



HEALTHIER, LONGER,
BETTER LIVES

5590+

The new health insight helping Australians lead
healthier, longer, better lives



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FOREWORD

At AIA Australia, our dream is to champion Australia to be one of the healthiest and best protected nations in the world. As a life, health and wellbeing insurer, we see the devastating impact that chronic health conditions can have on Australians and their families, and we are concerned at the increasing numbers of people 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 mental health conditions and disorders.

In line with our purpose to make a difference in people's lives, we are seeking to reimagine life and health insurance. We believe it is our social responsibility to move away from simply being a payer of claims, to partner with our customers and Australians more broadly, to help them lead healthier, longer, better lives.

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

I am optimistic that this report, presented by AIA Australia, will drive collaboration to improve health and wellbeing outcomes in Australia, as well as globally.

Take care,



Damien Mu

AIA Australia and New Zealand
CEO and Managing Director



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 heart diseases. Each year these NCDs are responsible for 90 per cent of deaths in Australia.

AIA Australia referred to this health insight as 4490 – that is, four modifiable behavioural risk factors leading to four NCDs that caused 90 per cent of Australian deaths.

4490 provided the foundation for AIA Australia's purpose-driven focus on life, health and wellbeing. Using these insights, AIA Australia 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 Australia has updated 4490 to 5590+. This revision includes a fifth NCD: mental health conditions and disorders, 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 Australia.

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 Australia is contributing to the critically important work of improving Australia's health outcomes and helping Australians live healthier, longer, better lives, through the prevention of five major non-communicable diseases – cancer, diabetes, respiratory diseases, heart disease and mental health conditions and disorders – 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'¹. Concerningly, over the last 30 years we have moved further away from the WHO definition of health.

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 diseases, diabetes, respiratory diseases, cancers, and mental health conditions and disorders.
- Communicable, maternal, neonatal, and nutritional diseases – 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

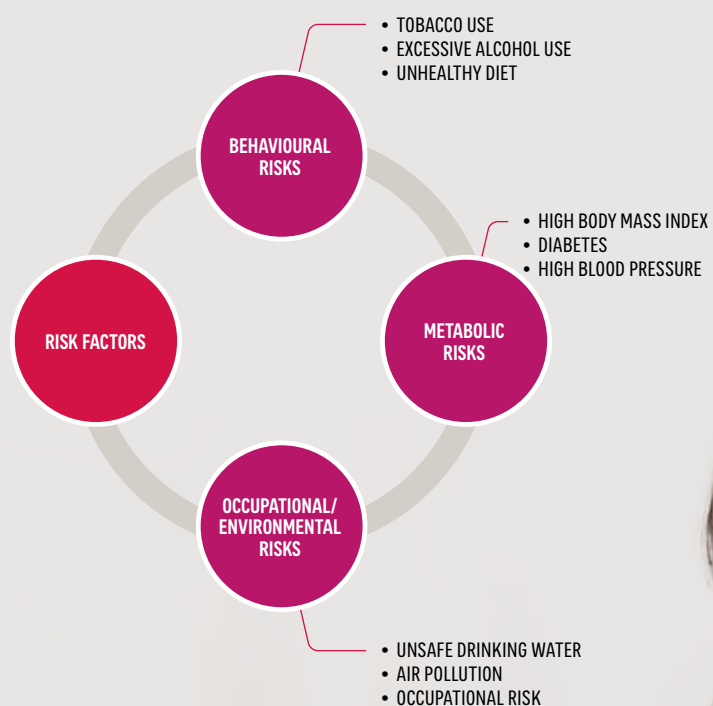
Risk factors are an important input into the cause of disease.

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.

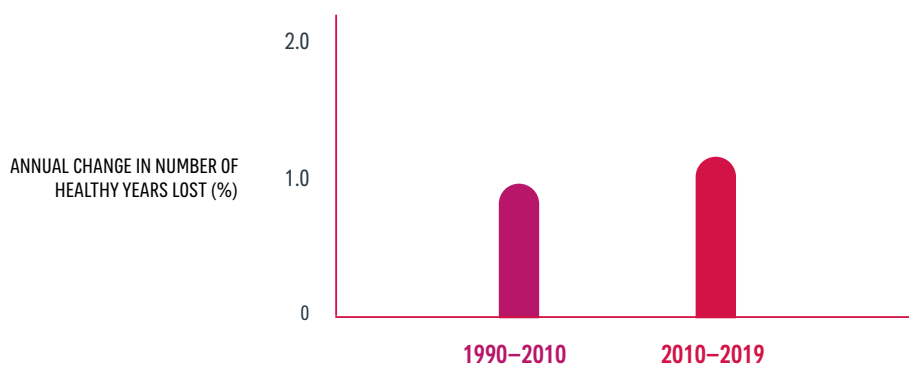


THE RISE OF NCDs

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 disability³.

NCDs impact a person’s quality of life and often require ongoing treatment and/or management. People frequently suffer from “comorbidity” – that is, two or more NCDs at the same time, which compounds the challenges associated with these diseases. The resulting cost of treatment, lost productivity and health care add a significant burden to families, broader society, and the economy.

FIGURE 3: THE RISE OF NCDs FROM 1990 TO 2019



3. NCD Alliance, 2019.

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) that contribute to over 50 per cent of global deaths.

2017

AIA Australia adapts the focus on prevention for the local market, adopting 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.

2019

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

2016

The Vitality Institute 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) that contribute to 60 per cent of global deaths.

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 contributors⁴. 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.



4. United Nations, 2018.

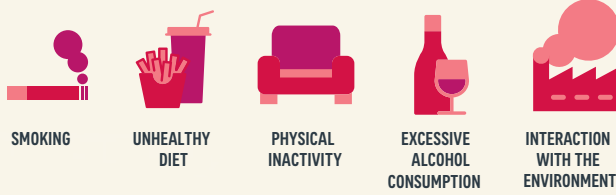
5590+

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

This revision includes a fifth NCD: mental health conditions and disorders, 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 Australia.

5 MODIFIABLE BEHAVIOURAL FACTORS



LEAD TO

5 NON-COMMUNICABLE DISEASES



THAT CAUSE

OVER **90%** OF DEATHS IN AUSTRALIA



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 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.

AUSTRALIAN STATISTICS

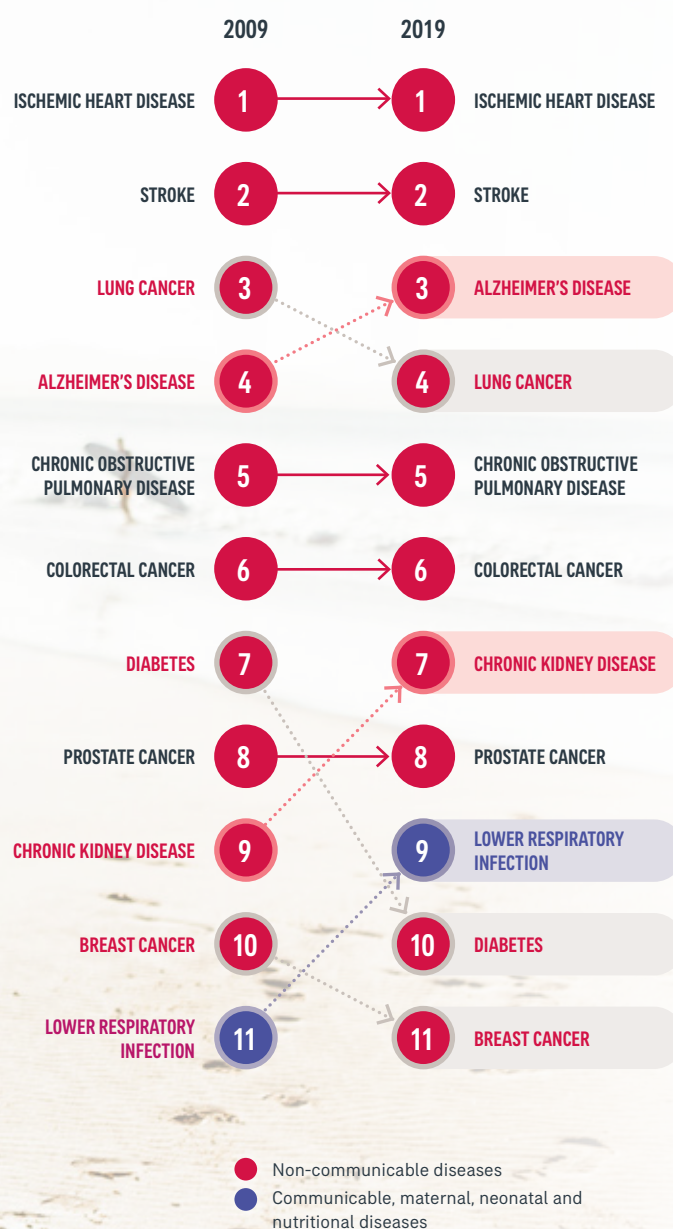
In 2019, NCDs were estimated to account for 91 per cent per cent of all deaths.

Since 2009, NCDs have represented nine out of the top ten causes of death in Australia. 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 diseases¹⁰.

1. cancer (18%)
2. cardiovascular diseases (14%)
3. musculoskeletal conditions (13%)
4. mental & substance use disorders (12%)
5. injuries (8.5%)

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



10. Australian Burden of Disease Study, 2016

Mental health

The National Health Survey conducted by the Australian Bureau of Statistics in 2017–18 estimated that one in five (20 per cent, or 4.8 million) Australians reported that they had a mental or behavioural condition.

- One in ten people (10.4 per cent) had depression or feelings of depression, compared with 8.9 per cent in 2014–15.
- 3.2 million Australians (13.1 per cent) had an anxiety-related condition, which was an increase from 2.6 million people (or 11.2 per cent) in 2014–15.
- 58 per cent of survey participants who had a severe disability, had a mental or behavioural condition compared with 14 per cent of participant who did not have a disability or long-term health condition.

Suicide is the leading cause of death in young people and also accounts for the largest number of productive years of life lost due to premature death (115,000 each year in Australia), far exceeding that due to heart disease or cancer.

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: TOP 10 RISKS CONTRIBUTING TO THE BURDEN OF DISEASE IN 2019, INSTITUTE FOR HEALTH METRICS AND EVALUATION



“The health and wellbeing of a whole generation of Australians is being compromised by a lifestyle rich in energy-dense foods and low on physical activity.”

Professor Jonathan Shaw
Endocrinologist and Deputy Director,
Baker Institute

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 NCDs¹¹. 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,

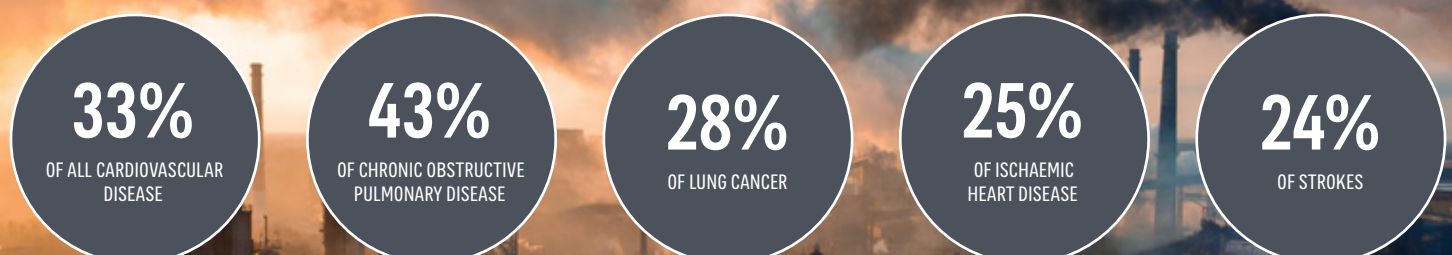
air quality, land-use change and ecological change). Climate change can directly and indirectly increase the incidence of NCDs. For example, climate change may increase the risk of cardiovascular disease directly via air pollution and extreme temperatures, and indirectly via changes to food availability.

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 day¹³. 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 for¹²:



11. Prüss-Ustün et al, 2019.

12. Landrigan et al, 2018.

13. Owen et al, 2010.

“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

Mental health conditions and disorders are increasingly recognised as a priority NCD to be addressed.

Mental wellbeing is essential for communities to thrive, yet an estimated one in five Australians is impacted by mental health conditions, with almost four million Australians suffering from a chronic or episodic mental health condition each year. Depression is the leading cause of disability worldwide: this is clearly a universal concern, and it appears to be growing.

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. Mental health conditions and disorders 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 depression¹⁴.

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 death¹⁵. Two-thirds of this premature mortality is due to cardiovascular disease, cancer, and other physical illnesses.

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

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

14. WHO, 2013.

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

“It’s really time for action to be proactive about mental health. It’s not a separate domain from physical health and from the society in which we live – but integral.”

Professor Ian Hickie

Co-Director, Health and Policy at
The University of Sydney’s Brain and Mind Centre

The overall impact of mental ill health today is that we are now seeing a recognition of commonality, severity and impact. While this has taken a long time, because in many situations mental ill health is relatively invisible, the scientific evidence behind this is very sound and the cost of failing to deal with it is very evident in families, societies, workplaces and the bottom line in terms of the economic and social health of the country.

Pre COVID, the Global Burden of Disease has been well documented and is genuinely global. COVID-19 dramatically ramped up mental health difficulties around the world, and we now face a significant increase in mental health problems because of the pandemic, which is placing great pressure on health systems, and on society more broadly.

It has also significantly increased awareness of how important mental health is to overall health and wellbeing, and what people can do every day within themselves, their families and their workplaces to stay mentally healthy.

For example, tools through technology are being used to help people get the right care they need at the right time, as well as monitor improvement through personalising the technology. There is also a chance to go beyond telehealth to combine telecommunication with other digital tools and interventions, accessing a whole range of things like meditation, yoga and alcohol reduction groups. Our brains are very responsive and open to change and positive experiences, meaning that we we’re not just stuck with what we’re born with – we can all learn better things.

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.

“Focusing on the common factors that really matter, leads to good outcomes on all of the key bottom lines – economic productivity, social participation and your own mental health and wellbeing.” Professor Ian Hickie

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 disease¹⁶.

“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 health¹⁷. 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.



16. Centre for Disease Control, 2020.

17. National Prevention Council, 2011.

Dr Jaime Lee

Performance and health expert,
founder of Health Quotient,
and AIA Vitality Ambassador

“Health awareness is about disease prevention and appropriate treatment to support, maintain and advance individual and community health, and creating a safe space as a society for us all to thrive.”

Health awareness is about disease prevention and appropriate treatment to support, maintain and advance individual and community health, and creating a safe space as a society for us all to thrive.

This requires societal commitment, sustained efforts, and collaboration between communities, governments, public and private sectors to maximise our quality of life and health for all.

For change as a country to really tackle mental health and to shift the conversation, this is going to take a collective and

ordered effort. Cooperation, coordination and compassion from everybody. It's about the greater good of society.

We can do a lot more. For example, we should be educating from a very early stage. Educate children in school about physical health, mental health and emotional health. The vast majority of people need tools, practices and community support. And I think that's where funding and resources can be directed with the creation of more community-based care. And more investment in building up practices and tools.



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 metric¹⁸.

Case study: In 2019, New Zealand launched its Wellbeing Budget, moving away from traditional methods of measuring growth and development and a focus on short-term output measures, towards gauging the long-term impact of policies on quality of lives.

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 affordable¹⁹.

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. For example, Australia is party to The Paris Agreement, which aims to respond to climate change by targeting increasing global temperature.

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.

18. Frijters et al., 2020.

19. 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 mental illness 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 mental health conditions.

Government policies can support mental wellbeing by concentrating on mental health promotion, prevention and early intervention. This would require a shift of resources towards targeting the risk factors for mental health conditions and disorders 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 AUSTRALIA CALLS ON AUSTRALIAN GOVERNMENTS TO PRIORITISE:

1. Improved access to mental wellbeing services for every Australian
2. Greater focus on identifying and addressing the causes of mental health conditions
3. Better use of evidence-based behaviour change strategies to improve mental wellbeing
4. Increased ability for life and health insurers to support customers with early intervention and mental health treatments.
5. Enhanced government support for organisations 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

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 our 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

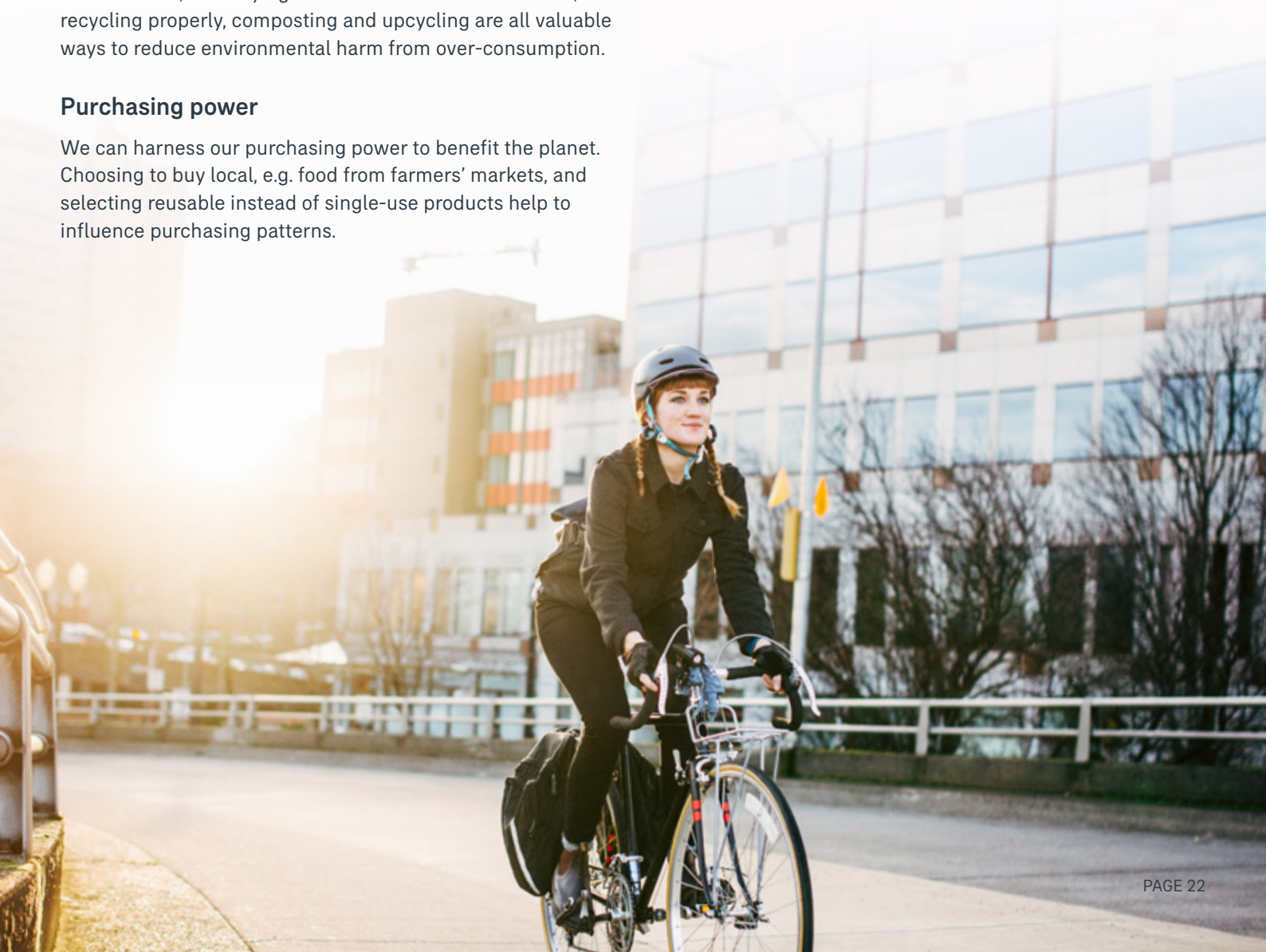
We can harness our purchasing power to benefit the planet. Choosing to buy local, e.g. food from farmers' markets, and selecting reusable instead of single-use products help to influence purchasing patterns.

Dietary choices

The good news is that the production of foods that are healthier for humans tends 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 mental health conditions.

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 disorder²⁰.

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 health²¹. 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 conditions²². 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.



20. Mead et al, 2008.

21. Sarris et al, 2015.

22. Litwin et al, 2015.

AIA Australia's actions

AIA Australia is focused on the critically important work of improving the nation's health outcomes and helping Australians 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 mental health conditions – 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 insurer, AIA Australia has invested heavily in developing programs that support Australians to maintain and improve their health throughout their lives. To help people be healthier for longer and improve their overall wellbeing, AIA Australia 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 to champion Australia to be one of the healthiest and best-protected nations in the world.”

Damien Mu
CEO and Managing Director
AIA Australia and
New Zealand



AIA Vitality

Central to our proposition of helping people live healthier, longer, better lives is AIA Vitality – the world’s largest health and wellbeing program – 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 preventive screening (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 Australia’s recognition that all Australians 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 social support partners (including the Black Dog Institute), 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.

Australia is one of six nations that represent 50 per cent of the reforestation opportunity.

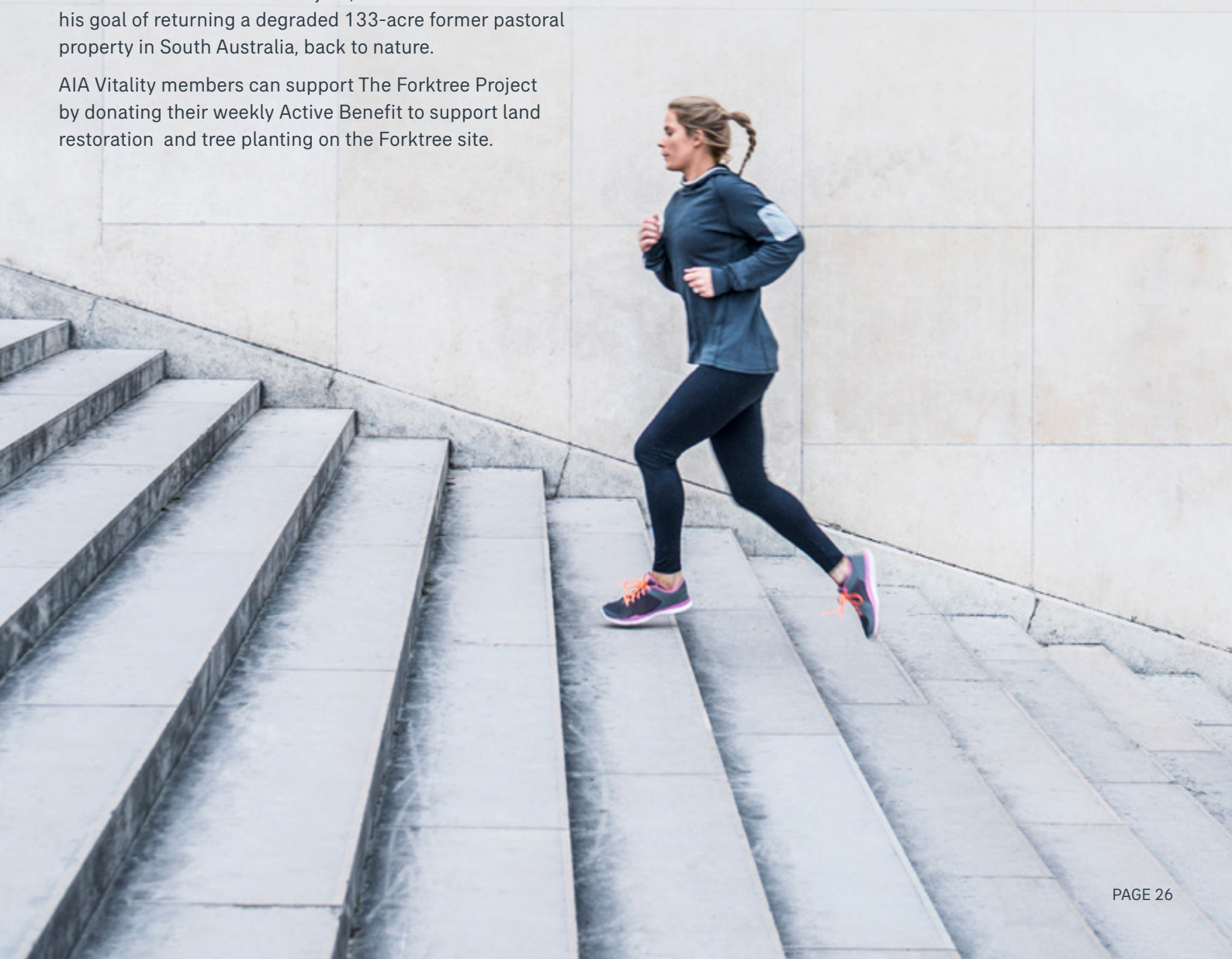
Tim Jarvis AM is a global ambassador for WWF Australia, whose 'Towards Two Billion Trees' plan is leading the charge in protecting and restoring Australia's forest. Tim is also an AIA Vitality Ambassador and we are proud to support his efforts with 'The Forktree Project', as he looks to achieve his goal of returning a degraded 133-acre former pastoral property in South Australia, back to nature.

AIA Vitality members can support The Forktree Project by donating their weekly Active Benefit to support land restoration and tree planting on the Forktree site.

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 ill-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 for governments.



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