

# The life course paradigm - *unlocking optimal health for all*


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*Growing Up in New Zealand*

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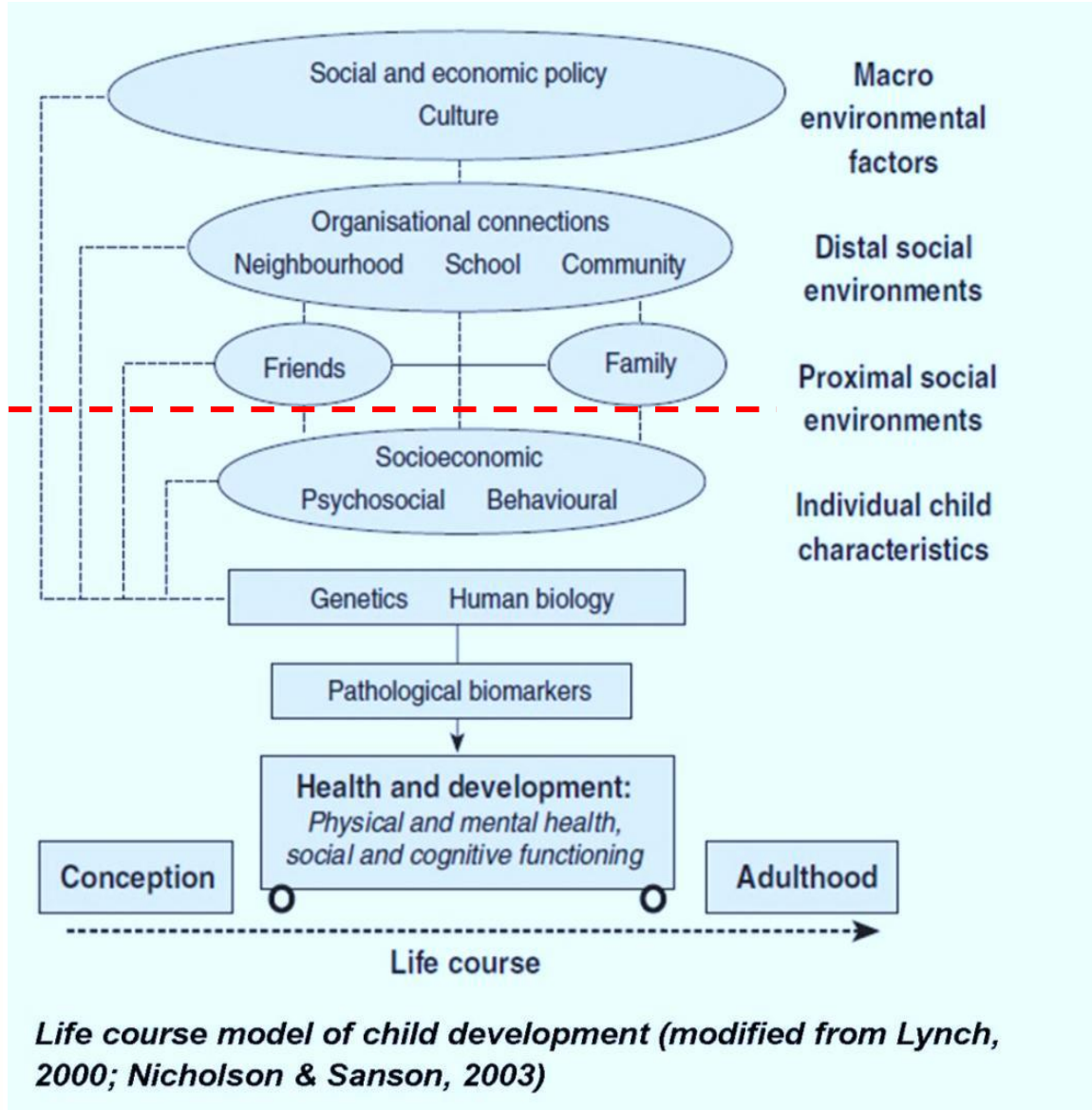


**RACP  
CONGRESS  
2019**

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# A life course approach

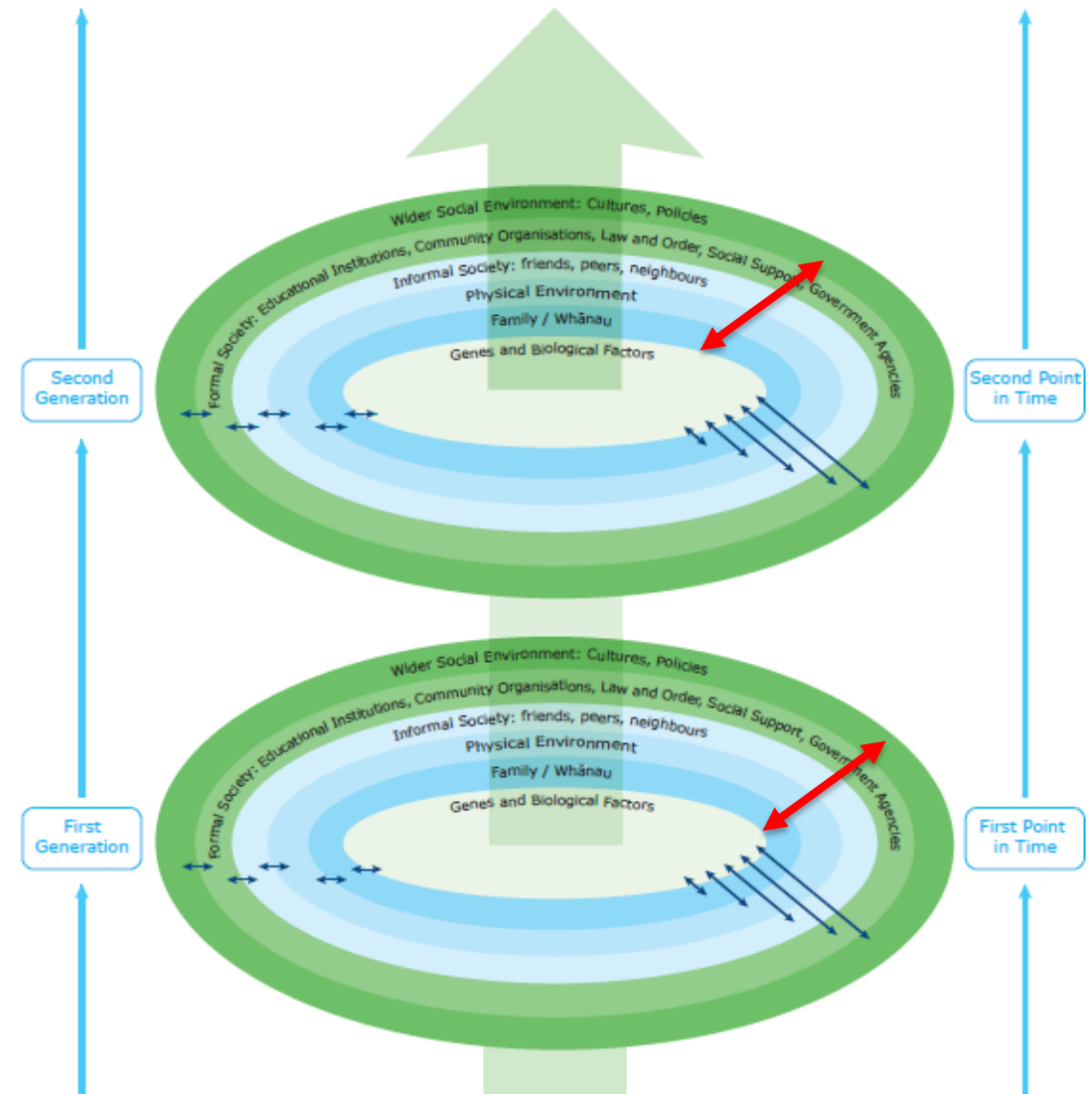


- Multi-disciplinary (multi-dimensional)
- Socio-environmental factors are **integral to the framework**
- **Temporal dimension** is explicit (and modelled)
- Trajectories in preference to “risk factors”
- Distal as well as proximal factors important
- **Covariates** rather than **confounders**
- Beyond “risk factorology”

# Life course framework informs *Growing Up in New Zealand*

## Overarching Aim (from RfP 2004):

To provide contemporary **population relevant evidence** about the determinants of developmental trajectories for 21<sup>st</sup> century New Zealand children in the context of their families (*explicitly to provide evidence to inform policy*).



# Growing Up in New Zealand cohort

- Recruited 6853 children before their birth - via pregnant mothers (6823)
- Partners (dads) recruited and interviewed independently in pregnancy (4401)
- Cohort size and diversity ensure adequate explanatory power to consider trajectories for Maori (1 in 4), Pacific (1 in 5) and Asian (1 in 6) children, and multiple ethnic identities (over 40%)
- “Population of interest” - cohort broadly generalisable to current NZ births (diversity of ethnicity and family SES)
- Children currently approx. 9 – 10 years of age (8 year DCW completed 2019)
- Retention rates high in preschool years (over 90%)



# Child “poverty” in the first 1000 days



## Economic capital



Labour force status  
Household income  
Sources of income  
Paid parental leave  
Economic hardship

## Physical capital



Housing tenure  
Residential mobility  
Household safety  
Health status  
Health service access

## Social capital



Parent-parent relationships  
Parent-child relationships  
Relationship status  
Household structure

## Human capital



Early childhood education  
Home educational environment  
Cultural identity and belonging  
Equity

## Proximal Family Variables

- Maternal depression (antenatal using EPDS>12)
- Maternal physical wellbeing (poor or fair)
- Maternal smoking in pregnancy (after first trimester)
- Maternal age (teenage pregnancy)

## Distal Family Variables

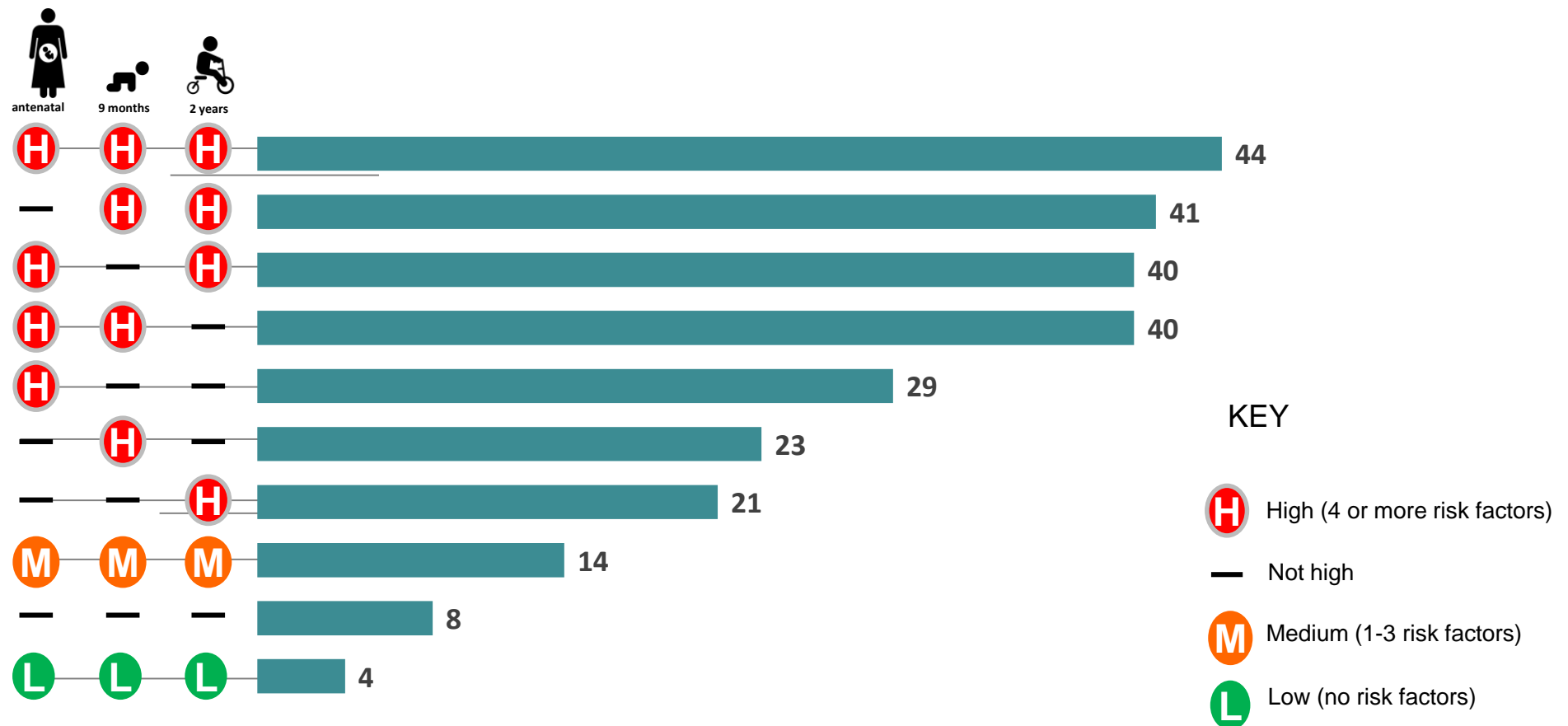
- Relationship status (no partner/single)
- Maternal education (no secondary school qualification)
- Financial stress (regular money worries)

## Home environment

- Deprivation area (NZDep2006 decile 9 or 10)
- Unemployment (mother not in work or on parental leave)
- Tenure (public rental)
- Income tested benefit (yes/no)
- Overcrowding ( $\geq 2$  per bedroom)

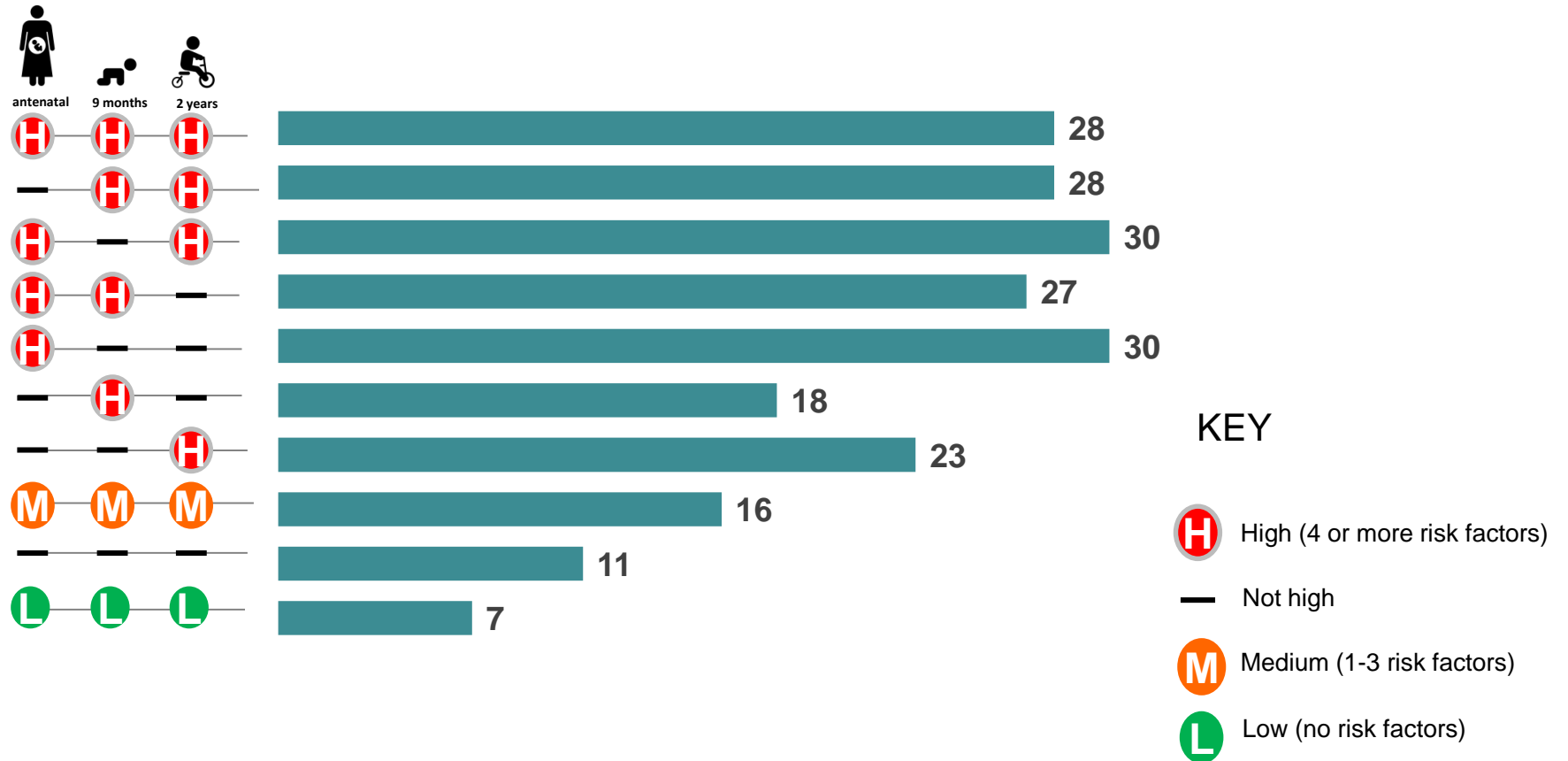
# Persistent poverty and preschool wellbeing

## Behaviour: SDQ score in “abnormal” range at 4.5 years (%)



# Persistent poverty and Obesity

## Obesity (WHO reference) at 4.5 years (%)



# Life course solutions - understanding why and what works for whom, when and where





# Partnerships – building resilience (what works)

Resilience factors

Risk factors

Parent-child time

Positive family relationships

Community support

Unemployment

Family relationships

Maternal education

Tenure/Overcrowding

**Auckland Council**

*Te Kaunihera o Tāmaki Makaurau*



**STORYTIME**  
FOUNDATION

**Libraries**

*Ngā Whare Mātauranga o Tāmaki Makaurau*



**Growing Up**  
in New Zealand



TOGETHER WE DISCOVER

# Life course evidence to optimise wellbeing for all



“It is one thing to understand the **health effects** of (*insert any childhood or adult condition here*) – but taking action to relieve it’s effects entails a far richer understanding of the **health effects of social and economic policies** ....”

*Sir Michael Marmot*

*(Fair Society, Healthy Lives, 2010)*



# Acknowledgements

“Take care of our children.  
Take care of what they hear,  
take care of what they see,  
and take care of what they  
feel.  
For how the children grow,  
so will be the shape of  
Aotearoa.”

*Dame Whina Cooper*

