pollution includes household and outdoor air pollution, second-hand tobacco smoke and exposure to toxins such as lead.

Climate plays an important role in human health and wellbeing. Climate change impacts human health directly (through storms, droughts, floods, heatwaves, temperature changes and wildfires) and indirectly (through water quality,

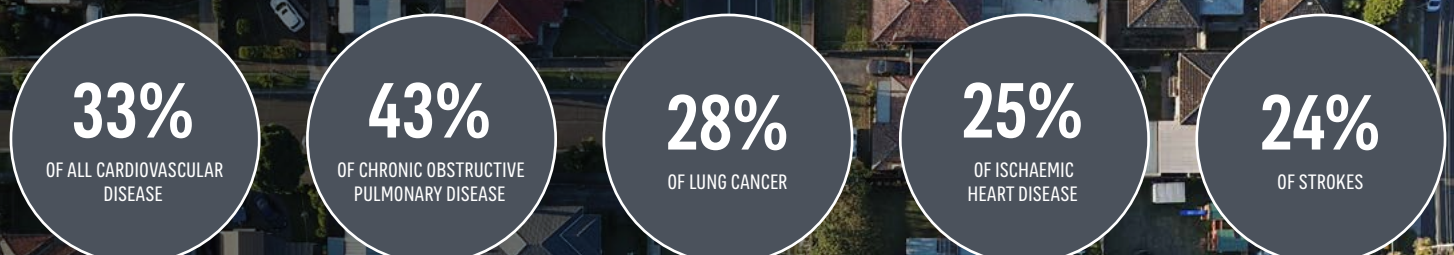
air quality, land-use change and ecological change). Climate change can directly and indirectly increase the incidence of NCDs. For example, climate change may increase the risk of cardiovascular disease directly via air pollution and extreme temperatures, and indirectly via changes to food availability.

There are direct and indirect links between our interaction with the environment and our mental health. These can be positive – for example, the beneficial impact of access to green space on mental health. In contrast, the effects of climate change can cause significant mental distress. Extreme weather events can have direct psychosocial consequences, and the impacts of incremental climate change (such as changing agricultural conditions, rising temperatures and sea levels, and disruption of food and water resources) can give rise to stress, violence and displacement of communities.

Dietary choices also link environmental and human health. Strong evidence indicates that food production is among the largest drivers of global environmental change by contributing to climate change, biodiversity loss, freshwater use and land-system change. Rising incomes and urbanisation are driving a global dietary transition in which traditional diets are replaced by diets higher in refined sugars, refined fats, oils and meats. These dietary shifts are causing increases in diet-related diseases and environmental degradation.

Urbanisation and the built environment can significantly influence our health. Many urban-dwelling working adults spend more than 10 hours sitting down every day¹⁵. Sedentary behaviours are a major cause of NCDs. Urban spaces are increasingly being recognised as important social determinants for health with the potential for both negative and positive effects on physical and mental health.

Air pollution is responsible for¹⁴:



13. Prüss-Ustün et al, 2019.

14. Landrigan et al, 2018.

15. Owen et al, 2010.

“Planting native trees is one of the most significant actions we can take for the physical and mental wellbeing of New Zealanders: both in a long-term, global sense, and to benefit our local communities.”

Melanie Seyfort

Head of Partnerships
Project Crimson and Trees That Count

In today’s context, native trees are often talked about for their potential long-term carbon sequestration and climate change mitigation. However, they’re also producing positive impacts for our climate right here and now: providing shelter, and ameliorating local temperatures.

Likewise, native trees protect our water and air quality. They contribute to green infrastructure, alleviating flooding and protecting our water quality from urban pollution and excess nutrients from intensive agriculture. Their absorption of air pollutants results in lower incidences of respiratory and cardiovascular diseases, fewer hospital admissions and lower health costs. In particular, a 2018 study following 49,956 New Zealand children demonstrated that exposure to natural vegetation can protect against asthma in children.

Less quantifiable, but just as significant, are the cultural, spiritual, and mental wellness values that native forests can

provide. There has been a wealth of international research on the importance of nature for human well-being. In the New Zealand context, the strong link between human health and the surrounding environment has been described under the concept of waiora (health, or holistic wellness, in Te Reo Māori).

Native forests are playgrounds for us and our visitors alike. A 2015 survey of walking access showed that for 88% of New Zealanders, spending time in the outdoors was an important part of their life: and forests featured highly when these respondents were questioned about the types of areas visited.

It is also now recognised that restoration of habitat and natural biodiversity by community volunteers contributes to their wellbeing and is a unifying force in communities. From personal experience, it’s true: there’s no better feel-good moment than putting a native seedling in the ground.

“By breaking down the enormity of some of these big challenges, whether it’s health or climate change, into small manageable pieces you can have an influence over, people can get on with being part of the solution.”

Tim Jarvis AM

British-Australian environmental explorer and
AIA Vitality Ambassador

It’s almost impossible to separate human health and the health of the broader environment. The two are inextricably linked by a whole range of environmental factors that have a direct impact on personal, physical and mental health.

For example, we now know that the quality of the air we breathe, organic compounds and nitrogen oxide from fossil fuel powered vehicles have implications on noncommunicable diseases in the form of cardiovascular disease, lung function and asthma. The quality of food we eat is impacted by environmental factors, such as food safety, microbes, and chemicals and bio toxins, which has implications for physical health. And ultraviolet radiation, with the destruction of the ozone layer, increases the risk of skin cancers like melanoma.

It’s important to make these links so that proactive steps can be taken to do something about it, whether that is contributing to climate change, or just living more healthily in response to some of these changes that are coming our way. A valuable first step is to take more public transport, favouring cycling, ride sharing or walking, as all of these have a huge impact on carbon footprint. Green power can be used in the home to reduce electricity generation emissions, and lastly, eating less red meat is also beneficial for health and the broader environment.

Equally, I think when faced with the enormity of some of these global issues, it can become demoralising. The best way to tackle them is to focus on what can be controlled.

FOCUS ON MENTAL HEALTH

Poor mental health is increasingly being recognised as a priority NCD to be addressed.

Mental wellbeing is essential for communities to thrive, yet an estimated quarter of New Zealanders currently have poor levels of mental and emotional wellbeing. Those who did not have good lifestyle habits to support their wellbeing were heavily represented in the at-risk quarter of the population.

Impact

Mental health is impacted by a combination of diverse factors, including biological, psychological, social and environmental.

Both common mental disorders (e.g. depression and anxiety disorders) and severe mental illnesses (e.g. schizophrenia and bipolar disorder) frequently coexist with other NCDs. Good mental health is therefore fundamental to reducing the burden of NCDs.

Mental health affects, and is affected by, other NCDs. Poor mental health captures diagnosable mental health conditions (such as depression, anxiety, bipolar disorder etc.) as well as other experiences of poor mental health, such as chronic stress, despair and community level traumas. Poor mental health and other NCDs share several common causes and outcomes, and can frequently occur in the same person. For example, depression increases the risk of developing cardiovascular disease at an early age, while cardiovascular disease increases the chance of developing depression¹⁶.

People who experience serious mental illness and/or addiction die much earlier than their counterparts in the general population, with a two to three times greater risk of premature death¹⁷. Two-thirds of this premature mortality is due to cardiovascular disease, cancer, and other physical illnesses.

Having a poor mental health, alone or in combination with another NCD, increases the risk factor for suicide.

NCDs share many risk factors; examples that link poor mental health with other NCDs include sedentary behaviour and harmful use of alcohol.

16. WHO, 2013.

17. Lawrence, D., & Kisely, S., 2010.





Shaun Robinson

Chief Executive
Mental Health Foundation of New Zealand

Our mental health is very much about what happens in our lives, how we deal with life events, what resources we have and how supported we are in the community to mitigate the negative impacts of life's ups and downs. There is a great deal within this that both individuals and groups can affect. There are many things we can do in our lifestyles, and in environments like schools, workplaces and communities, that can help to build our positive mental health and wellbeing. We can build our mental health into an asset, just as we can build our physical fitness, and this has multiple benefits to our lives; as well as protecting against many aspects of poor mental health.

Discussion of mental health and of what it means has never been more prominent in Aotearoa New Zealand. High rates of mental and emotional distress experienced in the community over many years have become a significant political issue. At the same time many businesses, sports bodies and communities have been leaning into the benefits of proactively promoting actions that build mental fitness, resilience, and wellbeing as an asset to performance in all aspects of life and a preventive factor to assist when times are tough. From farming communities learning to lock in positive sleep habits and stress management, to schools using mindfulness as a tool, to communities promoting kindness and connecting to others, to rugby players being coached on emotional health, to strong messages about

cultural identity as a strength factor - there has been a growing range of wellbeing promotion activity.

The arrival of the Covid-19 pandemic challenged us all to be aware of our individual and community mental and emotional response and wellbeing. An understanding grew that behaviours impact how we think and feel - like mild exercise, maintaining social connection, diet, keeping the mind active, connecting with nature - and these were actively encouraged through government funded health promotion such as the Getting Through Together campaign.

These health promotions draw on decades of evidence both internationally through the Five Ways To Wellbeing, and indigenously through Te Whare Tapa Whā. As people were taking action during Covid-19 lockdowns evidence was confirming the effectiveness of these behaviour-based approaches. Sport NZ research and national wellbeing research conducted by Ipsos research for the Mental Health Foundation both concluded that adopting even one behaviour that science showed boosted wellbeing increased a person's chance of a healthy WHO-5 wellbeing score by 50% or more; with multiple behaviours having a multiplier effect.

Poor mental wellbeing is preventable. Knowing that health promotion works in the context of mental health, the challenge is now to bring this to scale within Aotearoa New Zealand and globally.

THE SOLUTION

Billions of people are living with one or more NCDs that could have been prevented. To significantly reduce the burden of NCDs, we need to shift towards a preventive mindset, increasing awareness through health promotion, and supporting health innovations across all sectors.

Everyone can play a role – governments and policy makers, the private sector and individuals. Preventing disease requires more than providing people with information to make healthy choices. While knowledge is critical, we must reinforce and support good health – for example, by making healthy choices easy and affordable.

Focus on prevention

Health promotion and disease prevention strategies are designed to keep people healthy. They often address the social determinants (economic, social, cultural and political conditions) that affect health, which influence modifiable behavioural risks, such as physical activity levels and eating habits.

Health promotion and disease prevention programs aim to help people increase control over their own health, by engaging and empowering individuals and communities to choose healthy behaviours and make changes that reduce their risks of developing chronic diseases and other morbidities.

To be most effective, interventions must be developed for all stages of life. When combined with lifestyle changes, health promotion and disease prevention programs can significantly reduce the incidence of disease and associated disability and death.

Prevention can occur at three levels: primary prevention intervenes before disease occurs, secondary prevention detects and treats disease early, and tertiary prevention slows or stops the progression of an existing disease¹⁸.

“Upstream” approaches focus on reducing the risk factors that impact health conditions before they can manifest. This approach can reduce rates of both death and disability. An upstream approach focuses on an outcome across an entire population in a community and emphasises a range of influences across different sectors in the environment that impact behaviour.

Evidence clearly shows that prevention is the best value-for-money investment in health¹⁹. Unlike the costs of treatment, lost productivity and ongoing health care, prevention policies and programs are generally cost-effective. These interventions often reduce overall health care costs and the economic burden of disease, while improving productivity and quality of life.

18. Centre for Disease Control, 2020.

19. National Prevention Council, 2011.



Dr John Mayhew ONZM

AIA NZ Chief Medical Officer,
former Warriors and All Blacks doctor

There is no quick fix when it comes to health. Some aspects of personal health and wellbeing are out of our control; genetics play a significant part in an individual's predisposition to certain diseases such as diabetes and high blood pressure, as does age and gender.

But never underestimate the importance of health prevention, and understanding your own risk factors. Look for proactive steps you can take to increase control over your own long-term health. Knowing what health screenings you should get, such as cervical and breast screening for women, and prostate and bowel for men - and at what age you need to start screening - is vital in early detection and intervention. The same applies to skin checks and mole maps, especially in New Zealand's climate.

It isn't always what people want to hear, but exercise and diet make a real difference. There is no such thing as bad exercise. Incidental exercise such as taking the stairs or taking the long way around is beneficial, even if you don't see an impact on body fat levels. Regular exercise is also proven to support mental wellbeing, another reason to keep your body – and mind – moving. Eating a well-balanced diet that is high in fresh fruit and vegetables, and low in processed carbs, is essential for long term health – again, with both physical and mental benefits.

The way forward is continued education. At a national, local and individual level. This requires ongoing commitment and collaboration between communities, government, public and private sectors to collectively maximise the quality of life for all New Zealanders.

Government action

Integration of wellbeing

Wellbeing is increasingly being considered as a central goal for society and is being integrated into government policy in some countries.

Three areas need to be developed for governments to fully integrate wellbeing: measurement, methodology, and government guidelines on policy analysis and appraisal. Interventions with high public impact that are specifically designed to address population wellbeing can help generate the public momentum needed to nudge governments towards using wellbeing as the paramount policy evaluation metric²⁰.

In 2019, the New Zealand Government launched the Wellbeing Budget, moving away from traditional methods of measuring growth and development towards gauging the long-term impact of policies on the quality of lives - a better measure than focusing on short-term outputs. While it is acknowledged there is more to do to deliver on these promises, it is seen as a positive step forward towards more integrated wellbeing services.

Health promotion and interventions

Together, health promotion, disease prevention and upstream approaches are key strategies to address the burden of NCDs and their risk factors. Governments should invest more of their healthcare spend on prevention and early intervention, in order to reduce the need for spending on treatment and cure.

It is critical to reduce exposure to the common modifiable risk factors for NCDs, while strengthening capacity to make healthier choices and adopt healthy lifestyles. Governments play an important role in providing tools and information and making healthy choices easy and affordable²¹.

Focus on the environment

Governments play a pivotal role in protecting the environment. They are uniquely positioned to deploy large-scale measures that fundamentally impact health and wellbeing.

Governments can help to strengthen the global response to environmental challenges, by engaging with international efforts. New Zealand has made climate change commitments under the United Nations Framework Convention on Climate Change, the Paris Agreement and the Kyoto Protocol.

Effective policy design and implementation is an upstream approach that can lay the foundation for protecting the environment.

Health and the environment are inextricably linked. To address the interplay between the environment and NCDs, both issues must be considered when designing policies and solutions.

Both physical activity levels and the environment are impacted by urban design (e.g. walkability and safety), transport systems (e.g. public transport versus private), and recreational facilities (e.g. parks and green spaces). Increased physical activity levels through urban design that supports active transport, results in a double benefit of reducing NCD risk and air pollution from vehicle emissions.

Studies about the relationship between built environments and mental health have reported that a state of wellbeing, response to stressors, the ability to work productively, and to make contributions to the community can all be affected by factors such as the quality of public utilities, walking distance to public spaces, access to transport, and level of infrastructure.

20. Frijters et al., 2020.

21. Wisdom et al., 2010.



Alignment of NCD and environmental policies and programs can therefore offer win-win opportunities for people and the planet by fully integrating strategies that benefit both, such as pollution control, healthy urban design and sustainable transport.

It is clear that creating healthier environments must be part of a comprehensive solution to tackling adverse health outcomes.

Focus on mental health

Traditionally, efforts to combat poor mental health have focused on treatment and cure late in the course of illness, rather than prevention or early intervention. Significant evidence supports the value of preventive interventions that promote mental wellbeing and reduce the risk of poor mental health.

Government policies can support mental wellbeing by concentrating on mental health promotion, prevention and early intervention, such as recommendations made in He Ara Oranga Report of the Government Inquiry into Mental Health Addiction²² and the mental wellbeing approach outlined in Kia Manawanui Aotearoa Long-term pathway to

mental wellbeing²³. This requires a shift in resources towards targeting the risk factors for poor mental health at both the individual and population level. In addition, health systems will need to be aligned by providing mental health screening and support services.

AIA NEW ZEALAND CALLS ON THE GOVERNMENT TO CONTINUE TO PRIORITISE:

1. A greater focus on identifying and addressing the causes of poor mental health.
2. Better use of evidence-based behaviour change strategies to improve mental wellbeing.
3. Improved access to mental illness treatment services for all New Zealanders.
4. Increased ability for life and health insurers to support customers with early intervention and mental health treatments.
5. Enhanced government support for organisations and businesses that have invested in initiatives or programs that improve mental wellbeing, in order to promote their work, collaborate, or co-develop to increase the effectiveness of the initiatives or programs.

“The future design of cities in which the world’s seven billion city dwellers will live, work, and play will be crucial to increasing global productivity and reducing the incidence, prevalence, and costs associated with noncommunicable diseases and injury.”

Dr Jason Thompson
Senior Research Fellow –
Transport, Health and
Urban Design Research Hub,
University of Melbourne

22. New Zealand Government (2018) He Ara Oranga

23. NZ Ministry of Health. 2021

Individual action

Focus on the environment

Every one of us can improve our impact on the environment, which in turn improves the impact of the environment on our health. While small changes at an individual level may seem trivial, if we all modify even a few behaviours, we can collectively have a significant and positive impact.

Mindfulness

We can start by being mindful about how our lifestyles, habits and actions impact our ecosystem. This mind shift can not only benefit the planet, but our health and wellbeing as well.

Consumption

We impact the environment through our consumption patterns: what we consume, how much we consume and how often. Simple but valuable ways to reduce our consumption include using less water, conserving electricity, avoiding chemical use, and buying second-hand items. In addition, recycling properly, composting and upcycling are all valuable ways to reduce environmental harm from over-consumption.

Purchasing power

We can harness our purchasing power to benefit the planet. Choosing to buy local, e.g. food from farmers' markets, and selecting reusable instead of single-use products help to influence purchasing patterns.

Dietary choices

The good news is that the production of foods that are healthier for humans tend to be healthier for the environment. Diets that are healthy for us and for the environment are known as 'win-win' diets. They are high in fruit, vegetables, whole grains, legumes and nuts. Choosing more of these foods has a double benefit by minimising damage to the environment and supporting our health and wellbeing.

Transport

The decisions we make about how we travel are another opportunity to reduce environmental harm. Considering our transport choices – for example public versus private transport – can help to reduce gas emissions into the atmosphere. Deliberately choosing more active transport (i.e. walking or cycling) and public transport are not only more economical, but also healthier for people and the environment.



Focus on mental health

In the last few decades, considerable research has highlighted various social and personal factors that contribute to positive emotional and mental health. Actively engaging in education or employment are at the top of the list.

Just as we need regular physical activity to improve our physical fitness, our mental fitness also needs regular attention. We can all benefit from mental wellbeing check-ins, which can improve our awareness of our mental health state and encourage us to support it with healthy habits. As with other NCDs, we can modify our behaviour and incorporate small, simple changes to support our mental fitness and reduce our risk of developing poor mental health.

Physical activity

Regular physical activity is associated with a greater sense of wellbeing and lower rates of depression and anxiety across all age groups. Some studies have found that exercise is comparable with pharmacologic treatment in terms of efficacy for the treatment of major depressive disorder²⁴.

Body-mind activity that has a focus on breathing and a cleared or calm state of mind with a goal of relaxation, such as yoga, may benefit those experiencing depression and anxiety, and can also help to maintain a sense of wellbeing.

Diet

Evidence is growing to support an association between dietary quality and mental health²⁵. Based on current available evidence, the dietary recommendations for preventing depression include:

- Increasing your consumption of fruits, vegetables, legumes, wholegrain cereals, nuts, and seeds.
- Including foods that are rich in omega-3 fatty acids, such as oily fish.
- Limiting your intake of processed foods, fast foods, commercial bakery goods, and sweets.
- Replacing unhealthy foods with wholesome, nutritious foods.

Meditation and mindfulness

Meditation, particularly mindfulness, can reduce multiple negative dimensions of psychological stress, including anxiety and depression as well as chronic pain.

Social connectedness

There is increasing and compelling evidence that social relationships are critical for promoting mental wellbeing and for acting as a buffer against mental health conditions²⁶. Activities such as yoga and dancing not only promote mental wellbeing through social engagement, but also improve physical health and mental wellbeing, while being enjoyable.

Sleep

Several observational epidemiologic studies have shown that inadequate sleep is associated with obesity²⁷, hypertension²⁸, diabetes²⁹, and overall mortality³⁰. Improving sleep duration and sleep quality is therefore an important wellness intervention.

“The type and quantity of foods we eat on a daily basis has an enormous impact on our health and wellbeing. One example is that the risk of developing many cardiovascular diseases is increased when there is an over consumption of salt and an imbalance of dietary fat sources which is disturbingly common in New Zealand.

In our modern world where food is so readily available, highly processed food options are the easy go-to choice for busy lives and food marketing strategies encourage overconsumption on so many levels from clever pricing structures to food/drink combo package deals. It is imperative that steps are taken to support and encourage Kiwis to change their behaviour and make it easier for them to make healthier choices to optimise their nutrition for good health.”

24. Mead et al, 2008.

25. Sarris et al, 2015.

26. Litwin et al, 2015

27. Gangwisch JE et al. 2005

28. Gangwisch JE et al. 2006

29. Gangwisch JE et al. 2007

30. Gangwisch JE et al. 2008

Claire Turnbull

Director of Mission Nutrition and Nutritionist for Healthy Food Guide, TVNZ Breakfast, Fair Go and Newstalk ZB.

AIA New Zealand's actions

AIA New Zealand is focused on the critically important work of improving the nation's health outcomes and helping Kiwis live Healthier, Longer, Better Lives.

Our purpose is to Make a Difference in People's Lives and we're focused on driving awareness of the importance of healthy behaviours.

This is underpinned by 5590+. That is, preventing the five major NCDs – cancer, diabetes, respiratory disease, heart disease and poor mental health – by improving the five modifiable factors that underpin these – physical inactivity, poor nutrition, smoking, excess alcohol and our interaction with the environment.

As a life, health and wellbeing company, AIA has invested heavily in developing programs that support New Zealanders to maintain and improve their health throughout their lives. To help people be healthier for longer and improve their overall wellbeing, AIA New Zealand has built an ecosystem of products, services and partners through five stages:



1. PREDICT



2. PREVENT



3. DIAGNOSE



4. TREAT



5. RECOVER

Our shared-value approach means we put our efforts into projects and interventions that benefit not only our customers and business but society more broadly.

“Our dream is for New Zealand to become one of the healthiest and best protected nations in the world. We believe we have a responsibility as New Zealand's largest life insurer to move away from simply being a payer of claims, to partner with New Zealanders to help them lead Healthier, Longer, Better Lives.”

Nick Stanhope
CEO
AIA NEW ZEALAND



AIA Vitality

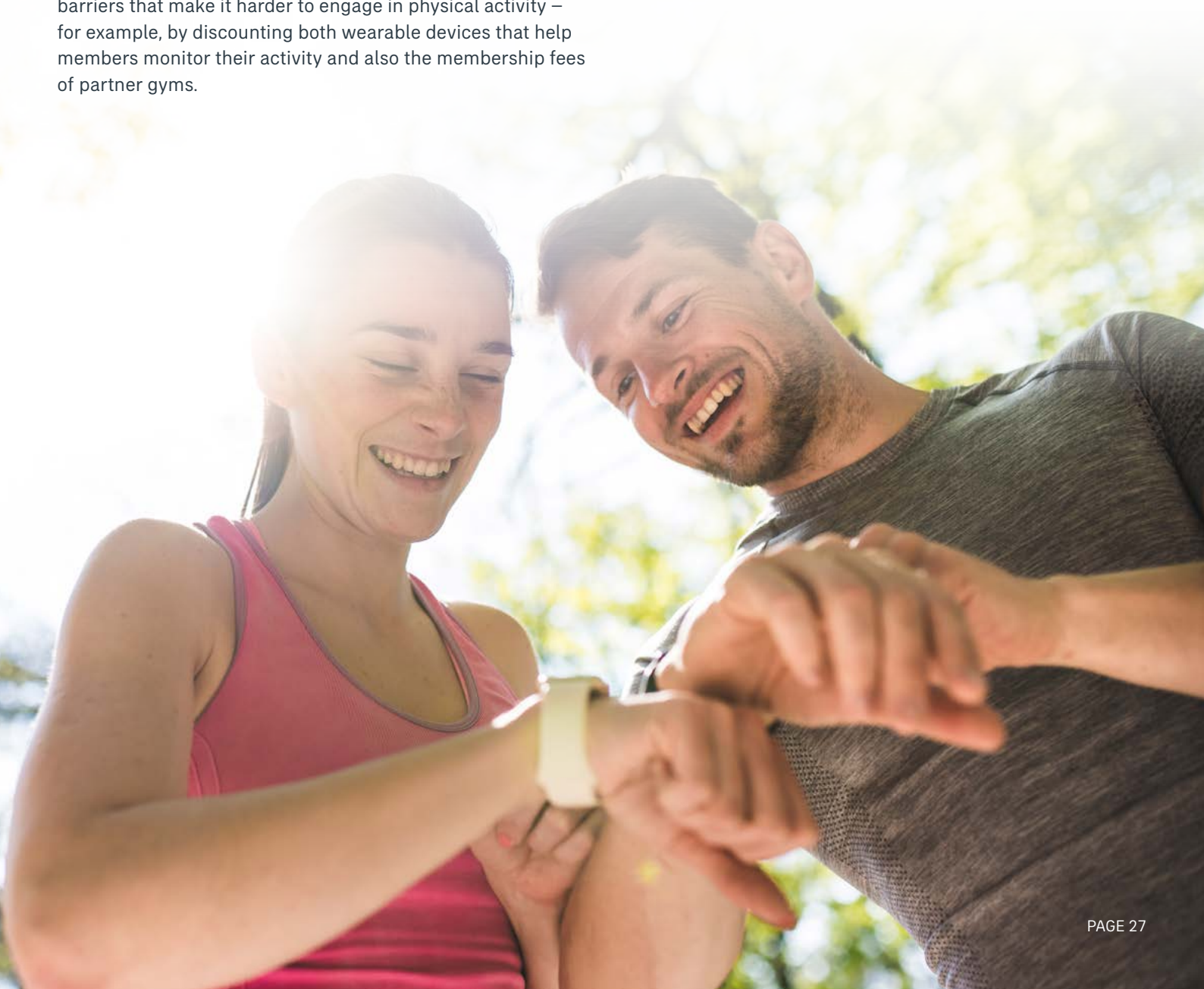
Central to our proposition of helping people live Healthier, Longer, Better Lives is AIA Vitality, which supports our customers to make healthier lifestyle choices. At the heart of AIA Vitality is the concept of behavioural economics. Members are empowered and incentivised to make small lifestyle changes with the aim of decreasing their risk of NCDs.

By focusing on four core wellbeing pillars: physical activity (Move Well), nutrition (Eat Well), mental wellbeing (Think Well) and planning for the future (Plan Well), AIA Vitality addresses and integrates the key modifiable behaviours that are part of 5590+.

From a mental health perspective, the program incorporates the clear evidence linking physical activity and mental wellbeing by incentivising members to be more active. The incentives are founded on reducing common financial barriers that make it harder to engage in physical activity – for example, by discounting both wearable devices that help members monitor their activity and also the membership fees of partner gyms.

AIA Vitality members are also rewarded for assessing their physical activity levels and reaching physical activity goals – for example, by hitting daily step counts, participating in sporting events and tracking their sleep with a wearable device – and for undertaking mental wellbeing self-assessments, several of which focus on depression and anxiety. The mobile delivery of the program underscores AIA New Zealand's recognition that all New Zealanders should have access to mental wellbeing support, regardless of where they live and work. AIA Vitality engages and educates people to act in ways that otherwise wouldn't be possible.

AIA Vitality incentivises social participation and inclusion that support improved mental health; for example, providing access to support partner Allan Carr's quit smoking and quit alcohol programs, incentives and rewards with a social element, such as gym visits and movie tickets, and promotion of group challenges.





Where to next

Focus on the environment

We believe that planting trees is the simplest, most impactful, and cost-effective way we can help to improve the environment in which we live.

Trees draw carbon dioxide out of the environment, they are critical in controlling regional rainfall, they sustain the animal ecosystem responsible for food sources, and in urban areas, they help to cool and to reduce air pollution.

It is estimated that planting one trillion trees globally could arrest the effects of climate change, and research shows it can be done on unused land in areas that don't impact current development.

AIA Vitality members can also support this tree planting effort, by electing to donate their weekly Active Benefit to Trees That Count, AIA New Zealand's charity partner that has been championing native tree planting for over 20 years in New Zealand. Trees That Count work with businesses, communities and everyday Kiwis with a vision to help plant 200 million native trees across our country which will restore native bush, waterways and help combat climate change.

Focus on mental health

In line with our focus to continually enhance the AIA Vitality program, we are looking at developing new ways in the future to measure the mental wellbeing of program members and minimise the impacts of mental illness and poor mental health. To enable us to better support our customers across the key moments in their journey, we're also working to evolve the program's health and wellbeing ecosystem with established providers.

We're focused on increasing engagement with our customers by incentivising initiatives that encourage improved physical health, mental wellbeing and enable behaviour change that in turn help our customers lead Healthier, Longer, Better Lives. By creating a culture of wellbeing and encouraging people to take charge of their health management, we can reduce the incidence of NCDs –which translates to a healthier, more productive population and lower healthcare burden to governments.



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