

PRODUCTIVITY COMMISSION SUBMISSION

ABOUT US

Te Hiringa Hauora is an evidence-based health promotion government agency, influencing all sectors that contribute to health and wellbeing. Te Hiringa Hauora acknowledges the special relationship between Māori and the Crown under Te Tiriti o Waitangi and is committed to recognise and respect the articles of Te Tiriti. We are committed to the unrelenting pursuit of wellbeing.

This submission will focus on factors that contribute to persistent disadvantage from a health promotion perspective.

QUESTION 1. WHAT ARE THE MAIN ASPECTS OF DISADVANTAGE THAT SHOULD BE INVESTIGATED IN THIS INQUIRY?

Te Hiringa Hauora encourages the Productivity Commission (the Commission) to include health and wellbeing as an important dimension in its inquiry. It is both affected by, and contributes to, persistent disadvantage.

Te Hiringa Hauora encourages the Commission to investigate how:

- investing in health and wellbeing is a significant lever for disrupting persistent and intergenerational disadvantage
- Aotearoa can re-frame how broad determinants of health impact persistent disadvantage
- the life course approach can break cycles of intergenerational disadvantage.

Investing in health and wellbeing is a significant lever for disrupting persistent and intergenerational disadvantage

Intergenerational inequity is observed at the individual, community, and societal levels. It occurs prenatally and throughout life, passing from parents to children; it also occurs at the community and societal levels under the rubric of colonisation and systemic racism. Addressing intergenerational inequities is complex and requires action across many structural levels and organisations.

The impact of health and wellbeing on persistent disadvantage cannot be minimised. Children growing up in disadvantage often lack the health they need to thrive, which may limit their potential and contribute to persistent disadvantage.

Aotearoa can re-frame how broad determinants of health impact persistent disadvantage

The impacts of the social determinants of health are complex, interactive and cumulative.

Understanding how broad determinants of health impact disadvantage requires a broader approach and innovative measurement and monitoring. Therefore, we are supportive of Treasury's move towards a Living Standards Framework and He Ara Waiora as a way to broaden society's understanding of wellbeing. There needs to be better links throughout government on what we are all doing to improve wellbeing through our various programmes and initiatives.

Determinants of health, such as poverty, poor housing, effects of racism and colonisation, impact some communities more than others. Around 35% of babies born in Aotearoa are either Māori or Pacific, with 50% of Māori and 60% of Pacific babies being born in the most financially deprived neighbourhoods. This disadvantage is associated with a number of unjust outcomes, including that Māori and Pacific babies are nearly twice as likely as European children to die before reaching their first birthday¹.

The current state of disadvantage and poorer outcomes for many Māori and Pacific children and whānau is an urgent concern under Te Tiriti o Waitangi and the United Nations Convention on the Rights of the Child (UNCRC). Addressing the causes of this disadvantage should be a priority and naming racism and colonisation is important progress.

The Ottawa Charter in 1986 defined some structural determinants of health. We know that in order for people to take responsibility for the health of their families and themselves they need:

- protection from environmental factors leading to health issues and risks
- adequate housing
- a liveable income
- employment
- educational opportunities
- a sense of belonging and being valued
- a sense of control over life circumstances².

The life course approach can break cycles of intergenerational disadvantage

Life course approaches to health and wellbeing mean that rather than focusing on a specific condition at a specific point in the life stage, we look at the life course continuum as a whole, and identify where preventative support or intervention will have the greatest impact on the life course³.

The evidence is strong that the first 1,000 days (period of time from conception to age two) have an oversized impact upon health and wellbeing in later life⁴. It is a fundamental period of rapid development, during which a child's experiences and environment have a profound impact on later life. But it is not only the child's experiences during the first 1,000 days that can have lasting impacts; the parents' experiences and environmental stressors during this life stage can impact a person's lifelong health, mental health and wellbeing too.

¹ https://www.nzcpmh.org.nz/media/64578/2017_11_15_nzcphm_first_1000_days_of_life_reviewed_2017_.pdf

² <https://www.health.govt.nz/our-work/public-health-workforce-development/about-public-health/models-health>

³ Rashbrook., 2019

⁴ Flett, et al., 2020

QUESTION 2. WHERE SHOULD THE COMMISSION FOCUS ITS RESEARCH EFFORT?

Te Hiringa Hauora encourages further research into:

- developing economic evidence on the life course framework, strengthening it, and normalising its application
- building understanding of the role of toxic stress and intergenerational disadvantage
- investing in early intervention in mental health.

Developing economic evidence on the life course framework, strengthening it, and normalising its application

Te Hiringa Hauora is supportive of the life course approach as suggested by the Commission. Taking a life course approach means that we focus on high impact areas like pregnancy, conception, pre conception and early life. This is critical because children and young people experience almost unparalleled physical, biological, social, behavioural, and psychological development.

The government should look to Mātauranga Māori which demonstrates a long-held understanding of the effect early life has on pēpi which western science is only recently catching up to. Life course approaches are consistent with Māori worldviews⁵. This is because a life course approach uses a holistic view of the life stages and the cumulative impacts that intergenerational social, environmental and economic inequities have on health and wellbeing. Therefore, a life course approach recognises intergenerational trauma and the ongoing impacts of colonisation.

Life course approaches are also a valuable investment. Poor child outcomes cost the Aotearoa economy roughly \$6 billion (or 3% of GDP) in increased health, welfare, remedial education, crime and justice expenditure, and lower productivity⁶. The social return on investment by investing in public health across the life course is well-established World Health Organization estimated that life course approaches have a ten-fold return on investment⁷.

We recommend the Commission focus its research effort on providing greater economic evidence on this life course framework, strengthening it, and normalising its application across society. This would move it from a health promotion framework, to a health framework, and beyond to an all of society approach. We also recommend the Commission focus on upstream structural factors that impact on intergenerational disadvantage. (eg, tax or welfare policy).

⁵ Theodore et al., 2019

⁶ Every Child Counts, 2011

⁷ World Health Organization, 2019

Building understanding of the role of toxic stress and intergenerational disadvantage

The Commission should include a research effort on providing greater evidence on how toxic stress overwhelms parents, preventing them from being the parents that they wish to be and how upstream structural factors can contribute to, or alleviate, this stress. Toxic stress refers to the presence of negative health determinants like poverty or housing insecurity which means parents get stuck in a fight or flight mode and are not able to provide the level of care they would wish to.

Te Hiringa Hauora supports a deep dive by the Commission into the first 1,000 days as a research effort. The first 1,000 days is a fundamental period of rapid development, during which a child's experiences and environment have a profound and lasting impact. But it is not only the child's experiences during the first 1,000 days that can have lasting impacts; the parents' experiences and environmental stressors during this life stage can impact a person's lifelong health, mental health and wellbeing too.

The weight of the negative determinants of health, like poverty and poor housing, during the first 1,000 days can overload a parent's ability to provide the supportive relationships children need. Research shows that serious and ongoing adversity during childhood, such as abuse and poverty, can have serious effects on the developing brain and body, and can contribute to negative outcomes in health and wellbeing later in life.

At the same time, adverse experiences in early childhood do not automatically translate into negative outcomes. Some individuals are more resilient or have access to buffers and supports that lessen the mental health effects of chronic disadvantage. Effective services and interventions at the individual, family, and community levels can ameliorate the effects of toxic stress^{8 9}, helping children and adults cope with, adapt to, and prevent adversity in their lives. Strong relationships and financial resources are key to beating the odds against adverse childhood experiences.

Role of early intervention in mental health

The Commission should invest further research into mental wellbeing early intervention models, which (along with the determinants of health) is what needs the most attention to improve mental wellbeing in Aotearoa.

Promotion of wellbeing and prevention of mental distress needs to start well before people need to access services or treatment. By assisting young people to pre-emptively build wellbeing, we can make effective interventions.

Few young people in mental distress are receiving treatment or support¹⁰. Internationally, half of all common mental health conditions begin by age 14, and three-quarters begin by age 24^{11 12}.

⁸ Fergusson, et al 2003

⁹ Walsh, et al 2019

¹⁰ Kessler et al., 2007

¹¹ Kessler et al., 2007

¹² Kessler et al., 2005

Intervening early in the people and structures that support young people can help build wellbeing throughout their life.

Early experiences of mental distress are associated with later experiences of mental distress and other negative economic and employment outcomes. Consistent with extensive international research, young people in the Christchurch study who experienced depression between the ages of 14 to 21 were at increased risk of mental distress (major depression, anxiety disorders, suicidality), educational underachievement, welfare dependence, unemployment and lower income when they were 21 to 25-years-old^{13 14}.

Experiences of some Adverse Childhood Events (eg, family history of suicide, childhood sexual abuse), neuroticism and novelty seeking were all risk factors for suicidality; while self-esteem, strong peer relationships and school achievement were protective factors¹⁵.

QUESTION 3. WHERE SHOULD GOVERNMENT FOCUS ITS EFFORT ON FINDING SOLUTIONS?

Te Hiringa Hauora encourages the Commission to focus on finding solutions in:

- population based strategies aimed at improving the determinants of health
- the first 1000 days as a key window of opportunity for change.

Population based strategies aimed at improving the determinants of health.

To address intergenerational disadvantage, the government should develop a stronger focus on population based strategies to address the determinants of healthy development. These have the potential to result in significant public health gains and reduced social and health inequities throughout the life course^{16 17 18}.

Te Hiringa Hauora is interested in how the Commission's inquiry can help build a cross government approach that addresses the commercial, social and economic determinants of health. How can public services agencies move beyond lip service to wellbeing to building cumulative impact on addressing these determinants as the solution?

Government response needs to give priority, strategic direction and investment in wellbeing promotion and prevention of distress. There needs to be investment in population-level wellbeing promotions to encourage people, friends and whānau to adopt the behaviours, skills and habits to boost their wellbeing. There also needs to be population-level promotion and prevention to support people who are struggling with wellbeing and their friends and whānau, but who do not necessarily meet the threshold for clinical services. This involves working with whānau and communities to

¹³ Fergusson et al., 2007b

¹⁴ Fergusson & Woodward, 2002

¹⁵ Fergusson et al., 2003

¹⁶ Gluckman. 2010.

¹⁷ Makowharemahihi et al., 2014

¹⁸ Morton et al., 2012

develop solutions that enhance support and connection for people who are struggling with wellbeing.

Te Hiringa Hauora has made a strategic shift, underpinned by Te Tiriti, equity and sustainability, to focus less on shifting individual behaviour and place more emphasis on environmental factors, the wider determinants of health and providing greater support at key transition points to support wellbeing. For example, our alcohol harm reduction programme has shifted from an approach that previously focused on advising people how to drink safely (individual responsibility) to developing a wider alcohol harm strategic approach that:

- centres Māori voice and developing genuine partnerships with tangata whenua
- invests more effort to long term influence and advocacy strategy for effective policy change
- supports communities to drive culture change and de-normalising of alcohol
- invests in protective factors and addressing the determinants of wellbeing
- places more emphasis on supporting communities to develop solutions to improving maternal wellbeing.

Focus on the first 1000 days as a key window of opportunity for change

Te Hiringa Hauora recommends that the Commission include a focus on supporting the transition to parenthood as a unique opportunity to create enduring change.

Becoming a parent is a critical and unique opportunity for influence and change. The responsibility towards a new life can be a powerful motivator and new parenthood is a time of reflection. We know that parents generally want to do the best for their children¹⁹, strive to be positive role models²⁰ and seek opportunities to create positive futures for themselves and their family.

Becoming a parent can also amplify existing stresses, anxieties and past trauma. Insights reveal that the intense experiences of birth and the following adjustment period often amplifies any existing stress or mental distress they were already experiencing, and can unearth previous undealt with grief and trauma²¹.

The single most important thing children need to thrive is stable and responsive relationships that enable them to develop cognitive skills and capabilities²². However the presence of toxic stress characteristics in the form of negative health determinants like poverty or housing insecurity means parents get stuck in a fight or flight mode and are not able to provide the level of care they would wish to.

We support efforts to build understanding across government about the role of toxic stress and its harmful effects upon people, particularly children. And advocate for an approach to policy

¹⁹ The Southern Initiative (2017)

²⁰ <https://www.health.govt.nz/system/files/documents/pages/exploring-why-young-maori-women-smoke-final-10october2017.pdf>

²¹ Innovation Unit, Health Promotion Agency 2020.

²² <https://www.aucklandcouncil.govt.nz/plans-projects-policies-reports-bylaws/our-plans-strategies/place-based-plans/docstsireports/TSI-early-years-challenge-report-october-2017.pdf>

development that prioritises the alleviation of this toxic stress (eg, increasing benefits, public housing provision, free schooling and culturally appropriate healthcare).

We encourage the Commission to look into the community and local providers who are working with whānau to build protective factors like stable and responsive relationships, resilient mental health and access to community development opportunities. These local innovators have valuable insights and intelligence that the government needs to look to as it struggles to end intergenerational disadvantage.

QUESTION 4. IS THERE ANYTHING ELSE THAT YOU WOULD LIKE TO SEE COVERED IN THIS INQUIRY?

Te Hiringa Hauora sees a Te Tiriti dynamic approach as being key to the success of increasing wellbeing. Wellbeing solutions need to adapt and scale in partnership with iwi and community organisations. Communities, whānau and individuals need support to look after their wellbeing challenges and reduce demand on mental health and other services.

Te Hiringa Hauora is supportive of the Commission drawing on He Ara Waiora as a waiora framework built on te ao Māori knowledge and perspectives of wellbeing.

Te Hiringa Hauora has developed a framework for a Te Tiriti dynamic health promotion which we would like to be upheld within future work to support wellbeing. The five elements of the system include:

1. Communities at the centre of governance, leadership, design and delivery
2. Pro-Tiriti and pro-equity people and processes
3. Partnering with others and building trusted, reciprocal relationships
4. Robust, accessible knowledge systems that value different ways of knowing
5. Proactive and courageous advocacy on the wider determinants of health.

The evidence is clear about the gains to be made by targeting population-level wellbeing promotion. Addressing the structural determinants of health, supports mental wellbeing and prevents mental distress increasing.

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