

23 April 2018

Masterton District Council
Masterton 5840

Tēnā koutou

Thank you for the opportunity to provide a written submission on the Masterton District Council (MDC) Draft Long Term Plan 2018 -2028.

This is a joint submission between Compass Health and Regional Public Health (RPH). Compass Health and Regional Public Health are working together to improve population health and health equity by strengthening coordinated action between primary care and public health.

Compass Health is the PHO responsible for the delivery of essential primary health care services through general practices in the Masterton District.

RPH serves the greater Wellington region, through its three district health boards (DHBs): Capital & Coast, Hutt Valley and Wairarapa and is based at the Hutt Valley District Health Board. We work with our community to make it a healthier and safer place to live.

Thank-you for the Long Term Plan consultation document, we appreciated the level of information provided. We have selected to focus on the impacts of preventable chronic diseases such as type 2 diabetes on our communities, and our wish to partner with MDC and others in order to improve health and well-being in the Masterton District.

We are happy to provide further advice or clarification on any of the points raised in our written submission. We request to be heard in support of our written submission. After 2pm on the 30th of May would suit as local GPs will be contributing. The contact point for this submission is:

Emma Church, Public Health Medicine Registrar (RPH)
emma.church@huttvalleydhb.org.nz, 04 570 9411

Kind regards

Justine Thorpe

General Manager, Compass Health

Peter Gush

Service Manager, RPH

How this submission is structured:

1. Who we are
2. General comments on the Long Term Plan
3. Why we are concerned
4. Working together to improve health and wellbeing

1. WHO WE ARE

Compass Health

Compass Health is a Primary Health Organisation with a network of 61 general practices providing quality primary health care services to around 318,000 people across the Wellington, Porirua, Wairarapa, and Kapiti areas. We work in two health alliances: bilaterally with Wairarapa DHB, and multilaterally with Well Health, Cosine, and Ora Toa PHOs and Capital Coast DHB.

Compass Health funds or provides a wide range of services in addition to general practice consultations, including: health promotion, Māori health development, Pacific health services, immunisations, specialist sexual health visits, radiology, mental health interventions, podiatry, support for people with long-term conditions, and workforce training & development. Our organisation is primarily sector facing, focused on supporting general practice, enhancing primary care through practice and preventative population health work and advocating for our network partner practices and their patients.

Compass Health is a charitable trust and is overseen by an independent Board of 11 Trustees. The CEO is Martin Hefford, and Chair Dr Larry Jordan.

Regional Public Health (RPH)

RPH is a sub-regional public health service, working with communities across the greater Wellington region through our three District Health Boards, Capital & Coast, Hutt Valley and Wairarapa. As a service, we are a part of the Hutt Valley District Health Board. Our business is public health action – working to improve the health and wellbeing of our population and to 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 and we also have contracts with the District Health Boards and other agencies to deliver specific services. We have 130 staff with a diverse range of occupations, including medical officers, public health advisors, health protection officers, public health nurses, analysts and evaluators.

2. GENERAL COMMENTS ON YOUR LONG TERM PLAN

Compass Health and RPH respect and acknowledge that MDC decisions have a significant impact on health. Type 2 diabetes is a considerable public health issue in our region, and we want to use this as an opportunity to work with you further and build upon our partnership.

We congratulate MDC on the Council's vision of providing the best of rural living by working towards engaged and empowered communities, valuing the place and role of tangata whenua in the Masterton District, and putting people at the heart of everything the Council does. We support the MDC strategic priorities for social development, particularly for engaged communities and a town designed to maximise social wellbeing. In particular, we commend MDC's support for the work of Connecting Communities Wairarapa, which demonstrates the Council's commitment to enhancing the wellbeing of communities in the Masterton District.

Under the Council's plans to develop Masterton town centre and to create a thriving and vibrant town centre, there are significant opportunities for MDC to make changes to the environments that shape our health. For instance, good urban design principles can help promote active and public transport, and improve access to healthy, affordable food and beverages. Developing "a space for people to connect" is an opportunity to take a healthy environments approach by ensuring the availability of healthy food and beverage options through food vendor contracts. We would like to work together to improve the local food and built environment in the Masterton District. We are working with the same communities and we would like to build upon our shared goals by working together to improve the local food and built environment.

We believe that improving the health and wellbeing of our communities will have positive impacts on the social, cultural, and economic development of the area. We are willing to explore the synergies between our work if it is of interest to the Council.

3. WHY WE ARE CONCERNED

Long Term Conditions are a significant problem in the communities we work with in Masterton. We are particularly concerned about the increase in type 2 diabetes¹ in the last few years. Type 2 diabetes is interlinked with the rise in obesity but also can lead to increased risk of stroke, heart disease, vision loss, kidney failure and nerve damage.² The age-adjusted rate of diabetes hospitalisations in Wairarapa District Health Board has been increasing since 2002 and, compared with other DHBs; it is the third highest in New Zealand.³

¹ Type 2 diabetes occurs when the cells of the body no longer recognise the presence of insulin (insulin resistance).

² Diabetes New Zealand. Understanding Type 2 Diabetes. <https://www.diabetes.org.nz/understand-type-2-diabetes/>. Accessed 2018.

³ Healthspace. Massey University and the New Zealand Ministry of Health. Diabetes Hospitalisations. <http://healthspace.ac.nz/dataviews/report?reportId=351&viewId=124&geoReportId=1711&geoid=11&geoSubsetId=>. Updated 2017.

Using Ministry of Health data, we were able to calculate the overall prevalence of diabetes in our region in 2016.⁴ Over 7% of people aged 55 years to 64 years are estimated to have diabetes in the Wairarapa, rising to 17% of people aged 75 years to 84 years.

The New Zealand Health survey shows marked ethnic and socioeconomic inequalities in the prevalence of type 2 diabetes in New Zealand.⁵ Compared to people identifying as NZ European, Māori were over twice as likely to have diabetes and Pacific peoples were more than three times as likely to have diabetes.⁶ There is a significantly higher prevalence of type 2 diabetes in more deprived areas compared with the least deprived areas. These ethnic and socioeconomic inequities in the prevalence of diabetes are concerning, because type 2 diabetes has a major impact on quality of life.

Prevalence of diabetes in Masterton by Census Area Unit

Figure 1 shows the prevalence of diabetes by Census Area Unit in the Masterton District in 2016.⁷

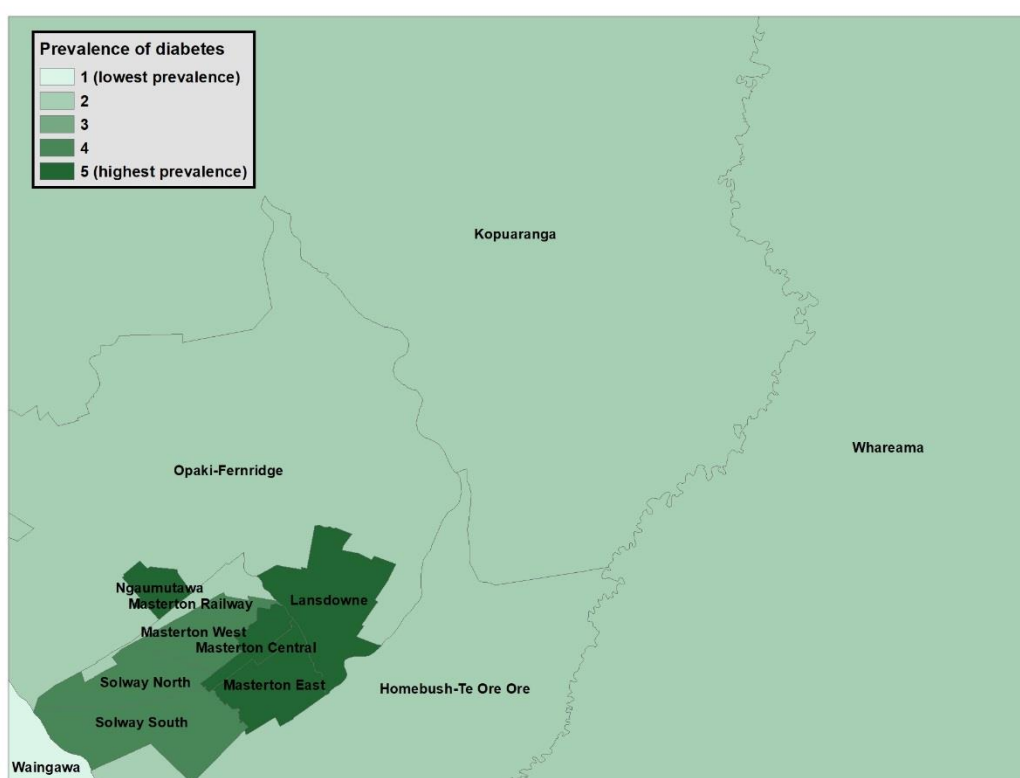


Figure 1 Prevalence of diabetes (all ages) in Masterton District by Census Area Unit

⁴ These figures from the Virtual Diabetes Register contain people with both type 1 and type 2 diabetes, however, over 90% are expected to have type 2 diabetes.

⁵ Ministry of Health. 2016. Annual Update of Key Results 2015/16: New Zealand Health Survey. Wellington: Ministry of Health.

⁶ Warin B, Exeter D, Zhao J, Kenealy T, Wells S. Geography matters: the prevalence of diabetes in the Auckland Region by age, gender and ethnicity. N Z Med J. 2016;129(1436):25-38

⁷ Calculated using the numbers of people with diabetes per CAU and the estimated resident population for the Year 2016 (Stats NZ). Rates have not been adjusted for age for individuals CAUs.

The data has been ordered into 5 categories (quintiles) which divide the diabetes prevalence figures into equal groups (1-5), with higher number quintiles representing increasing levels of diabetes. The quintiles of prevalence have been compared across area units of the whole greater Wellington region, and not just within the Wairarapa. Each quintile contains 20% of the area units within the greater Wellington Region. For example, quintile 1 contains the 20% of the area units with the lowest prevalence of diabetes per area unit. Quintile 5 contains the 20% of area units with the highest prevalence of diabetes per area unit. Therefore, quintile 5 represents the areas with the highest prevalence of diabetes in the entire region.

The area units with the highest rate of diabetes in Masterton District in decreasing order are Masterton Central, Ngaumutawa, Masterton East and Lansdowne.

Why do some communities have higher rates of diabetes?

Type 2 diabetes can be prevented or onset delayed through adopting a healthy lifestyle (e.g nutritious diet, drinking water, and increased physical exercise).^{8,9} Weight reduction is particularly effective and reducing levels of obesity will be essential in preventing or delaying the development of type 2 diabetes.¹⁰

The environments that shape our health may be contributing to some of the geographical inequalities in prevalence of type 2 diabetes and other chronic diseases:

- More deprived neighbourhoods are more likely to have less access to healthy foods and a higher number of fast food outlets.¹¹ Neighbourhood density of fast-food outlets and a lack of access to healthy foods have been found to be associated with higher rates of type 2 diabetes and obesity.¹²
- New Zealand-based research has found the most deprived schools to have three times the number of fast-food and convenience stores (within 800 metres) compared with the least deprived schools.¹³

⁸ Schellenberg, ES, et al. Lifestyle interventions for patients with and at risk for type 2 diabetes: a systematic review and meta-analysis. *Annals of Internal Medicine*. 2013; 159(8):543-551.

⁹ Lindström J, Ilanne-Parikka P, Peltonen M. Sustained reduction in the incidence of type 2 diabetes by lifestyle intervention: follow-up of the Finnish Diabetes Prevention Study. *Lancet*. 2006; 368:1673-79.

¹⁰ Hamman RF, Wing RR, Edelstein SL. Effects of weight loss with lifestyle intervention on risk of diabetes. *Diabetes Care*. 2006; 29(9):2012-2017.

¹¹ Bodicoat D, Carter P, Comber A, Edwardson C, Gray L, Hill S, Khunti K. Is the number of fast-food outlets in the neighbourhood related to screen-detected type 2 diabetes mellitus and associated risk factors? *Public Health Nutrition*. 2015; 18(9), 1698-1705. doi:10.1017/S1368980014002316

¹² Christine PJ, Auchincloss AH, Bertoni AG, et al. Longitudinal Associations Between Neighborhood Physical and Social Environments and Incident Type 2 Diabetes Mellitus: The Multi-Ethnic Study of Atherosclerosis (MESA). *JAMA internal medicine*. 2015; 175(8):1311-1320. doi:10.1001/jamainternmed.2015.2691.

¹³ Day PL, Pearce J. Obesity-promoting food environments and the spatial clustering of food outlets around schools. *Am J Prev Med*. 2011 Feb; 40(2):113-21. doi: 10.1016/j.amepre.2010.10.018.

- Lack of green space and lower rates of walkability measures are associated with higher rates of type 2 diabetes and obesity.^{14,15}
- Lack of access to neighbourhood destinations and street connectivity have been found to be associated with high body mass index (BMI) in New Zealand.¹⁶

These determinants of obesity and diabetes can be improved through simple lifestyle choices that are influenced by nudges in the local environment. This is where MDC can help as one of MDC's roles is to manage the local food and built environment. The Council has an opportunity to make a meaningful difference.

4. WORKING TOGETHER TO IMPROVE HEALTH AND WELLBEING

Compass Health and RPH recognise and support MDC's previous work on supporting increased physical activity, for example, supporting the extension of the recreational trail network, planning the Queen Elizabeth Park rejuvenation, and the development of cycleways and pedestrian walkways. We also commend the Council's support for the courses run by Compass Health. We would like to continue to support you with strategies that will increase physical activity and increase easy access to healthy, affordable food in communities where people live, learn, work and play.

Leadership opportunities for Masterton District Council

There are plenty of opportunities for MDC to show leadership in this area in order to make the healthy choice the easy choice:

- Improve access to affordable healthy food and beverage choices by implementing healthy food and beverage policies in council-owned facilities and installing water fountains in parks and sports grounds of high use.
- Nutrition literacy is linked with dietary intake, and low nutrition literacy is associated with poorer health outcomes.¹⁷ Permitting community access to commercial kitchens in any new council facilities for cooking and nutrition literacy purposes is an opportunity to empower the community to make informed choices about their nutrition.
- Implement good urban design principles to support access to healthy food options and promote active and public transport in Masterton District. For example, designing

¹⁴ Pearson AL, Bentham G, Kingham S. Associations between neighbourhood environmental characteristics and obesity and related behaviours among adult New Zealanders. *BMC Public Health*. 2014 14:553.

¹⁵ Dalton AM, Jones AP, Sharp SJ, Cooper AJ, Griffin S, Wareham NJ. Residential neighbourhood greenspace is associated with reduced risk of incident diabetes in older people: a prospective cohort study. *BMC Public Health*. 2016 Nov 18;16(1):1171

¹⁶ Oliver M, Witten K, Blakely T, Parker K, Badland H, Schofield G, et al. Neighbourhood built environment associations with body size in adults: mediating effects of activity and sedentariness in a cross-sectional study of New Zealand adults. *BMC Public Health*. 2015; 15:656. doi: 10.1186/s12889-015-2292-2.

¹⁷ Spronk I, Kullen C, Burdon C, O'Connor H. Relationship between nutrition knowledge and dietary intake. *British Journal of Nutrition*. 2014; 111(10), 1713-1726. doi:10.1017/S0007114514000087

neighbourhoods to be walkable and well-connected to shops and schools; prioritising the needs of pedestrians and cyclists when developing new infrastructure; and improving access to healthy food options when planning and designing cycleways, walkways and new developments.

- Complement efforts to create a space for people to connect and redevelop the town centre of Masterton by making changes to the food and built environment that will enhance health and wellbeing. For example, incentivising healthy food and beverage retailers to operate in these areas; supporting community gardens, edible landscapes and utilisation of berm gardening; and considering the location of food outlets, markets, supermarkets and land for food growing in development plans.
- Promote Compass Health's self-management courses in Council Communications. Compass Health runs these courses free of charge several times a year. Groups of 15-20 participants meet weekly over a 7-week period to gain knowledge to better manage their long-term health conditions. They are ideal for people with diabetes or pre-diabetes.

Compass Health and RPH see this as an opportunity for collaboration and we are keen to provide our support and expertise to help the Council achieve their outcomes. We would like to work alongside MDC to support and prioritise strategies that impact the food and built environment to reduce the significant and unequal burden of obesity and type 2 diabetes in our communities. Thank-you for the opportunity to submit on your draft Long Term Plan.