

Medical Officer of Health Environmental Health ADVICE

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Introduction

The way we design and build our cities can have a large impact on our health and wellbeing. ARPHS has become signatory to the Urban Design protocol and is in the process of developing an action plan for urban design. In this edition we present a summary of the first HIA on urban design undertaken by ARPHS. The HIA investigated the implementation of the Liveable Communities Framework for the Avondale Area and was a joint collaboration between Auckland City Council and ourselves.

ARPHS has become a signatory to the Urban Design Protocol

ARPHS recently became signatory to the Urban Design Protocol along with 80 other signatories earlier this year. The Urban Design Protocol was officially launched on the 8 March by HRH the Prince of Wales and Hon Marion Hobbs, Minister with responsibility for Urban Affairs. ARPHS was represented in Wellington at the launch by Dr William Rainger, currently Acting Manager of ARPHS.

The New Zealand Urban Design Protocol is a voluntary commitment by central and local government, property developers and investors, design professionals, educational institutes and other groups to undertake specific urban design initiatives. The actions that the individual signatories undertake are intended to make a significant impact on the quality of our towns and cities.

As a signatory to the Urban Design Protocol, ARPHS is

required to develop an action plan outlining its approach to promoting urban design. The Action Plan requires the Service to identify an Urban Design Champion who is an individual within the organisation able to raise awareness of our work in the area of urban design and sustainable development to other organisations. Te Miha Ua-Cookson, Manager Healthy Environments is the Urban Design Champion for ARPHS. Through the action plan, we will be promoting the use of tools to identify positive and negative health impacts of policy and projects in our region. Our action plan also identifies opportunities for ARPHS to contribute to the region's planning documents and to promote public health policy.

More information on the Urban Design Protocol is available from <http://www.mfe.govt.nz/issues/urban/design-protocol/index.html>

Health Impact Assessment on Auckland City's Liveable Community Strategy for Avondale Township

Background

The Auckland region is under-going rapid growth and the population is expected to reach 2 million by the year 2050. This level of growth is likely to place pressure on the health and wellbeing of communities, existing services and the natural and physical environment. To facilitate growth in a sustainable manner the Regional and Local Councils have developed and adopted the Auckland Regional Growth Strategy. This strategy provides a vision for Auckland and how it could look in 50 years time with a population of two million. The strategy also promotes comprehensive development and redevelopment around selected town centres and the main transport routes.

In response to the Auckland Regional Growth Strategy, Auckland City Council developed the Auckland City: Growth Management Strategy and the implementation of the Liveable Communities Framework. The ARPHS Healthy Environments Team commissioned a Health Impact Assessment (HIA) to consider the public health implications of implementing such

a policy. The HIA was undertaken by researchers Quigley and Watts through a joint collaboration between ARPHS and the Auckland City Council (ACC). A steering group consisting of ARPHS and ACC representatives provided direction and insight for the HIA process.

The methodology used for the HIA included a rapid review of national and international evidence, analysis of consultation undertaken by Auckland City Council on the Liveable Communities Framework, review of existing plans and strategies and a stakeholder workshop. The stakeholder group consisted of representatives from Auckland City Council, Ministry of Education, University of Auckland, Auckland Regional Transport Authority, New Zealand Police, Work and Income New Zealand, Housing New Zealand, Auckland Regional Public Health Service and Mt Albert Grammar School.

Focus of the HIA

The focus of the HIA was to identify the possible health implications from implementing the objectives and policies

adopted from the Regional Growth Strategy and the Auckland City: Growth Management Strategy and to identify what improvements could be made to the existing framework to maximise health gains through the implementation of the Liveable Communities Framework.

The HIA investigated the implementation of the Liveable Communities Framework for the Avondale Area. The Avondale Township and its surrounding area has been identified by Auckland City Council as an area that can support increased growth and is referred to as an Area of Change. The focus of the Liveable Community Framework is on planning with communities for change and growth in their local area in particular:

- ▶ Intensification within the Avondale Area
- ▶ Improving Transport and Connectivity
- ▶ Improvements to the Social and Community Environment.
- ▶ Improvement to the living environments.
- ▶ Strengthening the Economy

Aims of the Health Impact Assessment

- ▶ To identify the positive and negative health and wellbeing impacts of the Avondale Liveable Communities Plan.
- ▶ To inform the writing of the plan so that connected communities are enhanced, any trade offs made are transparent, and to provide recommendations that enhance or mitigate impacts on health and well being
- ▶ To provide information on the positive impacts that can be used to support the progress of the plan.
- ▶ To strengthen partnerships between public services providers, funders and other interested groups. (Quigley and Watts 2005).

HIA Findings

The potential health impacts of the Liveable Community Framework were categorised as both positive and negative, although the majority were positive. This is likely to be due to the community development approach undertaken to develop the framework, and the framework's broad focus on five inter-related key strategies.

- ▶ If you would like more information on the HIA contact Deepak Rama, telephone 09 623 4600 ext 27111 or email deepakr@adhb.govt.nz

The outcome of the HIA process included suggested improvements to the *Liveable Communities Framework for the Avondale Area*. A number of recommendations were put forward by the invited stakeholders in the rapid HIA workshop and through subsequent work. However only those that met the following criteria were included in the recommendations:

- ▶ had matching evidence, *and*
- ▶ were practically able to be mitigated or enhanced, *and*
- ▶ matched residents' concerns, *and/or*
- ▶ affected a large number of people, *and/or*
- ▶ caused a significant impact, *and/or*
- ▶ disproportionately affected a vulnerable group

Key recommendations from the HIA included:

- ▶ Encourage greater access to community facilities.
- ▶ Consider urban design impacts on health and wellbeing.
- ▶ Consider a hierachial approach to transport within the Avondale area which places greater emphasis on facilitating walking>cyclists>public transport>taxi>freight>private vehicles as modes of transport.
- ▶ Encourage the development of travel plans for schools and businesses.
- ▶ Remove barriers to access to improve participation in community life by incorporating crime prevention features into urban design (CPTED). For example removing perceptions of fear through improving lighting and surveillance.
- ▶ Encourage the location of affordable child care facilities close to places of employment.
- ▶ Review provision of public open spaces for recreation and the need to locate open space in close proximity to residential areas.
- ▶ Improve the quality of parks and facilities to encourage greater use.
- ▶ Work with local businesses to improve understanding of the benefits of hiring local people into local jobs; such benefits include health benefits and economic benefits for employers.

Legionnaires' Disease (Legionellosis)

What is Legionnaires' Disease?

Legionnaire's Disease, an illness caused by Legionella bacteria, is characterised by influenza-like symptoms and may lead to pneumonia and potentially to respiratory failure. Legionella bacteria are environmental organisms that live in moist conditions. Most cases of this disease have no common source association but outbreaks do occur.

What are the symptoms?

- ▶ Legionnaires' Disease often begins with:
- ▶ Fever, with chills
- ▶ Muscle aches
- ▶ Headaches

Affected people can also develop:

- ▶ A dry cough
- ▶ Abdominal pain
- ▶ Diarrhoea
- ▶ Symptoms usually begin 2-10 days (usually 3-5 days) after being infected, and the effects of the illness may last for many weeks.

How is it caught?

Legionnaire's Disease is caught by inhaling Legionella bacteria that have been circulated into the air from sources in the environment. Transmission of the infection between humans does not occur. Environmental reservoirs implicated as sources for human infection with Legionella bacteria have included the following:

- ▶ Air conditioning cooling towers
- ▶ Hot water systems (especially shower heads)
- ▶ Potting mix or compost (especially recently-opened bags)
- ▶ Spa pools and decorative fountains
- ▶ Water spray systems in commercial premises (e.g. to keep vegetables moist)

How is it treated?

The disease is treated with anti-biotics. Early treatment is important to help prevent poor disease outcomes.

How is spread prevented?

To prevent Legionnaires' Disease in commercial buildings, ventilation and water systems need to be maintained

according to industry standards. In the home situation, hot water cylinders maintained above 60°C may reduce the risk. A mixing valve may be needed to reduce the water temperature at the tap to prevent scalding.

To prevent Legionnaires' Disease associated with gardening, the following precautions are recommended:

- ▶ Water gardens gently using low pressure to avoid creating airborne droplets from the water hitting the ground;
- ▶ Open bags of composted products and potting mix slowly and away from the face
- ▶ Avoid working in unventilated spaces;
- ▶ When potting plants, wet the soil to reduce dust;
- ▶ Wash hands thoroughly after gardening and handling potting mix or compost.

Who is at risk?

Illness is more common among people who are aged over 50, especially among those who are smokers or have other illnesses such as diabetes, chronic lung disease, renal disease, or are receiving immune-suppressing treatment. Men are twice as likely as women to get the disease. It does not seem to spread from person to person.

- ▶ This information was adapted with permission from a Canterbury District Health Board pamphlet on Legionnaires Disease. Further information is available from <http://www.cpublichealth.co.nz/New-and-News/Legionnaires-Disease.asp>

Exclusion due to illness in early childhood education centres

ARPHS reminds early childhood education centres (ECECs) of their legal obligation to exclude children who are sick. This is an important measure to prevent outbreaks of disease. Recently ARPHS has been advised of cases of ongoing cases of communicable illnesses among children attending an Auckland ECEC where the illness has been spread by sick children attending the centre.

ARPHS recommends that each centre has a policy for exclusion due to illness. These policies are important because they help to minimise or prevent outbreaks of illness within an ECEC. ARPHS recommends that the following information is included when preparing the exclusion due to illness policy.

Parents are expected to collect their child without delay if he/she is ill.

Children (and staff) with diarrhoea, vomiting, fever and/or undiagnosed skin rash should never remain at the childcare centre (except for the time it takes parents to collect the child from the centre).

While a sick child is waiting for parents to collect them from the centre, they will be made comfortable and kept isolated from other children and staff, and a staff member will remain with them at all times.

To minimise risk, this staff member must not be involved with food preparation.

In general, if children experience vomiting and/or diarrhoea they should not attend the centre until 24 hours after all symptoms have stopped.

Children and staff who are unwell should otherwise be

excluded as advised by the doctor or Auckland Regional Public Health Service.

- ▶ If in doubt, contact the Auckland Regional Public Health Service, ph (09) 623 4600 (24hrs/7days).

Isolation Area

- ▶ A well-ventilated, warm, quiet area where sick babies and children can be looked after away from other children.
- ▶ Separated from all food preparation and sleeping areas. Sleeping facilities appropriate to the ages of children enrolled need to be available (including a cot/bed/stretcher/nursing chair fitted with a waterproof cover, and clean bedding and linen).

Regular Reminders to Parents

We suggest that the following messages be included in enrolment information and brought to parents' attention regularly through newsletters, noticeboards etc:

- ▶ Parents are expected to collect their child without delay if he/she becomes ill.
- ▶ The centre is required by law to exclude your child until well.
- ▶ In general, if children experience vomiting and/or diarrhoea they should not attend the centre until 24 hours after all symptoms have stopped.
- ▶ Children should otherwise be excluded as per advice from your doctor, or as the centre has been advised by Auckland Regional Public Health Service.

Short Notes

▶ Bird flu

ARPHS is participating in pandemic preparedness and border response planning. Up to date information on avian influenza (bird flu) is available from the Ministry of Health website <http://www.moh.govt.nz/pandemicinfluenza>

Pita Paul



Pita Paul has recently joined the Healthy Environments team. Pita is a member of Tuhauora, the ARPHS Maori staff network. He provides cultural support and advocacy, when requested, in his role as Nga Pou Awhina to the Maori Services Development Manager, senior managers, and across ARPHS. He previously worked in Policy, Research, Planning and Special Projects, before shifting to the Public Health Intelligence and Infrastructure team. Much of his involvement has been in developing frameworks for Maori public health workforce development, and especially in the recruitment and training of Maori HPO's. Pita holds a double degree in Politics and Maori Studies and has qualifications in Resource Management Law, International Environmental Law, Maori Land Law, and a Diploma in Business in Maori Development. Pita will assist the Manager and technical staff of Healthy Environments to scope a programme to develop a range of environmental health services that will include collaboration, input and participation between ARPHS and Maori living in the greater Auckland region.