

Auckland Regional Public Health Service

Rātonga Hauora ā Iwi o Tamaki Makaurau



Working with the people of Auckland, Counties Manukau and Waitemata

Auckland Regional Public Health Service

Cornwall Complex
Floor 2, Building 15
Greenlane Clinical Centre
Private Bag 92 605
Symonds Street
Auckland
New Zealand
Telephone: 09-623 4600
Facsimile: 09-623 4633

30th April 2007

Framework Feedback Co-ordinator
Draft Long Term Sustainability Framework
Manukau City Council
Private Bag 76917
Manukau City

Submission from the Auckland Regional Public Health Service on the “Long Term Sustainability Framework for the Auckland Region”

1. Thank you for the opportunity for the Auckland Regional Public Health Service to provide a submission on the Long Term Sustainability Framework (the Framework). Although health outcomes have historically been perceived largely as the responsibility of the traditional health sector, the participants in the sustainability framework collectively have a far greater influence on the overall health and wellbeing of the community and we would urge early and ongoing engagement with the public health service in this and other regional strategies.
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 ARPHS 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. ARPHS wishes to be heard in support of this submission if there is an opportunity to do so.
5. The primary contact point for this submission is:

Sunil Kushor
Manager, Healthy Environments
Auckland Regional Public Health Service
Private Bag 92 605
Symonds Street
Auckland
09 6234600 extn 27169
SunilK@adhb.govt.nz

Key Recommendations

6. ARPHS is broadly supportive of the proposed long term sustainability framework and the need for such a framework.
7. ARPHS notes that the current Framework does not provide enough of a focus on the people of Auckland through inclusion of human health and wellbeing as a key component.
8. More emphasis is needed in the areas of health inequalities and Māori health and in particular consideration of explicit arrangements for the inclusion of Māori in all planning processes.
9. Incorporating a requirement to undertake Health Impact Assessments as one of the assessment tools for any proposed action will help ensure that health and wellbeing are given appropriate weight in decision making.

Introduction

10. ARPHS supports the long term sustainability framework process and the opportunity it provides to engage with the public and other stakeholders to advance health and wellbeing.
11. ARPHS believes that population health and wellbeing issues should be the paramount considerations in any future development of the Auckland Region. These outcomes need to be explicit in the vision, principles, goals and measures for the sustainability framework.
12. The Auckland region faces a number of health and wellbeing 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.
13. Health and wellbeing are influenced by a broad range of policy decisions and are no longer the sole responsibility of the health sector. Planning and policy decisions by central government, local government and non-government agencies, through their action on upstream health determinants, have a greater impact on health and wellbeing than any actions taken directly by the health sector.
14. Responsibility to advance population health and community wellbeing is shared between the health sector, local authorities, central government agencies, non-governmental organisations and individual community members, and there is a need to foster stronger partnerships that work collaboratively to improve the health and wellbeing of people across the Auckland region. The Local Government Act 2002 reinforces the statutory roles that local government has in protecting and promoting the public health.
15. ARPHS has identified six 'vital few' service delivery outcomes that it believes are critical to achieving public health, these are a:
 - reduction in the incidence and impact of environmental inequalities;
 - reduction in the adverse effects of environmental hazards;
 - reduction in the incidence and impact of obesity, diabetes and cardiovascular disease;

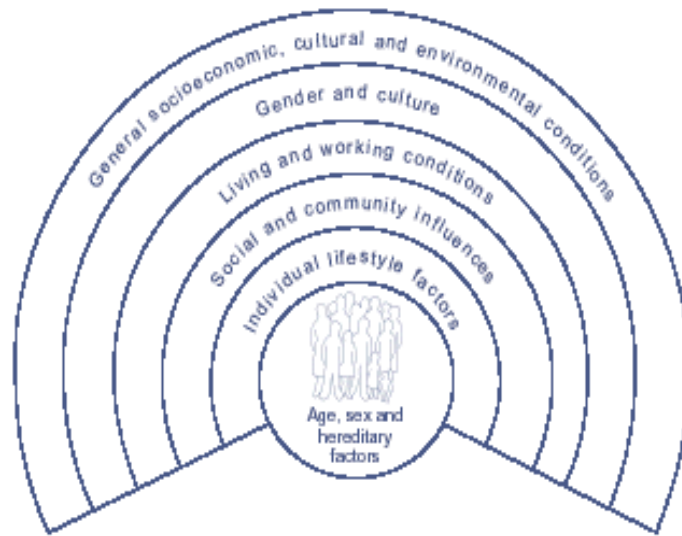
- reduction in the incidence and impact of tobacco and alcohol related harm;
 - reduction in the incidence and impact of cancer;
 - reduction in the incidence and impact of infectious disease.
16. Public health typically focuses on ‘upstream’ approaches to prevent disease and promote health.¹ Action is needed at all levels, but ‘upstream’ strategies should receive particular emphasis. Given the high level nature of the framework, it is well placed to incorporate these upstream concepts.
 17. ARPHS has identified sustainable development as one its six strategic priority areas. A sustainability working group has been established and a range of measures have already been put in place to improve sustainability within the organisation, with further measures to be identified. ARPHS also contributes to sustainability planning at the regional level.
 18. Further, ARPHS has identified the following strategies as being key to achieving sustainability in long-term population health and wellbeing:
 - undertaking policy analysis of new local, regional and national policies with the potential to affect public health
 - becoming more closely involved in planning for the future of Auckland at the regional level, and contributing to developments in sustainability and regional resilience
 - increasing our involvement with, and contribution to, community renewal and urban design and planning activities
 - encouraging and promulgating applied research that will contribute new knowledge to the interface between public health and sustainable development
 - Working more closely with planners and managers at all levels of local government to achieve better health for Aucklanders. Planning and resource management are essential tools for the achievement of better health.
 19. In addition, there are many excellent international examples of sustainable initiatives that the Auckland region could learn from. One of these is the City of York’s transport network that puts the emphasis on people, not cars. The network is further described elsewhere in this submission and in Appendix One.

Determinants of Health & Wellbeing

20. The determinants of health and wellbeing include biological factors, health-related behaviours, access to health care, and environmental and social factors. However, it is the broad structural features of society – economic, social, cultural and environmental – that have the most fundamental impact on the health of populations (Figure 1).

¹ Wilson N, Watts C, Signal L, Thomson G. Acting upstream to control the obesity epidemic in New Zealand. *New Zealand Medical Journal* 2006;119(1231).

Figure 1: The Determinants of Health ² (Dahlgren and Whitehead 1991)



21. ARPHS believes it is essential that the region takes a holistic approach to decision making. None of the participants from central or local government will be able to attain their organisations' aims or outcomes unless they understand the inter-connections between their own activities and those of other entities. Attaining these aims increasingly requires that each agency makes its own decisions only after reflecting on how its decision making and actions will impact on the aims of other agencies seeking the same or inter-related outcomes.
22. Health outcomes have historically been perceived largely as the responsibility of the traditional health sector with general practitioners and hospital based services taking a lead role. While these groups continue to have the prime responsibility for treating ill health, the participants in the sustainability framework collectively have a far greater influence on the overall health and wellbeing of the community.
23. To assist councils and others in understanding their influence ARPHS produced the second in its State of Public Health Reports entitled "Improving Health and Wellbeing: A Public Health Perspective For Local Authorities In The Auckland Region"³ (the SOPHAR Report) in 2006. This report clearly sets out the areas where decisions around infrastructure and other issues will have wide influence and impact on the health and wellbeing of the community.
24. ARPHS acknowledges and is appreciative of the use that the participants in the sustainability framework project have made of the SOPHAR report in the work to date.

² Dahlgren, G. and Whitehead, M. (1991) *Policies and Strategies to Produce Social Equity in Health*. Stockholm: Institute for Futures Studies.

³ Auckland Regional Public Health Service. *Improving Health and Wellbeing: A Public Health Perspective For Local Authorities In The Auckland Region (SOPHAR)*. Auckland: ARPHS, 2006
http://www.arphs.govt.nz/publications/Sophar06/Sophar_report06.asp

The Framework - Key Directions

Key Direction 1:

Building strong and connected centres and neighbourhoods

25. The most important goals under this key direction are listed as:
- Neighbourhoods and centres that are:
- Of a high quality with mixed land uses that provide local choices for living, working, recreation, services and facilities;
 - Healthy places with lifestyle choices, healthy homes and buildings and have accessible local services
26. ARPHS applauds the recognition of the healthy places and healthy homes, but would like to see the inclusion of healthy people and healthy communities. Neighbourhoods are not just about the built environment and goals that link directly to the health and wellbeing of the people that make up those neighbourhoods would be desirable.

Key Direction 2:

Innovating for a prosperous future

27. Prosperity must be judged not only on the total wealth of the region, but on how that wealth is distributed. High levels of socioeconomic inequality are associated with poorer community health and wellbeing.⁴ Socioeconomic inequality is also associated with less social cohesion,⁵ and thus is also inconsistent with the Framework's key direction of 'shaping a fairer and connected society'.
28. Under Key Direction 2, 'Innovating for a Prosperous Future', the most important goals are listed as being:
- A thriving regional economy that...
- has high levels of opportunity and choice for the whole community
 - supports social programmes to assist the disadvantaged
29. ARPHS strongly supports efforts to ensure that there are high levels of opportunity for the whole community, as this correlates with reduced socioeconomic inequality.
30. ARPHS also strongly supports assistance for those who are disadvantaged, though the primary goal must be to prevent disadvantage and socioeconomic inequality from occurring in the first place, as far as is practical.
31. ARPHS is concerned that for Key Direction 2, the 'possible responses' listed appear to be inconsistent with the above goals. The five objectives of the Auckland Metro Project are listed, but none of these address inequality. If impacts on inequalities are not specifically considered, or given sufficient emphasis, there is a considerable likelihood that inequalities will in fact increase.
32. Accordingly, ARPHS recommends that socioeconomic inequality receive strong emphasis in the responses to Key Direction 2, as well as being considered throughout the Framework.

⁴ Wilkinson RG, Pickett KE. Income inequality and population health: a review and explanation of the evidence. *Soc Sci Med.* 2006;62(7):1768-84.

⁵ Kawachi I, Kennedy BP, Lochner K, Prothrow-Stith D. Social capital, income inequality, and mortality. *Am J Public Health.* 1997;87(9):1491-8.

Key Direction 3: Investing in resilient infrastructure

33. ARPHS supports the dual goals of infrastructure networks that are flexible and integrated
34. ARPHS strongly supports the creation of a “public transport systems which becomes the first choice for all communities”; the “upscaling of renewable energy systems”; the use of “natural systems and processes in the design and renewal of infrastructure”; and taking both an integrated and regional approach to solutions.
35. ARPHS is also supportive of “demand management options” and would like to see ‘travel’ demand management added to the existing water and energy suggestions. We note that the most effective travel demand management option would be reducing/removing the need to travel through good urban design, or at least removing the need to travel by car. Achieving the creation of a first choice public transport system would be a good start in this regard.

Key Direction 4: Protecting and restoring natural systems

36. ARPHS supports connected, cherished, protected and enhanced natural environments and ecosystems as outlined in this direction.
37. ARPHS would be particularly supportive of the possible response to “cut fuel consumption and reduce car dependency through land use planning and improved public transport”.

Key Direction 5: Shaping a fairer and connected society

38. Key Direction 5 with its most important goal as “All Aucklanders are healthy, safe, well educated, equipped to fully participate in the social, economic and cultural life of their community and with good access to sustainable employment, essential social services and affordable housing” will only be made possible through success in the other key directions. For this reason ARPHS believes that ‘Shaping a fairer and connected society’ should be the first key direction in the document.
39. It is interesting to note the similarities between this goal and the World Health Organisation’s definition of ‘health’ as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”⁶. If we can achieve this definition of health for Aucklanders then we will be well equipped to participate in the social, economic and cultural life of our communities as envisioned by this key direction.
40. ARPHS supports the possible responses, in particular those that focus on community interaction and engagement, and on early intervention and preventing disadvantage although we would like to see this extended to include a focus on reducing inequalities.

⁶ Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. The definition has not been amended since 1948.

Key Direction 6: Celebrating Auckland's identities

41. The goal of social cohesion with a culture of learning creativity and innovation can only be achieved through mutual respect and understanding.
42. ARPHS notes that none of the possible responses mention the role of Māori as tangata whenua. ARPHS would contend that we cannot truly celebrate our cultural diversity and achieve the goals of this direction unless we focus first on fulfilling our Treaty of Waitangi obligations and acknowledging and celebrating the role of Māori. (see also 'Specific Issues - Māori Health' below)

The Framework Principles & Tools

43. ARPHS is concerned that there is no specific health / wellbeing principle, critical question or tool being proposed in the draft.
44. The selection of tools to support decision making provides a strong signal as to what is important and the tools proposed may be excellent choices for economic and environmental issues but they provide little confidence that human wellbeing issues will receive the consideration that they deserve.
45. The aim of the strategy is to provide for a “prosperous and liveable city-region that respects the ecology that supports us, and has resilient infrastructure and systems, able to adapt to change over the long term”. Appendix Two talks about “building strong and connected centres and neighbourhoods” and mentions social inclusion, community engagement and ownership, but the Framework fails to make the vital linkage to health and wellbeing.
46. The current wording has little focus on the human population or their wellbeing, which is the legislated objective of many government agencies including local government and district health boards. This can be compared to the Government's priorities for the decade 2006 – 2016⁷ which are built around three themes: economic transformation, families' young and old and national identity. The families' young and old section is set out in full below:

“all families, young and old, have the support and choices they need to be secure and be able to reach their full potential within our knowledge based economy;

Families, young and old theme can usefully be approached using the following sub-themes:

 - strong families;
 - healthy confident kids;
 - safe communities;
 - better health for all;
 - positive ageing;”
47. The wording of the current Government's priority statement provides far greater confidence that population wellbeing is a central part of all planning than does the draft sustainability framework.

⁷ <http://www.dpmc.govt.nz/dpmc/publications/government-priorities.html>

48. ARPHS recommends that the language of the final document be changed to reflect the importance of the population as the beneficiary of the framework. The language used in a document sends persuasive signals as to what is important and the tools proposed may end up being narrowly interpreted unless population wellbeing becomes the lingua franca of the framework.
49. To this end ARPHS recommends at the very least that an additional tool be included in the critical questions on page 31. Health impact assessment⁸ is an ideal tool or lens through which the impact on population health of decisions should be viewed.
50. The use of health impact assessments also brings with it a number of collateral benefits. Namely:
 - It is a cross cutting device that will pull together the disparate elements of the proposed principles.
 - Successful health impact assessments require effective inter-agency and intersectoral engagement.
 - With over arching ideas such as the sustainability framework there is a substantial risk that a framework will be created, but little practical action will take place as each participating entity has strong imperatives to focus on its particular Statement of Intent or Annual Plan.
51. Health impact assessments will help form an effective 'glue' that will generate a far higher awareness of other entities plans and service delivery than the other analytical tools. This will substantially increase the likelihood that the framework will become an integral part of future decision making across the region rather than an interesting exercise with little long term practical value.

Other Issues

Health inequalities

52. The Framework has the potential for substantial impact on health inequalities in New Zealand and greater attention should be specifically paid to this area.
53. Substantial inequalities in health status exist between population groups in New Zealand. These inequalities are particularly evident for lower socioeconomic groups, for Māori and Pacific peoples, and for other vulnerable groups such as refugees. Improving the health status of those currently disadvantaged is identified by the New Zealand Health Strategy⁹ as a fundamental principle that should be reflected across the health sector. It is also recognised that addressing these health disparities requires intersectoral action.
54. ARPHS recommends that, for all strategic policy, operational policy and delivery decisions, one of the factors used for decision making around implementation and sequencing is the impact on health inequality. As mentioned previously, Health Impact Assessment would be an ideal tool to ensure that health inequalities were adequately addressed in policy decisions.

⁸ See "A Guide to Health Impact Assessment: A Policy Tool For New Zealand" <http://www.nhc.govt.nz/phac/publications/guidetohia.pdf> and "An Idea Whose Time Has Come New opportunities for Health Impact Assessment in New Zealand public policy and planning" <http://www.moh.govt.nz/moh.nsf/0/716C83DA11C4EA81CC25729100730347>

⁹ Ministry of Health. The New Zealand Health Strategy. Wellington: Ministry of Health, 2000.

Māori health

55. As a population group, Māori have the poorest health status of any ethnic group in New Zealand. Accordingly, improving Māori health and reducing Māori health inequalities are major goals of the New Zealand health system, as reflected in key health sector documents such as the New Zealand Health Strategy¹⁰ and He Korowai Oranga – Māori Health Strategy¹¹.
56. He Korowai Oranga – Māori Health Strategy sees Māori participation in decision-making as an important pathway to improving Māori health and reducing Māori health inequalities. As the potential impacts of the Framework on Māori health are substantial, ARPHS believes that Māori participation in decision-making regarding the Framework is important.
57. It is not enough to simply recognise Māori tikanga and Māori input in general terms. The Framework needs to be explicit about getting mana whenua involved in decision making for Auckland. Māori must be involved in all planning for Auckland or else disconnection and social polarisation cannot be adequately addressed.

Pacific Health

58. Pacific populations have poor health status compared to many other New Zealand ethnic groups and as such improving Pacific health status is a key goal as outlined in the New Zealand Health Strategy.
59. Thought needs to be given as to how to best engage the various ethnic groups that make up Auckland's Pacific community, and how to incorporate and highlight issues of importance to them, such as religion and housing for extended family.

Climate Change

60. ARPHS would like to emphasise the importance of climate change, as identified in the Framework, to long-term sustainability.
61. Climate change has been described as the world's most urgent public health problem.¹²
62. The public health threats posed by climate change include those from thermal stress (e.g. heat waves), extreme weather events and infectious diseases. There are also potential impacts through food shortages from impaired crop, livestock and fisheries yields. Environmental degradation may also have socioeconomic impacts through loss of livelihoods and displacement, leading to further adverse health effects.¹³

¹⁰ Ministry of Health 2000.

¹¹ Minister of Health, Associate Minister of Health. He Korowai Oranga – Māori Health Strategy. Wellington: Ministry of Health, 2002.

¹² Stott R. Healthy response to climate change. *BMJ* 2006;332:1385-1387

¹³ McMichael AJ, Woodruff RE, Hales S. Climate change and human health: present and future risks. *Lancet* 2006; 367: 859–69

63. In New Zealand, several adverse health effects from climate change have been predicted as likely. Floods and droughts are likely to have important, though indirect, effects on health. Increased transmission of diseases such as dengue fever is likely. Increased ultraviolet radiation may lead to more skin cancers and New Zealand may also be affected by environmental refugees from Pacific countries, which would find it more difficult to adapt to climate change.¹⁴
64. Given the major potential health impacts of climate change, both globally and in New Zealand, it is encouraging that it has been identified as a key aspect of the 'case for change' in the Framework.

Transport

65. Transport is one of the key elements in achieving the sustainable vision outlined in the Framework. As noted in previously, the Framework talks about "building strong and connected centres and neighbourhoods" but is scant on detail around best to achieve this. Notwithstanding the high level intent of the Framework, it would still be appropriate to make commitments in certain key areas such as transport.
66. We know that health is affected by transport planning and that previously design has lead to poor access to some services "as the reorientation of retail and service industries around car travel has made it difficult for those without a car to participate fully in the community."¹⁵
67. Planning needs to ensure Arterials and Motorways do not severe communities. Again the SOPHAR Report states: "There has been increasing attention in recent years on the relationship between health and social cohesion. Although the influence of transport on social cohesion is complex, higher levels of social support are associated with better health outcomes."¹⁶
68. "Contact between family members, friends and members of voluntary organisations and communities is enhanced by private and public modes of transport. However, roads and traffic act as a physical and psychological barrier to social contact", that is, "severance". Social cohesion for urban and rural communities is an important issue in the Auckland region. Although there is only limited evidence available, community severance is plausible.
69. ARPHS has previously highlighted the effects of social cohesion and community severance on health¹⁷ and urges wording changes that better reflect this key linkage.
70. ARPHS strongly supports the concept of establishing a hierarchy of transport users, prioritising people access/pedestrians within all transport planning. For example, the City of York's Transport Plan hierarchy of transport users which makes pedestrians the number one priority for all transport planning (see Appendix One).

¹⁴ Woodward A, Hales S, de Wet N. Climate Change: Potential Effects on Human Health in New Zealand. Wellington: Ministry for the Environment, 2001.

¹⁵ Auckland Regional Public Health Service. Improving Health and Wellbeing: A Public Health Perspective For Local Authorities In The Auckland Region (SOPHAR). Auckland: ARPHS, 2006
http://www.arphs.govt.nz/publications/Sophar06/Sophar_report06.asp

¹⁶ Ibid

¹⁷ Auckland Regional Public Health Service. Improving Health and Wellbeing: A Public Health Perspective For Local Authorities In The Auckland Region (SOPHAR). Auckland: ARPHS, 2006
http://www.arphs.govt.nz/publications/Sophar06/Sophar_report06.asp

71. ARPHS would like to see the region adopt the mantra: 'Walkable Communities are Liveable Communities' and would encourage all urban and rural planning to consider pedestrian accessibility as the number one priority.
72. ARPHS would like to recommend *Providing for Pedestrians: Principles and Guidelines for Improving Pedestrian Access to Destinations and Urban Spaces*, July 2003 (available on www.doi.vic.gov.au) as a worthwhile guideline when planning.

Conclusion

73. ARPHS is broadly supportive of the proposed long term sustainability framework however it believes that it does not provide enough of a focus on the people of Auckland through inclusion of human health and wellbeing as a key component. Refocusing the language of the framework to give it a more human focus will help ensure the population wellbeing is the prime factor for consideration in the sustainability framework.
74. More emphasis is needed in the areas of health inequalities and Māori health and in particular consideration of explicit arrangements for the inclusion of Māori in all planning processes.
75. Incorporating a requirement to undertake Health Impact Assessments as one of the assessment tools for proposed action will also help ensure that health and wellbeing are given appropriate weight in decision making.
76. Finally, it is worth noting that achieving sustainability means a shift to operating in a new paradigm.

"If a society opts for social institutions, technologies and conservationist behaviours that sustain the natural resource base – the life-supporting ecosystems – then the long term health of that population will be enhanced.

*In contrast, erosion of natural resources will cause economic difficulties and regional conflicts and will eventually harm the health of even distant wealthy populations."*¹⁸

Yours faithfully

Monica Briggs
Service Manager,
Auckland Regional Public Health Service

¹⁸ Brown V, Grootjans J, Ritchie J et al. Sustainability and Health – Supporting Global Ecological Integrity in Public Health. Sydney: Allen & Unwin, 2005.

Appendix One

Designing cities around people, not cars

The City of York has won numerous awards for developing an integrated transport network that does not rely on private cars and meets local air quality objectives. An integral part of that strategy promotes sustainable active alternatives to the private car that are both convenient and reliable by using public transport, walking and cycling. York was one of the first local authorities to adopt a hierarchy of transport users when making decisions related to land use and transport and in implementing transport measures. The order of priority is:

- | | |
|--|---|
| 1. Pedestrians | 5. Powered two-wheelers |
| 2. People with mobility problems | 6. Commercial or business users (includes deliveries and heavy goods vehicles) |
| 3. Cyclists | 7. Carborne shoppers and visitors |
| 4. Public transport users (includes bus, coach, water, taxi and rail) | 8. Carborne commuters |

Source: Edwards P, Tsouros A. Promoting physical activity and active living in urban environments: the role of local governments. Geneva: World Health Organization, 2006: 8.