



5 June 2015

Draft Long Term Plan
Carterton District Council
PO Box 9
Carterton

Thank you for the opportunity to provide a submission on the Carterton District Council Draft Long Term Plan 2015 -2025.

Council and Regional Public Health have a common agenda – working with communities where they live, work and play to improve and protect their quality of life. Regional Public Health (RPH) wants to work with Council to make our common goal achievable and easier for our communities. By finding mutual points of interest and working together we can be more efficient, reduce the burden of engagement on our communities and be more effective in our policy implementation. A collaborative approach will also facilitate smarter use of each agency's finite resources.

This submission provides a public health perspective and information for Council to consider in their planning decisions. Carterton District Council's (CDC) policy and planning are an integral part to the health and wellbeing of our communities.

We recognise that this is the first round of the new LTP consultation documents and congratulate you on summarizing a large amount of important information into a short document. We hope to reflect this process with a concise submission. To achieve this we have selected two priority areas RPH would like to progress with Council during 2015-2025: Smokefree NZ 2025 and reducing obesity through healthy food policies.

We would appreciate the opportunity to make an oral submission and we will be pleased to provide further information or clarification on any of the points raised in our submission. The contact point is:

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Yours Sincerely

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Peter Gush
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How this document is structured:

- A. An overview of Regional Public Health.
- B. General comments on the Long Term Plan (LTP).
- C. Responses to your specific questions.
- D. RPH priorities on improving the wellbeing of our shared communities by working towards a Smokefree NZ 2025 and reducing and preventing obesity.

A. WHO WE ARE – Regional Public Health

Regional Public Health (RPH) is based at Hutt Valley District Health Board and serves the greater Wellington region. Our business is public health action - working to improve the health and wellbeing of our population and reduce health disparities. We aim to work with others to promote and protect good health, prevent disease, and improve quality of life across the population. We are funded mainly by the Ministry of Health but also have contracts with District Health Boards and other agencies to deliver specific services.

We have a particular focus on children, Māori and Pacific populations. Our staff include a range of occupations comprising: medical officers of health, public health advisors, public health analysts, health protection officers, vision and hearing technicians and public health nurses.

B. GENERAL COMMENTS ON YOUR LONG TERM PLAN

RPH congratulates you on your vision *a welcoming and vibrant community where people enjoy living* and the desire to retain Carterton's character – *friendly, caring, vibrant, connected and engaged*.

RPH supports the district wide strategy for waste water treatment. We commend Councils intention to improve the capacity of sewage treatment and to discharge more of its treated sewage to land.

RPH commends Council for noting the need to plan for a changing demographic. It will be important that Council align decisions on infrastructure management with this trend to ensure resilience and ease of use in the long term.

RPH respects and acknowledges that Council decisions have a significant impact on health. We see this through appropriate management of infrastructure (e.g. water and sewage) and creating environments that support wellbeing through reducing the exposure to tobacco, facilitating access to healthy food and promoting urban design that encourages physical activity. This is the basis for making a submission on your Long Term Plan (LTP).

We think that a way to work towards improving quality of life for residents is for councils to incorporate a 'Health in All Policies' approach. This doesn't mean 'doing health policy'; rather, it means looking at the impact of policies, planning and decisions across-the-board on the health and wellbeing of our shared communities. An example of a 'Health in All Policies' (HiAP) approach has been undertaken by Christchurch City Council, with a focus on improved quality of life and how this can be achieved via actions from policy decisions. The HiAP approach incorporates problem solving by integrating health, wellbeing and equity into the planning, implementation and evaluation cycle.

It seeks to maximise conversations between Council and community, and problem solving with evidence to support action. Furthermore, it has an evaluation framework to assess the effectiveness of projects.

RPH has been learning from our public health colleagues in Christchurch about this approach. We are willing to explore such an approach if it is of interest to the Council.

RPH can assist CDC with public health policy advice on request. We have skilled staff who can participate in or provide advice on policy/planning development and implementation processes.

Fluoride

Community Water Fluoridation

It is likely that there will be submitters to the LTP who are opposed to community water fluoridation. RPH supports the use of community water fluoridation, based on national and international scientific research.

Wairarapa District Health Board (WDHB) covers the CDC geographic area and therefore, for consistency in advice, we have included WDHB's position on community water fluoridation.

“The Wairarapa District Health Board endorses community water fluoridation as an effective public health measure contributing to the maintenance of oral health, prevention of tooth decay and reduction in health inequalities. Community water fluoridation is a low cost measure that benefits people of all ages with natural teeth and has proven over the last 65 years to be very safe. Local drinking-water supplies that are already fluoridated should remain so. Where technically feasible, where local supplies are not fluoridated, local authorities are encouraged to implement water fluoridation programmes as soon as possible to improve the oral health of their communities.”¹

RPH can provide Council with the latest scientific research on this matter and a comprehensive tailored workshop for elected members and/or council officers if it would be of interest.

C. IN RESPONSE TO YOUR SPECIFIC QUESTIONS

1. Managing demand for water

We commend Council for taking proactive steps to manage the demand for water. Council has skilfully recognised the need to balance fairness with affordability and conservation but not to the extent that it has negative health outcomes.

RPH suggests whatever option is chosen, this is supported with the additional levers you mention such as water restrictions, promoting water saving taps and appliances, assisting

¹ <http://www.huttvalleydwb.org.nz/content/64ba1cff-c2a3-4af5-b0cb-32fc215cee03.cmr>

households to store their rainwater runoff, and providing information on how to match garden spaces and species to our climate conditions². It will also be important to analyse the demographics of the households potentially impacted by any change in policy and consider mitigation measures to support low income households if included.

2. Housing for the elderly – the Council proposes to gift it’s housing for the elderly properties to the Carter Society

No comment.

We wish to commend you on your approach to this complicated issue. That is, acknowledging the need for warm, well insulated homes to promote good health and the specialised needs of elderly tenants and matching these needs to a provider that has skills in this area.

3. Community grants – the Council proposes to merge all its community and development grants into one round in July.

No comment.

4. Exhibition Centre building – the Council proposes to retain the Exhibition Centre building in Holloway street.

No comment.

D. RPH PRIORITIES

RPH wants to support CDC in planning for environments that reduce exposure to tobacco and facilitate access to healthy food and increased opportunities for physical activity.

SMOKEFREE 2025

RPH would encourage CDC to look at how to support the goal of Smokefree NZ 2025.

What are the public health issues?

Tobacco smoking kills approximately 5000 New Zealanders every year. Smoking is the main cause of lung cancer and is a significant contributory cause to many other cancers and chronic diseases.

Our public health advisors (tobacco) work in many areas including enforcement of the Smokefree Environments Act, supporting smokefree policies and better help for smokers to quit - all of which support the Government’s goal of a Smokefree New Zealand by 2025.

Our goals are:

² Carterton District Council Consultation Document for the proposed Long Term Plan 2015 – 2025, p. 4

- Creating environments that normalises being smokefree.
- More smokefree environments.
- Fewer young people and children start smoking.
- More smokers quit.

RPH can work with Council to demonstrate leadership in achieving Smokefree NZ 2025 by:

1. Helping Council in the development of a licence scheme for tobacco retailers.
2. Encouraging Council and workplaces to provide smoking cessation workshops for staff.
3. Working with Council to develop smokefree policy and clauses for Council sponsored or affiliated events and all Council venues.
4. Working with Council on providing smokefree rental accommodation.

RPH has a range of smokefree resources and health information available, including banners for loan free of charge. Please contact us if you would like support for your smokefree community event.

REDUCING AND PREVENTING OBESITY

RPH recognises and supports CDC’s previous work on supporting increased physical activity, for example, providing sports fields, swimming pools, public parks, and reserves for recreation and development of a cycling and walking strategy. We would like to support CDC with strategies to increase physical activity, such as supporting promotions of active transport.

RPH recommends CDC also gives focus to the next level of intervention, to create an environment that supports easy access to healthy, affordable food in communities where people live, learn, work and play. CDC has an opportunity to show leadership in identifying and implementing strategies that support and promote healthy food provision in communities, Council owned cafes, vending machines, catering and sponsored events.

What are the public health issues?

Childhood obesity is one of the most serious public health challenges of the 21st century. Having good food choices and opportunities for physical activity is imperative. The Prime Minister’s chief science advisor, Sir Peter Gluckman, recently stated in a World Health Organisation report on ending childhood obesity:

“There is an understandable tendency to see obesity as a problem for the health sector, but preventing childhood obesity demands the coordinated contributions of government ministries and institutions responsible for policies on education, food, agriculture, commerce and industry, finance/revenue, sport and recreation, media and communication, environmental and urban planning, transport and social affairs.”³

³ WHO interim report of the commission on ending childhood obesity. World Health Organization 2015, p.23 <http://www.who.int/end-childhood-obesity/commission-ending-childhood-obesity-interim-report.pdf>

By next year, it is projected that excessive body weight will overtake tobacco use as the leading risk to health, making obesity a significant issue for New Zealand⁴. International research recognises the close relationship between healthier populations and economic prosperity, arguing that healthy populations stimulate economic growth, lower health care costs, lure new businesses and create jobs⁵.

What role does the Council have in reducing and preventing obesity via healthy food policy?

CDC is fortunate to have productive land within its region. The area is known for its horticulture and agriculture, and this offers unique opportunities to partner with local schools and community groups to share knowledge about growing and producing fresh healthy food. RPH would welcome the opportunity to work with Council or support Council working on such projects.

A further range of opportunities are available to CDC to contribute to affordable, healthy food access, as well as the reduction and prevention of obesity. These opportunities could include supporting/promoting:

- community gardens and markets
- opportunities for cooking and nutrition literacy
- food policy for council owned facilities and events
- implementing good urban design principles

Policy and environmental change have been identified as the foundation of obesity prevention in an environment that promotes eating too much and moving too little^{6,7,8,9}. Food policy is a cost effective and sustainable tool to support a healthy nutrition culture. An example of this is provided within the Healthy Together Victoria's *Achievement Programme*¹⁰, and by an increasing number of District Health Boards and some councils. Within our region, Hutt City Council has been designated as a site for the Healthy Families NZ initiative, which is based on the Healthy Together Victoria model. This provides a local case for how healthy nutrition (in addition to focussing on other risk factors for poor health) can be implemented, utilising cross sector engagement with central government, local government and District Health Boards.

RPH would like to work alongside CDC to support and prioritise strategies that impact the food environment and the significant and unequal burden of nutrition related diseases in the Wairarapa region.

⁴ Briefing to incoming health minister 2014 <http://www.health.govt.nz/publication/briefing-incoming-minister-health-2014>

⁵ Reeve, B., Ashe, M., Farias, R., Gostin, L. State and Municipal Innovations in Obesity Policy: Why Localities Remain a Necessary Laboratory for Innovation. *American Journal of Public Health*: 105.3 (March 2015): 442-450.

⁶ Egger G, Swinburn B. An "ecological" approach to the obesity pandemic. *BMJ* 1997;315: 477-80.

⁷ Harvard School of Public Health The Obesity Prevention Source www.hsph.harvard.edu/obesity-prevention-source/ (accessed 2 June 2012)

⁸ Haby M, Vos T, Carter R et al. A new approach to assessing the health benefit from obesity interventions in children and adolescents: the assessing cost-effectiveness in obesity project. *Int J Obes* 2006;30:1463-75.

⁹ Vos T, Carter R, Barendregt J et al. Assessing Cost Effectiveness in Prevention (ACE Prevention): Final Report. Brisbane: University of Queensland and Melbourne: Deakin University; 2010.

¹⁰ Healthy Together Victoria, Achievement Programme. Healthy Eating Benchmarks. Accessed 03 March 2015 at http://www.achievementprogram.healthytogether.vic.gov.au/downloads/Accessible_PDFs/Workplace/Benchmarks/Healthy_Eating_Benchmarks_WP.pdf