

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

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Annual Plan 2008-09 Submission

Auckland Regional Council

Private Bag 92012

Auckland

Submission from the Auckland Regional Public Health Service on the “Annual Plan 2008-09 and amendments to the LTCCP”

1. Thank you for the opportunity for the Auckland Regional Public Health Service to provide a submission on the Annual Plan 2008-09 and amendments to the LTCCP.
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 hosting 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. The primary contact point for this submission is:

Andy Roche
Policy Analyst
Public Health Intelligence & Infrastructure
Auckland Regional Public Health Service
Private Bag 92 605
Symonds Street
Auckland
09 6234600 extn 27105
aroche@adhb.govt.nz
5. ARPHS wishes to make an oral submission to the Annual Plan hearings to support its written submission.

Layout of this submission

6. ARPHS has divided its submission into several sections to make reading easier. The submission begins with an introduction that sets out why ARPHS has made comments to the Council and then shows how local government can influence health and wellbeing. Consideration is given to how councils can assess the impact of their decisions on their population's health and wellbeing.
7. The submission then highlights some key issues for the region as a whole and makes comments specific to the Auckland Regional Council's Annual Plan.
8. Finally, the submission concludes by examining opportunities for action in the Council and stresses the need to consider how these actions would impact on inequalities.

Introduction

9. Auckland Regional Public Health Service (ARPHS), as an agent of the three Auckland DHBs, has a statutory obligation under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of people and communities, in particular for the Auckland region. ARPHS's primary concern is to improve population health rather than deliver personal health services. It actively seeks to influence any initiatives or proposals that may affect population health in the Auckland region to maximise their positive impact and minimise possible negative effects on population health.
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. There are also indications of an increasing population burden of emerging infectious diseases resulting from international travel and the effects of climate change.
11. Policy to affect health gain is often marginalised to medical care. Health, however, is influenced by a broad range of policy decisions and is not solely the responsibility of the health sector. Statutes such as the NZ Public Health and Disability Act, Local Government Act, Resource Management Act and Building Act (amongst many others) all have elements designed to deliver outcomes promoting, protecting and maintaining the health of the community. Planning and policy decisions by central government, local government, non-government agencies and the commercial sector can have a large impact on health outcomes.
12. ARPHS supports Council's Annual Plan process and the opportunity it provides to engage with the public and other stakeholders to advance community wellbeing.
13. ARPHS believes that public health issues are inseparable from, and integral to, a Council's responsibility for cultural, economic, environmental and social wellbeing, which is mandated through the Local Government Act. Therefore, public health should be an explicit focus of both the annual plan and long-term council community plan preparation.

Determinants of wellbeing

14. The achievement of health outcomes should not be perceived as the sole responsibility of the traditional health sector with general practitioners and hospital-based services taking a lead role. These groups have the prime responsibility of treating ill health, but a local authority's decisions can have a far greater influence on preventing ill health and promoting wellbeing than the activity of any other sector or agency.
15. ARPHS believes that it is essential that Council take a holistic approach to decision making. Council will not be able to comply with Part 2 of the Local Government Act 2002 and its other statutory duties unless it understands the interdependencies of its desired community outcomes and appreciates the substantial direct and indirect influence its decisions have.

“Traditionally public health was largely associated with local government. In the 19th and early 20th century the most notable successes lay in sanitation, waste management and housing. Health considerations played an important part in the building of sewers, clearing of slums... However both the concept of public health and local government's role in implementing and monitoring it declined with the advances in personal health and medical care... and the increasing emphasis on treatment rather than prevention¹”.
16. Both DHBs and local authorities have responsibilities to improve health and wellbeing. The DHBs' responsibilities are set out in the NZ Public Health and Disability Act 2000 and includes the responsibility to:
 - Improve, promote and protect the health of people and communities {section 22(1)(a)}.Local authorities' responsibilities are set out the Local Government Act 2002:
 - To promote the social, economic, environmental, and cultural well-being of communities, in the present and for the future {section 10(b)}.
17. In the case of local authorities this principle purpose is supported by a number of other enactments that have health elements including the Health Act, Resource Management Act and Building Act.
18. Local authority activity remains crucial to the success or otherwise of the health sector. An individual's health is affected by a wide range of factors, only some of which are within an individual's control. In addition, many seemingly independent choices which an individual may make and which have an impact on their health are often greatly influenced by larger societal issues.

¹ Effective Strategies for Tackling the Wider Causes of Ill-Health,
www.communities.gov.uk/documents/localgovernment/pdf/154653



Dahlgren and Whitehead 1991²

19. The importance of local authority decision making for health was one of the reasons for the Auckland Regional Public Health Service's production of its report *Improving Health and Wellbeing: A Public Health Perspective for Local Authorities in the Auckland Region*³. This report clearly sets out the areas where Council decision making will have wide influence and impact on the wellbeing (including health) of its community. It is the primary driver for ARPHS's ongoing involvement with local authorities through a range of avenues.

20. It has been estimated that less than ten percent of the determinants of health are within the control of the health system.

“the remaining ninety percent are dependent upon decisions made elsewhere in the economy. It is these decisions which will be influenced by any public health policy which is to have meaningful outcomes”⁴.

21. There is considerable overlap between the role of local authorities and the health promotion agenda set out by the Ottawa Charter⁵, with local authorities directly influencing the following strands:
 - Build healthy public policy
 - Create supportive environments
 - Strengthen community action

² Dahlgren and Whitehead (1991), Policies and Strategies to Promote Equity in Health, World Health Organisation

³ Available on the ARPHS website

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

⁴ Carruthers et al. 1999, Improving Health Improvement Programmes: The Early Lessons, Research Report 35, School of Public Policy, University of Birmingham, cited in Effective Strategies for Tackling the Wider Causes of Ill-Health.

⁵ http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

With lesser influence on:

- Develop personal skills, and
- Reorient health services

Local authority activities relevant to population health

22. There are three areas where the activities of local authorities impact on population health:

Traditional public health disease control

- Water supply
- Sewage disposal
- Stormwater treatment
- Waste disposal
- Air quality
- Food safety
- Regulatory activities around building control and inspection
- Bylaws suppressing nuisances

Obesogenic environments

- Urban form—streetscape and reserve provisions
- Transport—roading, public transport and active transport (walking and cycling)
- Leisure activities—active and passive recreation facilities
- District Plan—location of activities

Inequalities

- Access to council facilities and services (through pricing and location)
- Encouraging the provision of affordable housing (potential increased role with the successful passage of the Affordable Housing: Enabling Territorial Authorities Bill)
- Regulatory role around sale of liquor, gambling and prostitution
- Access to services, education and health (through transport)
- Access to education (through provision of libraries; reference, learning centres and internet)
- Access (affordability and proximity) to good food and drink (unprocessed, high nutrient content, low energy density).

23. Council's community outcome process has identified the following outcomes that are health related and for which coordinated action is required.

- Growth and Change – quality built environment, a thriving regional economy that supports a good standard of living, efficient energy use based on clean and reliable sources

- Access, choice and opportunity – Aucklanders have access to a range of affordable and safe ways to move people and goods, recreational and leisure opportunities that offer a range of experiences for all, access to a range of affordable housing, community health and wellbeing is supported by a healthy environment where people have access to affordable healthcare, Aucklanders are educated and skilled and have access to appropriate learning and training opportunities, safer neighbourhoods and public places.
- Caring for people – Auckland’s population growth and migration are well managed, Maori are succeeding socially and economically and contribute to decision making, the needs of women are recognised and addressed.
- Caring for place – neighbourhoods with a sense of community, Aucklanders caring for and enjoying the natural environment.

Assessing impacts on population health

24. ARPHS recommends that Council use appropriate tools, such as health impact assessments⁶ or seek appropriate advice to enable it to explicitly understand the impacts of its decisions on wellbeing and enable it to assess the public health risks and benefits that will flow from Council decisions.
25. The intersectoral nature of effective health impact assessment will further promote intersectoral collaboration. Successful intersectoral collaboration is one of the necessary conditions to enable Council to attain the social, cultural, economic and environmental outcomes that its community seeks.
26. ARPHS’s expertise in assessing and predicting the impacts of particular actions on public health is available to support Council’s activities and its decision making.

Auckland Sustainability Framework

27. ARPHS applauds the councils of the Auckland region for developing the *Auckland Sustainability Framework*. This framework will help shape the future of the Auckland region and help support both improved population health outcomes and a reduction in inequalities. ARPHS looks forward to seeing the framework increasingly reflected in Council’s planning processes, strategies, policies and activities.

Issues

28. Although this is only the third year of the current LTCCP and Council may not be intending to make substantial changes from its previously signalled path, ARPHS considers that there is worth in reiterating many of the comments that it made during the initial LTCCP process. Three focus areas in the SOPHAR Report were selected for specific comment because they have been identified as priority areas pertaining to the Auckland region in central and local government agencies’ strategic plans, and because of their impact on wellbeing.

⁶ 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>

Urban development

29. The evidence linking health and urban built environment has recently been summarised by the Public Health Advisory Committee⁷ around:
- Respiratory and cardiovascular health
 - Physical activity and obesity
 - Road traffic injuries and deaths
 - Social capital
 - Mental health and wellbeing
30. Urban development was selected as a priority area for the SOPHAR Report because it covers a broad range of issues including housing, air quality, access to recreation space, provision of water, wastewater and other infrastructure required for growth and intensification. The report argues that explicit consideration of public health as part of urban planning and design will help ensure that the positive public health impacts of future urban development outweigh any negative effects.
31. Good urban design, which leads to the creation of attractive and desirable “active living communities”, will reduce dependency on the private vehicle. This delivers a two-fold public health dividend: as individuals increase their level of physical exercise taken as part of going about their daily lives vehicle air pollution is reduced. It may also be expected to deliver collateral benefits around lower carbon emissions and lower congestion than would otherwise have been the case.
32. Population density and numbers affected should also be a factor in structuring Council’s response (both magnitude and speed) to emergency management and issues such as water and wastewater leaks and infiltration.
33. Housing is internationally recognised as a key determinant of health. The location, physical quality, level of crowding and the affordability of housing are all factors that impact directly on health.
34. A lack of affordable and adequate housing is a significant issue within the Auckland region. The high cost of housing leaves less money for other items essential to good health including a nutritious diet, primary health services, winter heating, education and transport.
35. In Auckland house prices and rents are higher and rising at a higher rate than the rest of the country⁸ and Aucklanders spend more of their income on housing. Recent figures from Quotable Value⁹ suggest that property prices in Auckland are continuing to rise with a 9.5% growth in the past year.

⁷ Public Health Advisory Committee, 2008, *Review on International Evidence Linking Health and the Urban Built Environment*, accessible through

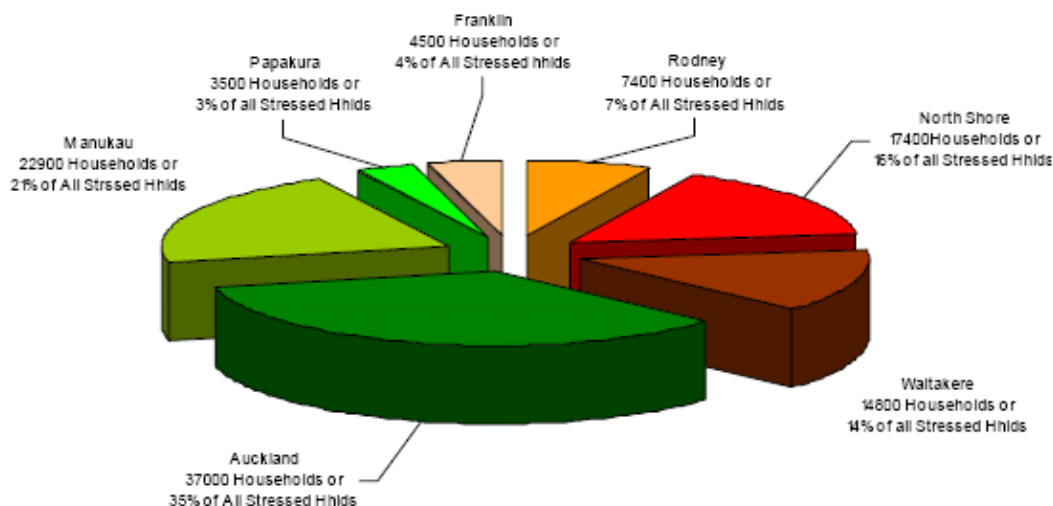
<http://www.phac.health.govt.nz/moh.nsf/indexcm/phac-health-urban-built-environment?Open>

⁸ With exception of Queenstown Lakes. Quotable Value 2007

<https://www.qv.co.nz/onlinereports/propertyvaluemap.htm>

⁹ Quotable Value 2007 <https://www.qv.co.nz/onlinereports/propertyvaluemap.htm>

36. A lack of affordable and adequate housing is a significant issue particularly within the Auckland region. Recent research¹⁰ suggests that some 107,500 households within the Auckland region are facing housing costs of greater than 30%¹¹ of gross household income.



Reproduced from "The Future of Home Ownership and the Role of the Private Rental Market in the Auckland Region" Page 25.

37. Crowding is a persistent and increasing problem in the Auckland region and is associated with poor health status, particularly infectious diseases, respiratory diseases and stress.
38. Cold, damp and mouldy houses are the most common health hazards of poor housing and people living in them are more likely to have respiratory problems including asthma. New Zealand research^{12,13} shows that insulation retrofitting of old houses in New Zealand (pre 1977 when insulation legislation was introduced) has resulted in significantly improved health for both children and adults including reduced GP visits and reduced absenteeism from school and work.
39. A lack of affordable housing may be one of the primary reasons for the extremely short length of many residential tenancies—people move to attempt to find lower rents¹⁴:
- Mean duration of 15 months or less.
 - Fifty percent less than 10 months.
 - Thirty-three percent less than 6 months.

¹⁰ The Future of Home Ownership and the Role of the Private Rental Market in the Auckland Region, 2007, Centre for Housing Research Aotearoa New Zealand and Auckland Regional Council accessible through <http://www.chranz.co.nz/pdfs/future-of-home-ownership-and-the-role-of-the-private-rental-market-in-auckland.pdf>

¹¹ These are defined as 'stressed households' for the purpose of the illustration below.

¹² Howden-Chapman, P. et al. Retrofitting houses with insulation to reduce health inequalities: a clustered, randomised trial in community settings. *Social Science and Medicine* (in press)

¹³ http://www.arphs.govt.nz/publications/HealthyHousing/Healthy_Housing.asp

¹⁴ Tenancy duration Getting the Balance Right – Review of the Residential Tenancies Act <http://www.dbh.govt.nz/UserFiles/File/AboutUs/Legislation/residential-tenancy-act/Getting-the-balance-right-long.pdf>

The short length of tenancies will also have flow-on effects in community dislocation; as people and families move there are consequential impacts on a sense of place and belonging, social capital and cohesiveness. Such frequent moves will also impact on the educational attainment of children, who may be frequently moving school, and help to lock in intergenerational inequalities.

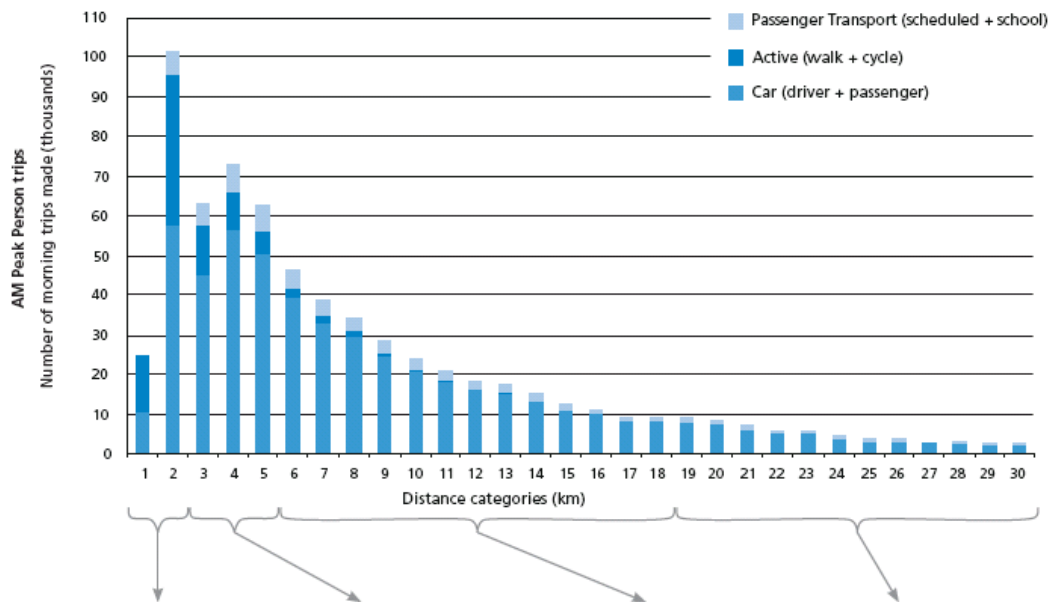
40. The affordability of housing has a much wider impact than just on those suffering housing stress due to the proportion of their household income required for housing. The impact of housing-related ill health falls on the wider community by virtue of increased health care costs and lost productivity.
41. If affordable housing is marginalised to specific geographic locations, for example on the periphery of the pre-existing urban form, it will require that the occupants travel further to access work, schools and community and other facilities. The impact of greater distances travelled (unless public transport is used) also impacts on the wider community through increased air pollution, increased stormwater pollution, greater requirements for roading infrastructure, transport congestion and greater production of greenhouse gases. Many of these costs impact directly on the business community and affect New Zealand's economic development.
42. Population growth is expected to rise considerably over the next 10 - 20 years and it is important that housing developments meet the needs of the changing demographics of the population. ARPHS supports the two overarching goals of the Auckland Regional Affordable Housing Strategy:
 - To enable all households in the Auckland region to live in housing that is affordable.
 - To encourage affordable housing that is well located, appropriate to needs, well designed, integrated into communities, and provides for people's need for choice, security, safety and good health.
43. ARPHS urges Council to do all that is within its power or influence to support the provision of affordable housing. ARPHS hopes that Council will take advantage of any opportunity presented by initiatives such as the Affordable Housing: Enabling Territorial Authorities Bill to encourage the creation of affordable housing within its area.

Transport

44. Transport has significant direct and indirect impact on individuals' and communities' health, and it is interconnected with 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.
45. ARPHS recommends that the wellbeing impacts of transport decisions, in conjunction with the interrelated urban design issues, are given greater weight in Council decision making. In particular ARPHS recommends that Council provide greater support for active transport (walking and cycling).

46. Recent data¹⁵ as illustrated below suggests that for the Auckland region a substantial proportion of peak hour trips are over distances between zero and five kilometres. The vast majority of these journeys are by car.

Figure 6.2 Morning peak trips by means of travel, Auckland region 2001



Short local trips: <2km	Mid-range trips: 2-5km	Long trips: 5-18km	Very long trips: >18km
Over half (54%) of short local trips are by car	Three quarters of mid-range trips (76%) are made by car	Almost all long trips (87%) are made by car	Almost all very long trips (89%) are made by car
41% of short trips are by walking (a few by cycling)	14% of mid-range trips are by walking/cycling	Very few long trips (3%) are by walking/cycling	11% of very long trips are by passenger transport
Only 5% of short trips are by passenger transport	10% of mid-range trips are by passenger transport	10% of long trips are by passenger transport	
Trends	Trends	Trends	Trends
Clear evidence that parents now drive children short distances to school ²⁶	Clear evidence of a dramatic decrease in cycling, especially to school ²⁷	Passenger transport patronage increasing now, following decades of decline ²⁸	Very long trips to work are becoming more common as living on the urban fringe becomes a popular lifestyle choice ²⁹
Likely that shopping trips and trip chains are now made by car due to changes in the design and location of shopping areas	Passenger transport in most areas is slower and less reliable than car travel, but where effective priority measures are in place patronage has soared		Rail and the northern busway are just beginning to provide a reliable and fast service for a small proportion of very long trips ³⁰
Impact	Impact	Impact	Impact
More short trips by car clog local roads and increase traffic danger, noise and air pollution	Many mid-range trips are made on urban motorways ³¹ , causing disproportionate congestion impacts	Long trips by motorway are becoming slower, however across most of Auckland passenger transport is slower still	Tremendous political pressure to improve provision for very long vehicle trips; however such improvements encourage people to live even further out on the urban fringe
Walking and cycling become less safe and less pleasant			

Table 6.2 Key trends in Auckland transport by trip type

47. ARPHS believes that active transport has the potential to support many of Council's outcomes. From the population health view point active transport needs to be the preferred choice for most journeys between zero and five kilometres, with walking and cycling being dominant for zero- to three-kilometre trips.

¹⁵ Sustainable Transport Plan 2006-16, Auckland Regional Transport Authority accessible through http://www.arta.co.nz/shadomx/apps/fms/fmsdownload.cfm?file_uid=C7AEA87F-BCD4-1A24-91D2-1E0436FD4439&siteName=arc

48. This will deliver benefits for both population health and Council, including the following:
- Reduction in the incidence of obesity, type 2 diabetes and cardiovascular disease.
 - Reduction in the carbon footprint in the Auckland region, supporting climate change initiatives and having a small impact on the demand for foreign oil.
 - Reduction in air pollution through the reduction of vehicular use and fewer short 'cold start' journeys, helping improve environmental and health outcomes.
 - Improved opportunities for residents to interact, which may help build social capital and sense of community.
 - The development of a people-friendly urban form also has the potential to turn around wider community distrust of intensification, which may have benefits regionally and nationally.
49. There is also an important and under recognised relationship between reducing fuel usage through policy decisions, and increasing the availability of food at local and global levels. Recently, policy for increasing biofuel usage in motor vehicles has been linked with a shortage in world food supplies and raised awareness of how transport policy may affect food availability. In fact, this is not the primary instance of transport needs competing with people's stomachs, as agriculture has long relied on fuel to increase food production to meet the needs of population growth. From the 1940s onwards, fossil fuel based fertilisers, pesticides, irrigation and mechanisation dramatically increased food yields, and these innovations rely on fuel usage for transportation and mechanised processes. Pressure on fuel availability is also increasing as a result of New Zealand becoming an increasingly obese nation, as obesity both reduces the population's capacity to engage in active transport, leading to a greater reliance on private motor vehicle transport, and increases food demand¹⁶.
50. Such a shift to active transport modes will require a changed mindset around traffic management and wider urban design (reserve management etc) and require that users are considered in the following order of priority:
- Pedestrians
 - People with mobility problems
 - Cyclists
 - Public transport users
 - Powered two wheelers
 - Commercial or business users (including deliveries and heavy goods vehicles)
 - Car borne shoppers and commuters

¹⁶ <http://blogs.bmj.com/bmj/2008/04/28/ian-roberts-biofuels-obesity-and-transport-slim-chances-for-a-fat-planet/#more-422>

51. These changes are possible; the Netherlands, Denmark and Germany provide evidence of how cycling levels can be maintained notwithstanding high private vehicle access¹⁷. Within Auckland the success of programmes such as the Walking School Bus Programme, developed by ARTA, which now has 200 'buses', show that change is possible¹⁸.
52. Changing roading priorities will involve both new developments and retrofitting the current urban form. Implementing the necessary changes to make active transport more attractive may have substantial costs for local authorities.
53. Achieving increased usage for public transport and active transport will also require that greater emphasis be given to the provision of quality pedestrian facilities, e.g. increased footpath provision and increased pedestrian crossings, traffic-calming measures, seating and shelters for public transport and general use.
54. There are a number of pre-existing tools available to help support road controlling authorities with such assessments and which will help integrate land use and transport planning issues¹⁹.

Food, Drink and Tobacco

55. Food, drink and tobacco consumption are primary determinants of health and wellbeing and require sustained attention from those involved in policy and programme implementation and regulatory roles. Although individuals also have responsibility for their own actions, individuals' choices are usually influenced by societal influences which make some choices easier than others.
56. Council's traditional role was as a regulator. The regulatory role remains important in ensuring that standards for food safety and alcohol availability are maintained. Council also has a wider role in assisting and encouraging individuals to make healthy choices around diet, alcohol and tobacco. Each individual making a healthy choice will be one less individual imposing additional costs on Council and the community by their actions.

¹⁷ Pucher J & Buehler (2008) *Making Cycling Irresistible: Lessons from the Netherlands, Denmark and Germany*. Accepted for publication in *Transport Reviews* Vol.28, No 4. July 2008 available through <http://policy.rutgers.edu/faculty/pucher/Irresistible.pdf>

¹⁸ http://www.arta.co.nz/xxarta/news/media_releasexx.cfm?entryID=0234BA1F-BCD4-1A24-91A0-D9436DBFF86B

¹⁹ Health Effects and Risks of Transport Systems: The HEARTS Project. Accessible through <http://www.euro.who.int/document/E88772.pdf>

"Watch Out for Health" NHS London Healthy Urban Development Unit provides one example of a comprehensive guide to health issues for urban designers.

http://www.healthyurbandevelopment.nhs.uk/pages/checklist_for_health/intro_checklist_for_health.htm

57. For example, there is a link between an increased density of alcohol outlets and higher rates of injury, crime and other alcohol-related harm, even after allowing for socioeconomic and demographic factors^{20,21}. Councils are somewhat limited in their ability to allow for this under the Sale of Liquor Act but can factor it into the development of District Plans.
58. If not already in place, ARPMS encourages councils to adopt a strategy to reduce alcohol-related harm. This may also require undertaking an assessment of the harm that currently exists in the council's area.
59. ARPMS would like to see consistency across the region on the grading of food premises. At present, an A-grade premise in one council may only be a B-grade in another council. This makes it difficult for the public to make an informed decision about where to purchase their food. ARPMS also encourages all councils to adopt consistent HACCP-based criteria for use during food premises assessments.
60. Many of the population suffer from poor dental health. Fluoridation of water is an effective public health intervention that reduces the incidence of dental caries. The majority of water supplied within Council's area is the fluoridated supply from Watercare Services. There are, however, a number of community suppliers that provide water to more localised communities. ARPMS recommends that Council actively encourages the fluoridation of these supplies where it has the opportunity to influence these communities as part of its role.

Specific Comments on Annual Plan

Regional Fuel Tax

61. ARPMS has considered the proposed regional fuel tax from a public health view point. The proposed tax may have both positive and negative impacts on public health. ARPMS believes that further understanding of these impacts and potential mitigation measures is needed before the regional fuel tax is implemented.
62. Transport is a key issue in the Auckland region with a significant impact on many issues including economic development, safety and security, accessibility and mobility, land use patterns, environmental sustainability and the protection and promotion of public health. Public transport is an especially important part of the overall transport equation due to its value in reducing the negative and increasing the positive impacts of transport on population health.

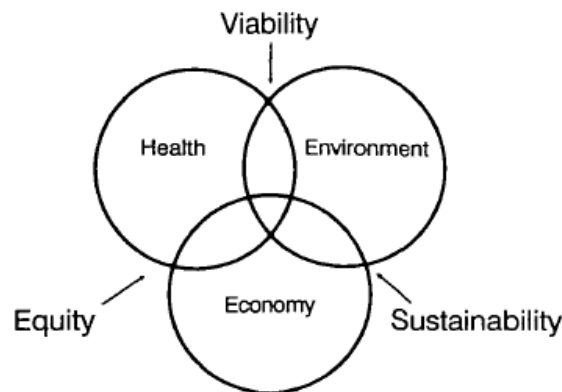
²⁰ Scribner et al. (1999). Alcohol availability and homicide in New Orleans: Conceptual considerations for small area analysis of alcohol outlet density. *Journal of Studies on Alcohol*, 60(3), 310-316.

²¹ Treno et al. (2001). Alcohol availability and injury: the role of local outlet densities. *Alcoholism: Clinical and Experimental Research*, 25(10), 1467-1471.

63. ARPHS is broadly supportive of the hypothecation of the regional fuel tax as a way of funding additional capital projects (that have the potential to improve public health and wellbeing) within a regional land transport programme. ARPHS also notes the potential for the regional fuel tax to act as a price mechanism that may deter private vehicle usage. Any reduction in vehicle usage will have an impact on issues such as air pollution, noise and climate change.
64. The Land Transport Management Amendment Bill sets out detailed requirements for regional fuel taxes. ARPHS notes the requirement to take into account the regional land transport strategy in the preparation of a proposed regional fuel tax scheme. The regional land transport strategy (RLTS) objectives are to:
- Assist economic development
 - Assist safety and personal security
 - Improve access and mobility
 - Protect and promote public health
 - Ensure environmental sustainability
 - Support the Auckland regional growth strategy
 - Achieve economic efficiency
65. ARPHS has particular concerns that, because of its disproportionate impact on lower socio-economic groups, the imposition of a regional fuel tax in the Auckland Region has the potential to exacerbate inequalities and result in poorer health outcomes for some parts of the community. ARPHS is also concerned that the economic impact of such a tax on Aucklanders has not been fully assessed and presented.
66. Under current transport planning within the region there are geographic areas of social deprivation that do not have effective or efficient public transport available to them²². In addition, the poor will be the first to encounter difficulties paying for the increasing costs of keeping their vehicles on the road as a result of increasing fuel prices, and the resulting inflationary pressure which is likely to push up the prices of all commodities.
67. In its submissions to the Select Committee on both the Land Transport Management Amendment Bill and the Public Transport Management Amendment Bill ARPHS has sought to have the needs of the transport disadvantaged (including both those without access to a private vehicle and the infirm) specifically considered.
68. ARPHS believes Council needs to take particular notice of the impacts of the proposed regional fuel tax on the needs of the transport disadvantaged in its decision making. With current inflationary pressures on household budgets the numbers of those who are transport disadvantaged are likely to increase.

²² Auckland Regional Land Transport Strategy Annual Report 2006/07 page 55
<http://www.arc.govt.nz/albany/fms/main/Documents/Plans/Regional%20strategies/RTLS%20Annual%20Report%202007.pdf>

69. When considering implementation of a regional fuel tax, a relevant model of health should be considered. Hancock's²³ model of human development proposes an interrelationship between health including social factors, environment and the economy. This suggests that economic activity must not only preserve the environment but also improve social systems.



70. Based on this holistic model, environmental and economic activities must endeavour to reduce inequalities which contribute to poorer health for those in the higher deprivation levels. According to the IPCC Synthesis report²⁴, four areas of consideration are used to evaluate policies and price instruments such as the Regional Fuel Tax. These comprise distributional effects, namely, equity, environmental effectiveness, cost effectiveness, and institutional feasibility.
71. APRHS recognises that a regional fuel tax has the potential to create both winners and losers. Winners are those who benefit from improved access and mobility and hence value the benefits more than the costs of higher fuel prices. Losers are those who pay higher fuel prices without receiving adequate compensatory benefits.
72. Regional Fuel tax is an indirect tax which by its very nature is regressive. This is because people in the lowest income bracket spend a higher proportion of their income on non-discretionary expenses such as household fuel and power. This proportion has been increasing over the past few years with people in the lowest 20% income bracket now spending 9.7% of their income on household fuel and power compared to 7.1% in 2004²⁵. High energy prices are already causing significant hardship in a high proportion of households²⁶.

²³ Hancock, T. (1993). "Health, human development and the community ecosystem: three ecological models." *Health Promot. Int.* **8**(1): 41-47.

²⁴ Intergovernmental Panel on Climate Change, 2007, *Synthesis Report*, <http://www.ipcc.ch/ipccreports/ar4-syr.htm>

²⁵ Statistics New Zealand Household Economic Survey. 2007 and 2004 <http://www.stats.govt.nz/store/2006/06/household-economic-survey-yejun04-hotp.htm?page=para004Master>

²⁶ Creedy J, Sleeman C. Carbon Taxation, Prices and Welfare in New Zealand. Research Paper 937. University of Melbourne.

73. Other groups likely to suffer greater negative than positive impacts are the elderly, people with chronic illnesses such as COPD (Chronic Obstructive Pulmonary Disease) or those living in rural sectors which demands long distance travel to basic facilities such as grocery stores. If people are unable to switch to active or public modes of transport due to lack of access (affordability or availability may inhibit access), their ability to access employment, health facilities and recreational activities significantly decreases.
74. As the price of fuel increases, roll-on effects contribute to the rising costs of many commodities, including food. Hence, people who do not have alternate affordable public transport available (usually outside of the rail catchment area) either compensate by reducing their vehicle use or substitute by buying less or poorer quality food, reducing household heating etc. This results negatively on poor families and communities by reducing access to employment, education, leisure and social opportunities as well as reducing access to health facilities²⁷. In addition, any restriction in access to essential utilities such as electricity and water is likely to have adverse effects on health. Regional Fuel taxes will have a differential effect on households with different income levels:
- Lowest 1/3 households are in a permanent state of cash flow deficit
 - Middle 1/3 are unable to save money and hence do not have disposable income available to switch to more efficient forms of private transport.
 - Upper 1/3 has significant discretionary income available for redistribution into increased spending on efficient private transport hence maintaining their ability to independently access education, employment, leisure and social activities etc.
75. Widespread fuel taxes also have the potential to increase inflation. Essential goods, such as fuel, form a relatively higher proportion of total expenditure of low income households than 'luxury good's. Therefore, inflation will have a larger effect on low income groups. This is called the welfare effect²⁸. Another study reported rising petrol costs as a result of a fuel tax would disproportionately burden lower income households²⁹. Hence, ARPHS believes that mitigation against the regressive nature of a regional fuel tax should be fully explored and implementation well underway before any such tax is imposed.

²⁷ Melhuish, M. (2008). Climate Change (Emissions Trading and Renewable Preference) Bill submission. Domestic Electricity Users Network. http://www.parliament.nz/en-NZ/SC/Papers/Evidence/4/3/f/48SCFESCEvidenceCCETRP_ET130-Domestic-Electricity-Users-Network.htm

²⁸ Creedy, J. (1998). "The welfare effect on different income groups of indirect tax changes and inflation in New Zealand." *Economic Record* **74**(227): 373.

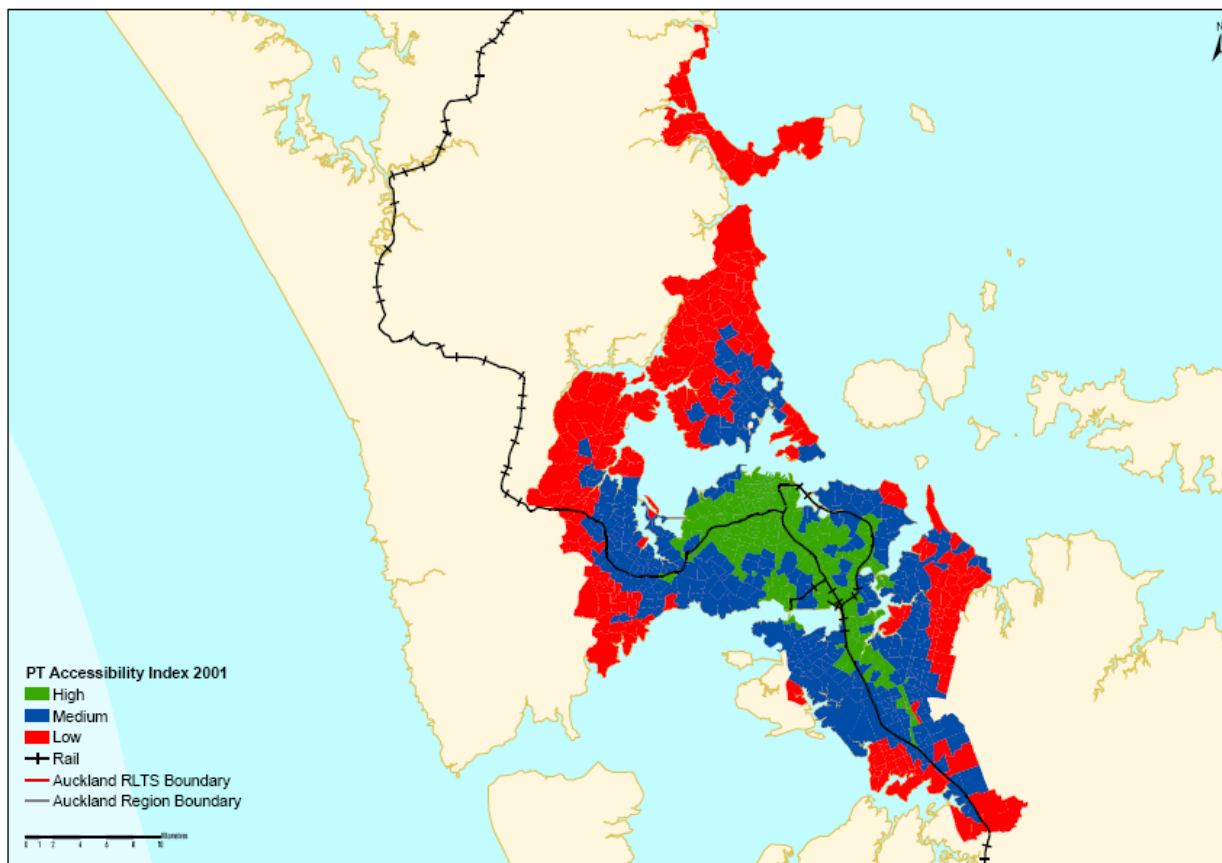
²⁹ See Creedy and Sleeman supra

Proposed Expenditure - Electrifying trains

76. A substantial majority of the revenue generated by the Auckland Regional Council's regional fuel tax is proposed to be used to purchase electric trains to replace aging diesel trains and to increase passenger rail services. However, the follow on effects must be considered. Auckland is a widely sprawling city with many people not within walking / cycling distance from their home to their place of work, tertiary institutions or recreational facilities, and hence, Aucklanders have an ongoing dependence on cars for accessibility. The ARC Annual plan specifies there are numerous benefits to passenger transport users that include savings in travel time and improved reliability. These benefits, are however, spread unequally.
77. In Auckland 75% of areas rated 9 or 10 on the 2001 NZ Deprivation index received poor or average levels of passenger transport service³⁰. Households in these areas will be less able to afford private vehicles and need good public transport if they are able to fully participate in society to access the necessities of daily life. They will be further disadvantaged in their efforts to escape deprivation if the public transport in these areas is inadequate to allow them to easily access employment and education.
78. Regional fuel taxes will affect all persons purchasing fuel in the region. Due to the smaller incomes of people in higher Deprivation Index areas, they will be disproportionately affected by this tax. This tax will increase inequalities around access to transport that these families already face and may also affect basic health if monies that were formerly available for food, heating or health care are now required to support access to employment, social services and education.
79. The following map outlines access to public transport across the region.

³⁰ Auckland Regional Land Transport Strategy Annual Report 2006/07 page 55
<http://www.arc.govt.nz/albany/fms/main/Documents/Plans/Regional%20strategies/RTLS%20Annual%20Report%202007.pdf>

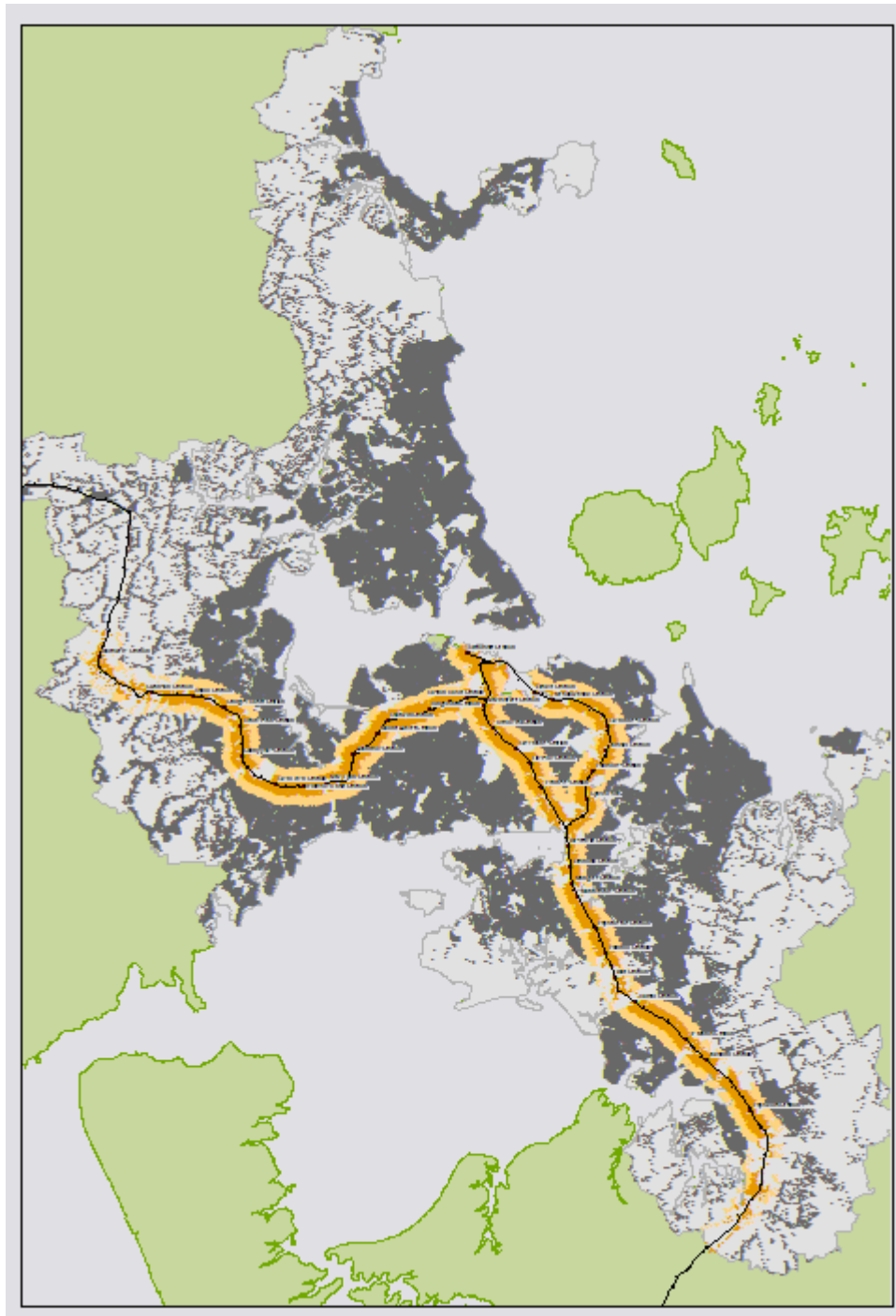
Passenger Transport Access



Source Auckland Regional Land Transport Strategy³¹

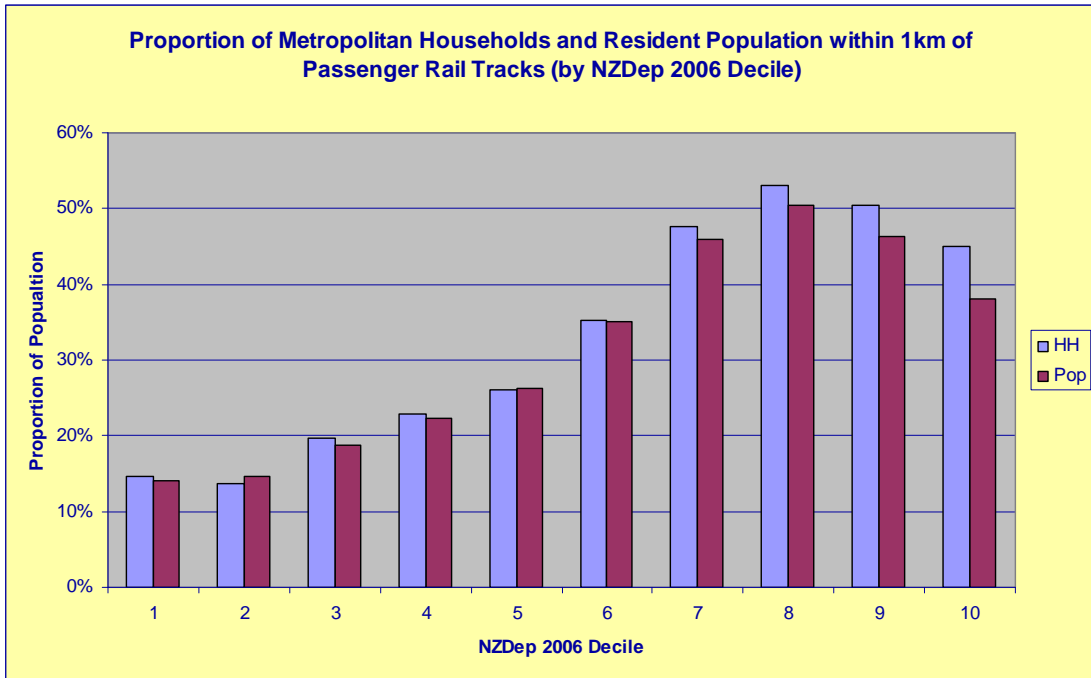
³¹ Accessible through <http://www.arc.govt.nz/albany/fms/main/Documents/Transport/RTLS/Chapter%203.pdf>

80. ARPHS has further examined the issue of rail access. The figure below shows the proportion of the population living within 500m and 1000m of the current passenger rail network.

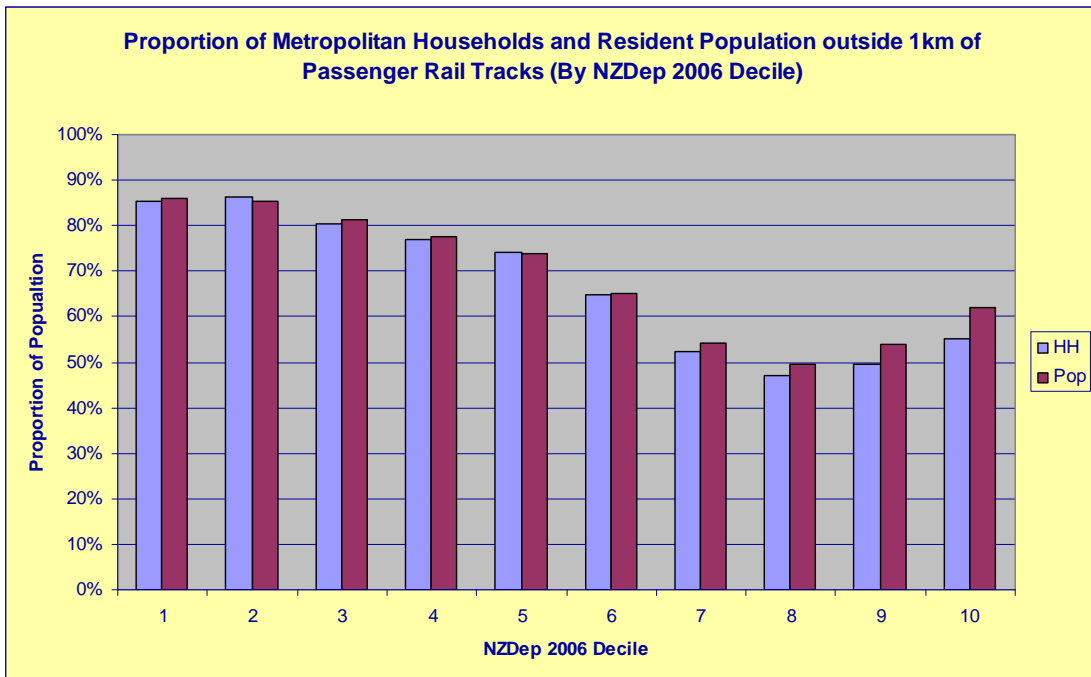


81. A substantial proportion of the population suffering higher socioeconomic deprivation³² live within a 1000m zone of the passenger rail network (see figure below).

³² NZDep 2006 deciles range from 1 (the most affluent) to 10 (the most deprived).

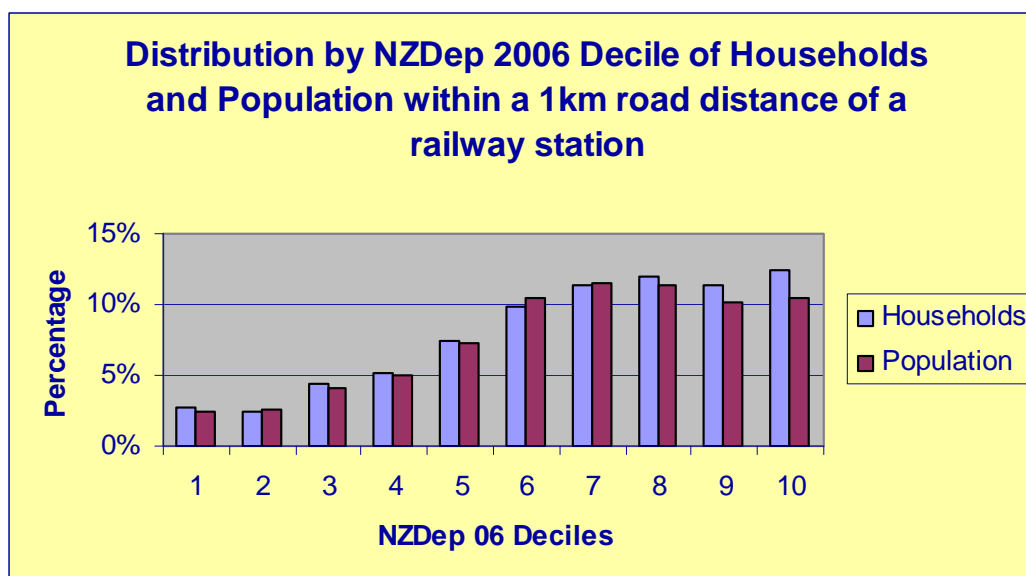


Notwithstanding this figure there are greater numbers living outside this corridor (see figure below).



82. These numbers mean that a careful assessment is needed as to where the benefits and costs of the regional fuel tax lie. These benefits can be characterised as immediate or short term benefits, i.e. those that will quickly follow the introduction of electric trains e.g. reduced air pollution, and the longer term benefits that may accrue, e.g. a more compact urban form.

83. ARPHS has further considered the proportion of the population who live within a 1000 m road distance of a rail station. These households will be those who are likely to gain the most from the electrification of railways. This shows that for the current population, the benefits of geographical access to improved services are most likely to accrue to areas of high deprivation.



84. It must be noted, however, that the proportion of the population living within a 1000m road distance of a station is much lower than the proportion living within a 1000m corridor around the rail tracks.
85. Some of the short term benefits from electrification will help those in the lower income brackets. There is a greater density of subdivisions located near rail tracks for those in the lower income bracket. Hence the replacement of diesel trains with electric trains would reduce the health impacts resulting from noise and air pollution. The table below sets out in more detail where the costs and benefits from the purchase of electric trains will fall.

	Living within railway zone	Living outside of railway zone
Benefits	<p>Immediate</p> <ul style="list-style-type: none"> ➤ Reduced health impact from noise and air pollution ➤ Increased access to more frequent and faster trains causing less stress, potentially lower transport costs and ability to avoid regional fuel tax <p>Long-term</p> <ul style="list-style-type: none"> ➤ Altered land pattern use with increased economic and social activity surrounding nodes of the electrified network 	<p>Immediate</p> <ul style="list-style-type: none"> ➤ Reduced travel time and congestion costs due to less cars on the roads (benefits will decrease with increasing distance from the rail network) ➤ Reduced number of road accidents <p>Long-term</p> <ul style="list-style-type: none"> ➤ Reduction in greenhouse gases and hence mitigation from health impacts of climate change such as increased frequency of extreme events

	Living within railway zone	Living outside of railway zone
		<p>and vector borne diseases³³</p> <p>Note: electricity must be sourced from sustainable, renewable sources to maximise the reduction in greenhouse gases.</p> <ul style="list-style-type: none"> ➤ Reduced development pressure in rural areas due to growth surrounding rail nodes
Costs	<p>Immediate</p> <p>Long-term</p> <ul style="list-style-type: none"> ➤ Due to the impact of the welfare effect lower income groups carry the greater burden of a regional fuel tax. They will be disproportionately affected and their economical and social wellbeing affected relative to more prosperous parts of society. However access to improved public transport may offset this impact. ➤ There may also be changes to land use costs that act to exclude those suffering inequalities, if currently high deprivation suburbs become gentrified due to their proximity to rail. 	<p>Immediate</p> <ul style="list-style-type: none"> ➤ Subsidise electrification but unable to reap the benefits of using it. <p>Long-term</p> <ul style="list-style-type: none"> ➤ Due to the impact of the welfare effect lower income groups carry the burden of a regional fuel tax more. They will be disproportionately affected and their economic and social wellbeing affected relative to more prosperous parts of society. If these individuals are unable to access an alternate cheap form of transport, they may reduce travel and hence have reduced access to areas of work, education and leisure activities or reduce spending on essentials such as good quality food and utilities. They will be disproportionately affected and their economic and social wellbeing affected relative to more prosperous parts of society unless appropriate measures are put in place to mitigate this effect.

³³ Climate Change Potential Impacts on Human Health in New Zealand (2001)
<http://www.mfe.govt.nz/publications/climate/effect-health-sep01/effect-health-sep01.pdf>

86. The longer term benefits / disadvantages of rail electrification for those suffering inequalities need further consideration. Rail electrification has the potential to produce long term health benefits. These may result if electrification proves a catalyst for subsequent changes in land pattern use, with increased economic and social activity surrounding nodes of the electrified network. Such changes may also perversely act to increase inequalities if over time increases in land value around the rail corridor act to exclude those facing socio-economic deprivation.
87. Currently Auckland has several examples of what were once poor working class suburbs such as Grey Lynn which have now become gentrified. The poor have been excluded from such areas and displaced to areas where the costs of housing are lower. Such new 'poorer' suburbs are often located in the more distant areas within the metropolitan urban limit and bring with them increased costs to access employment, social services and education. Care will be needed to ensure that the poor are not excluded from areas around the rail corridor and rail stations and displaced to areas not as well served with public transport.

Proposed Expenditure - Integrated Smart Card Ticketing, Fare Stage Restructuring, Bus and Ferry Terminal Upgrading

88. APRHS welcomes the use of a regional fuel tax for the purpose of funding integrated smart card ticketing and bus and ferry terminal upgrading. This directly benefits a wider range of public. It will especially improve accessibility by making transfers between modes of public transport easier and benefiting passengers residing in areas not within the railway zones. This initiative is likely to improve access to public transport in the lower income bracket groups and hence help reduce social inequalities which negatively impact health.
89. However, the potential benefits from fare stage restructuring depend largely on the size of these zones. A journey that both starts and stops within a single zone will (all other things being equal) be cheaper than a journey that straddles two or more zones. Zone sizing will also be a factor in setting prices; if the zone is too small then multi-zone transport will be the norm with its associated greater costs, conversely if the zones are too large then passengers making very short trips will effectively provide a 'subsidy' for those making longer 'in zone' journeys.

Specific Comments on amendments to the LTCCP

90. ARPHS does not accept Council's analysis of the benefits from the proposed regional fuel tax. ARPHS believes that a separate analysis for each element of the proposed expenditure from the proposed fuel tax is necessary, namely electrification and rail station upgrades, ferry terminals, passenger information and smart card ticketing and allowing ARTA to provide frequent high quality bus and ferry services. Within the context of the overall Council budget each element is sufficiently large to be viewed as a separate activity requiring a separate analysis under the financial management requirements of the Local Government Act.

91. ARPHS does not agree that a regional fuel tax with electrification of trains will greatly “promote the community involvement, economic independence and self reliance of transport-disadvantaged people, including those with disabilities”, as is noted in the ARC Draft Annual Plan 2008-2009 page 57.
92. This is because, as stated previously, transport disadvantaged people are likely to be from a lower income bracket, and hence, disproportionately carry the burden of a price increase.
93. ARPHS also questions the accuracy of the current analysis when the wider question of benefit and access to electrified trains is considered. There are substantial areas of the Auckland region which have no access to rail e.g. all of Rodney District, North Shore City, the eastern parts of Manukau City and most of Franklin District. If the peak hour journey distance statistics³⁴ are similar to overall journey distance statistics it is improbable that statements such as “This means that all properties within the area where services run receive some benefit from services throughout the network”³⁵ can be accurate as only a small proportion of those living in areas not serviced by the rail network will derive adequate benefit from the tax imposed.
94. ARPHS believes that it is more likely that for most of ARTAs activities relating to public transport service provision “benefits are limited to the local area where services operate...” rather than having regional benefits as claimed in the draft annual plan LTCCP funding analysis.

Mitigation

95. The Ministry of Transport's Auckland Road Pricing Evaluation Study³⁶ determined the environmental, social and economic impacts of Road Pricing. It also thoroughly examined mitigation policies to minimise any inequalities caused by road pricing. It recommended cheaper alternative forms of public transport be made available to reduce the impact of road pricing. It also found that specific groups would be more likely to suffer financial hardship as a result of this scheme, for example, people with disabilities, some health and education users, volunteers and people in transition to work. It proposed that financial compensation may be necessary for such groups.
96. Similar results could be inferred from the Road Pricing Evaluation Study for the Regional Fuel Tax. ARPHS strongly recommends that a similar exercise be specifically conducted over the question of a fuel tax across the region, and that mitigation measures be put into place before its implementation.
97. To help mitigate against the potential negative impact of regional fuel tax and increase its benefits to a wider range of the public, ARPHS believes that the needs of the transport disadvantaged should be addressed with the highest priority in any regional fuel tax proposal.

³⁴ See Sustainable Transport Plan 2006-16, Auckland Regional Transport Authority accessible through http://www.arta.co.nz/shadomx/apps/fms/fmsdownload.cfm?file_uid=C7AEA87F-BCD4-1A24-91D2-1E0436FD4439&siteName=arc

³⁵ ARC Draft Annual Plan 2008-09 page 57

³⁶ Auckland Road Pricing Evaluation Study 2006, <http://www.mot.govt.nz/arpes-index/>

98. The impacts of the regional fuel tax, especially for lower income bracket public, can be mitigated by bringing forward other improvements to the quality transport and local service networks to increase accessibility of the public transport network for those living outside the rail catchment area and ensuring that fare stage re-structuring outcomes do improve the financial accessibility of public transport for those living on the outskirts of the metropolitan area. Any such improvements should be preferentially targeted at those areas of high socio economic deprivation that currently do not have good public transport access. This recommendation is included in the 10-year Passenger Transport Plan for the Auckland region. ARPHS believes it should be given priority. This will also be complemented by the proposed integrated smart card ticketing.
99. A reduction in the amount of tax imposed per litre of fuel and consideration of the imposition of a targeted rate under the Local Government (Rating) Act on those areas that benefit directly from the investment in electric trains should also be considered, although this will need careful analysis.
100. Such a targeted rate would also have the potential to increase the hardship faced by those facing socioeconomic deprivation in the rail corridor. An alternate view point is that the success of electrification will mean that area within 1000m of the rail corridor will increase in value and that over time the poor will be excluded by increasing land values. If this view of the future is accurate those facing inequalities currently will gain a short term benefit, but will lose the longer term benefits from electrification. They at least will gain a short term benefit unlike those communities suffering inequalities and facing the regional fuel tax without the benefit of rail access.
101. If it is accepted that the poor will over time become excluded from the rail corridor a targeted rate would be one way in which Council can capture some of the land value increases that are likely to be generated by successful electrification³⁷.
102. ARPHS does not believe that the analysis set out in Council's consultation documentation around the benefits from the proposed regional fuel tax is adequate. Much greater assessment and detail is required around the impacts from the regional fuel tax on current and future social, economic, and cultural well being. This should also include consultation with Iwi Maori.

Conclusion – Regional Fuel Tax

103. On balance, ARPHS believes that the use of a regional fuel tax to fund train electrification and other public transport projects is beneficial to public health. This could have several benefits, including reducing noise and air pollution, mitigating the effects of climate change (assuming electricity is sourced from renewable sources), increasing active travel to and from public transport, and reducing traffic congestion and travel times.

³⁷ Harris C (2007) *Roads, Railways and Regimes: Why Some Societies Are Able to Organise Suburban Public Transport – And Why Others Can't*, Griffith University Urban Research Program, Research Paper 14
http://www.griffith.edu.au/centre/urp/urp_publications/research_papers/URP_RP14_HARRIS_RAIL_Final.pdf

104. The use of integrated smart card ticketing will partially compensate for any social inequalities created by the electrification component of regional fuel tax on the lower income bracket groups, provided that other passenger transport services are available to communities not directly benefitting from rail. These inequalities should be further compensated by increasing accessibility (availability and affordability) to public transport in socioeconomically deprived communities.
105. However, as this is a regressive tax ARPHS believes a thorough evaluation study should be conducted to determine any differential health, social, cultural, environmental and economical impacts, and to provide recommendations for their mitigation. Any such mitigation policies should be implemented before the regional fuel tax is imposed.

Performance Targets

106. ARPHS supports Council's use of performance targets across its activities. ARPHS recommends that outcome targets be used wherever possible as an outcome-based target aligns performance more closely with the outcomes framework that Council's community outcome process defined.
107. ARPHS welcomes dialogue with Council that aims to build common measures and indicators. This allows for organisations to better share progress towards desired outcomes.

Leading by example

108. Cooperation and collaboration between Council, the community and other stakeholders is essential to achieve many of the community outcomes sought by Council. Council, does, however have the ability to provide an example to its community. The Service recommends that Council leads by example in its own operations and through its control over community assets and infrastructure by such actions as the following³⁸:

Council facilities and Council-controlled organisations

- Ensuring smoke-free environments in all Council facilities (including grounds).
- Reducing 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.

ARPHS urges Council to adopt similar provisions to South Taranaki, Taranaki, Upper Hutt and Opatoki councils and prohibit smoking in Council's regional parks.

Council support for other organisations (by way of grant, lease of Council facilities, loan / financial guarantee or rates relief policies)

³⁸ The Service accepts that some changes could only be made as pre-existing arrangements expire and come up for renewal.

- Impose similar requirements (to those set out above) as a condition of receiving Council support.

Partnerships with the private sector

- Impose similar requirements (to those set out above) as a condition for involvement with Council.

Council organisations;

- Advocate for similar requirements as a condition of receiving Council support.

Use of Council facilities

- Impose similar requirements as a condition of hiring or holding events on Council facilities (both built and open space).

Council vehicle fleet

- Ensure that Council's vehicle fleet emissions reduce over time.

Council leisure facilities

- Ensure that Council's funding and charging policies do not act as a barrier to entry for the disadvantaged as it is these groups that are most likely to suffer from poor health.

Impacts on inequalities

109. Council's decisions have the ability to both exacerbate and reduce inequalities. The impact of its decisions will be both on the services it chooses to supply and also more subtly in how those services are funded. Council needs to ensure that services for vulnerable and socioeconomically disadvantaged groups remain geographically accessible and affordable.
110. ARPHS's comments on the draft annual plan document reflect its concerns at the population level. Within the wider population, however, are a number of groups such as Maori and Pacific peoples who suffer disproportionate health inequalities. Changes to the annual plan have the potential to increase or reduce the level of health inequalities suffered by these groups. ARPHS believes that any changes to the annual plan need to be made in the understanding of how Council decisions affect population health and with particular regard to issues that have the potential to improve the health outcomes for particular groups.

Conclusion

111. Protecting 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 community outcomes process and few aspects of Council operations and decision making will not have direct impact on social wellbeing.

112. Council's service delivery and its decisions are the primary influences over community wellbeing and it needs to understand the consequences of its choices on behalf of its community in delivering population wellbeing.

Yours faithfully

Monica Briggs
Service Manager
Auckland Regional Public Health
Service

Dr Julia Peters
Clinical Director
Auckland Regional Public Health
Service