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Submission from the Auckland Regional Public Health Service on the Active Auckland Draft Plan for Consultation.

1. Thank you for the opportunity for the Auckland Regional Public Health Service to provide a submission on the Active Auckland, Draft Plan for Consultation.
2. This submission represents the views of the Auckland Regional Public Health Service (ARPHS). ARPHS provides public health services for the three district health boards in the Auckland region (Auckland, Counties Manukau and Waitemata District Health Boards), with the primary governance mechanism for the Service resting with Auckland District Health Board. This submission represents the views of ARPHS and does not necessarily represent the views of the three District Health Boards.
3. ARPHS understands that all submissions will be available under the Official Information Act 1982, except if grounds set out under the Act apply.
4. The primary contact point for this submission is:

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Key points

5. ARPHS is generally supportive of the goals, objectives and actions contained in the Active Auckland plan.

6. ARPHS believes that the focus of much of the Active Auckland plan is inconsistent with the Auckland Regional Sport and Physical Activity Strategy's vision of "Auckland is a region where physical activity through exercise, sport, active transport (such as walking or cycling) or active recreation, is a way of life" as its focus and presentation on sport and physical activity largely ignores the health gains that would accrue through increased focus on the "way of life" day to day physical activity. Sporting activity will be attractive to elements in society (the active / concerned well) but greater gains could be achieved by actions designed to encourage increased physical activity as part of every day life. An increase in 'non-discretionary' physical activity as part of every day life will deliver gains across all sectors of society and impact directly on the outcome of "increased physical activity levels of inactive Aucklanders".
7. ARPHS suggests that the Active Auckland plan will be improved if Council undertakes a health impact assessment (HIA) on the plan prior to its final adoption. To widen this issue outside the Active Auckland plan ARPHS would suggest that HIAs should be a tool used by Council in the development of all Council plans and strategies. ARPHS suggests that the health determinants listed in the SOPHAR report may help provide a suitable framework for assessment.

Introduction

8. ARPHS is a regional public health service provider and works towards improving, promoting and protecting the health of people in the Auckland Region. ARPHS has an active commitment to working with central and local government, other health service providers, iwi and local communities to develop effective strategies to promote and protect the health of the people of the Auckland Region.
9. ARPHS takes a whole of population approach but targets resources to those locations and people who will benefit the most. The Service operates in an outcomes based framework which reflects the reality that it cannot create public health by itself, but must work with a range of partners in a whole of community approach to achieve the public health ends sought. The Service has identified six vital few outcomes to be the focus of its efforts, namely:
 - Reduction in the incidence and impact of obesity, diabetes and cardiovascular disease.
 - Reduction in the incidence and impact of infectious disease.
 - Reduction in the incidence and impact of tobacco and alcohol related harm.
 - Reduction in the incidence and impact of cancer.
 - Reduction in the incidence and impact of environmental inequalities.
 - Reduction in the adverse effects of environmental hazards.
10. The Auckland region faces a number of public health challenges through changing demographics, increasingly diverse communities, outstanding infrastructure needs, the balancing of transport needs, and the reconciliation of urban design and urban intensification issues.
11. Policy to affect health gain is often marginalised to medical care. However, health is influenced by a broad range of policy decisions and is not solely the responsibility of the health sector. Planning and policy decisions by central government, local government and non-government agencies can have a large impact.
12. There is a shared responsibility between the health sector, local authorities, central government agencies, non governmental organisations and individual community members, to advance population health and community wellbeing. There is a need to foster stronger partnerships that work collaboratively to improve the health of the people of the Auckland region.

Determinants of Public Health

13. ARPHS believes that public health forms a central part of Council's social, economic, environmental and cultural outcomes framework, and that the effect on public health should form part of all Council decision making. ARPHS recommends Council use appropriate tools, such as health impact assessments¹, for assessing public health risks and impacts of Council decisions. One of the key reasons for undertaking a health impact assessment is to assist local authorities in fulfilling recent legislative requirements in relation to health and wellbeing. Using tools such as health impact assessments will help decision makers to ensure that they meet the wellbeing aims of the Local Government Act. The health impact assessment process will also help promote inter-sectoral collaboration which will help reduce inequalities in health.
14. To assist Council in providing for the social, economic, environmental and cultural wellbeing of their communities ARPHS has published the second in a series of state of public health reports "Improving Health and Wellbeing: A Public Health Perspective for Local Authorities in the Auckland Region" (the SOPHAR report²). It is hoped that Council will find the state of public health report a valuable resource and that it will aid decision making as Council works towards achieving its community outcomes.

Goal 1 - Participation

15. ARPHS is supportive of the goal of ensuring the availability of sport and physical activity opportunities.
16. The opportunity to increase activity in the workplace has been totally overlooked in the Active Auckland plan. ARPHS believes opportunities for physical activity during work hours should be further explored as part of the Active Auckland plan. In this draft plan activity appears to be seen as something that is done as leisure outside work with no reference to the opportunities / limitations for the workplace. ARPHS suggests that for all relevant objectives under Goal 1 it be a requirement of Council support or involvement that programmes do not exclude workers from participation by virtue of their timing and that opportunities are provided during day time, evenings and weekends. It is suggested that objective 1.1 be amended to read "Provide support and resources for community and work place based programmes and providers".
17. Cost can provide a barrier to participation. ARPHS suggests that as part of the Active Auckland plan Council's own funding and charging policies are reviewed to reduce the costs of entry to Council provided or managed 'active' leisure facilities such as swimming pools and sports facilities. Reducing cost as a possible barrier to entry will better reflect the public health benefits and societal good that comes from increased physical activity.

Goal 2 - Sport

18. ARPHS questions the focus on 'organised' sport. Participation in organised sport has been declining over a number of years. An increasing proportion of sporting activity is informal use of sports facilities. Organised sport may require 'exclusive' use of facilities; this by definition excludes informal use either entirely or during particular times. The level of support for organised sporting codes needs to be monitored carefully to ensure that Council support for organised sport doesn't produce the perverse result of reducing participation.

¹ See "A Guide to Health Impact Assessment: A Policy Tool For New Zealand"
<http://www.nhc.govt.nz/phac/publications/guidetohia.pdf>

² Available at http://www.arphs.govt.nz/Publications_reports/reports/sophar06/sophar06_report.asp

Goal 3 - Environment and Recreation Assets

Access to facilities and assets

19. ARPHS is supportive of Council providing a range of facilities and assets to meet the sport and physical activity needs of the community. The objectives and actions set out in the goal are largely focused on sport and physical activity as somehow being an 'extra' part of daily life through its references to sports field provision, improving walk and cycle ways across the city etc. This ignores the reality that for most people, most exercise will be taken as an essential part of daily life and it is council's management of the wider built environment that will provide the backdrop for their physical activity.
20. Greater emphasis needs to be put on ensuring that the Active Auckland plan forms an integral part of daily life and that physical activity isn't viewed as an 'extra'. This is particularly important around safe access for children as habits formed in childhood around physical activity will produce a life time of benefits both for the individual and society.
21. ARPHS views on Council's influence on obesogenic environments are set out more fully in Appendix 1.
22. ARPHS suggests that an additional objective should be set under Goal 3, along the lines of Goal 1, objective 1.4.

Objective: Advocate and work to maximise opportunities for physical activity within the city's built environment.

Action: Identify and implement opportunities to encourage increased physical activity as part of every day life through appropriate urban design.

Open Space in Industrial / Commercial Areas

23. ARPHS notes that the industrial and commercial areas of Auckland City are poorly resourced with areas for active exercise, walking paths and cycleways. This reduces the opportunities for exercise before / during and after work.
24. ARPHS currently delivers workplace health programmes to a number of industrial workplaces within the region. One participating business has recently been relocated. Their previous premises had a lawn on which workers played Touch at lunchtime. The new factory has neither a lawn, nor are there any nearby active recreation areas in the surrounding industrial area. The previous habit of Touch has now ceased and weight gains are being noticed in the staff.
25. To put this issue in a wider context a high proportion of the industrial workforce in the city are of Pacific or Maori origin and tend to be on lower incomes than the population at large. Ethnicity and income are prime determinants of health and this group has increased risk of diabetes and heart disease. These workers will usually live in areas of lower socio-economic status which are relatively less well served with access to parks and amenities (see the SOPHAR report) further increasing the health inequalities suffered by this section of society.

Support Health Promoting Initiatives in Council facilities

26. ARPHS is strongly supportive of Council leading by example with its own facilities. ARPHS believes that Council should ensure smoke free environments in all Council facilities (including grounds) and reduce the availability of food and drink types viewed as contributors to obesity, diabetes and cardiovascular disease (primarily high fat and sugar rich foodstuffs), tobacco and alcohol from vending machines and other catering facilities on all Council facilities.
27. Council does much more than provide facilities. Its community support includes a range of financial / support mechanisms e.g. grants, loan guarantees etc and the provision of facilities and leases / land to community groups. It also enters into partnerships with private sector entities to run or provide facilities for public use. ARPHS recommends that Council impose similar health promotion requirements as set out in the preceding paragraph as a condition of any other party receiving support from Council or entering into a commercial agreement to use (or manage) Council facilities.

Goal 4 – Access

28. ARPHS supports the goal of reducing barriers to sport and physical activity opportunities. ARPHS has already made comment on the time at which sport and physical activity opportunities are available and Council's funding policy under the Participation heading.
29. As noted under its Environment and Recreation Assets comments ARPHS believes that there is much more to access and asset provision than reducing physical barriers to accessing open spaces and facilities. The Action listed under Objective 4.2 is necessary but should be part of a much wider suite of work designed to ensure that the built environment encourages people to walk, cycle or take public transport to their destination, be it for sport, work or other leisure activities.

Conclusion

30. Improving public health was one of the prime reasons for the original establishment of local government. The key purpose of local government today continues to be promoting wellbeing. Public health issues are woven through all aspects of the Council's activities. The Active Auckland plan reflects the reality of this world view, however it is disappointing that it doesn't contain increased emphasis on increasing physical activity as part of every day life rather than treating sport and physical activity as in some way an 'add on' to everyday life.

Yours sincerely

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APPENDIX 1 Impact of Council on the Obesogenic Environment.

Land use and Transport Overview

Creating an Environment Conducive to Increasing Physical Activity

Physical activity can be engaged in by necessity and can be discretionary. That taken by necessity is that required by everyday life. Good urban design can encourage physical activity by providing public spaces that are inviting and safe. Improved connectivity (that is safe and attractive) between where individuals live and the places they need to access as part of life means that reliance on the private vehicle can be reduced. This encourages more physical activity as individuals go about their daily lives. Vehicle air pollution is also reduced providing a further health benefit.

Discretionary physical activity is undertaken by choice. Urban design and the provision of facilities (both built and open space) can encourage discretionary physical activity. Building the habit of exercise in childhood helps inculcate an active adult life. This means that organised sport and casual recreation need to be part of education and the community needs to provide affordable, accessible facilities for exercise throughout life.

Providing An Environment Conducive To Increasing Physical Activity

Land Use Planning

Public health considerations should be part of urban planning and design. Appropriate urban design can ensure that the positive public health impacts of future urban development outweigh any negative effects.

People who live in spread out, sprawling areas are less likely to have easy opportunities to get physical activity in the course of a day. They may live in housing subdivisions that are isolated from stores, schools, or other destinations that they or their children may want to reach on foot. The combination of public transport that is inconveniently located or provides an infrequent service and communities that link directly to busy high speed arterial roads means that the private car becomes the default means of transport.

The Service supports the adoption of land use policies and urban and regional development plans to enable people to have easy access to settlements, housing and working areas, and shopping and leisure facilities by cycling, walking and public transport. Reducing the reliance on private vehicle transport as part of the development of "active living communities" is seen as an important step to improving the overall health and wellbeing of the population as it helps integrate physical activity into the population's daily life.

Transport

Transport has significant direct and indirect impact on individuals' and communities' health, and it is interconnected to urban development. To make a contribution to health and wellbeing, the transport system needs to be organised to further encourage physical activity, reduce dependence on motor vehicles and improve safety, especially with an increased focus on vulnerable and at-risk road users. Reducing dependence on cars and other motorised forms of travel can lead to more physical exercise and reduce levels of heart disease and other chronic illnesses. It also has other health benefits through the reduction of air pollution.

The patterns of physical activity established in childhood are perceived to be a key determinant of adult behaviour. A growing number of children do not get regular exercise through travelling to school. Offering a wider choice of transport modes, by creating facilities more accessible to people walking, cycling and a more efficient public transport system promotes physical exercise³ as people walk the first and last part of their journey to connect with public transport.

³ Barton H & Tsourrou C (2000). *Healthy Urban Planning* Spon Press published on behalf of the World Health Organisation 2000