20 April 2018
Porirua City Council
PO Box 50218
Porirua 5240

Tēnā koutou

Thank you for the opportunity to provide a written submission on the Porirua City Council (PCC) Draft Long Term Plan 2018 -2028.

This is a joint submission between the Primary Healthcare Organisations (PHOs) in Porirua and Regional Public Health (RPH). Compass Health, Ora Toa and Regional Public Health are working together to improve population health and health equity by strengthening coordinated action between primary care and public health.

Ora Toa and Compass Health are PHOs responsible for the delivery of essential primary health care services through general practices in Porirua.

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 PCC and others in order to improve health and well-being in Porirua.

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. The contact point for this submission is:

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Kind regards

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How this submission is structured:

1. Who we are
2. General comments on the Long Term Plan
3. Why we are concerned
4. Why do some communities have higher rates of diabetes?
5. Working together to improve health and wellbeing

1. WHO WE ARE

Ora Toa

Ora Toa PHO is wholly owned by Te Rūnanga O Toa Rangatira Inc (TROTR). It is registered as a charitable entity and is a not for profit organisation. Ora Toa PHO is the only Māori owned and run PHO in the Wellington region. Our mission is to assist the Porirua and wider communities to be aware of health issues, by providing information, options and choices which will empower Māori and non-Māori to develop and maintain a healthy lifestyle. Ora Toa is committed to working within the bounds of Tikanga O Toa Rangatira.

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, Ora Toa and RPH respect and acknowledge that PCC 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.

In particular, we support the revitalisation of Eastern Porirua. Prioritising areas with greater deprivation to improve access to jobs and community services is a pro-equity approach that has the potential to improve the wellbeing of residents. We are working with the same communities and share your vision for Eastern Porirua to flourish. Therefore, we would like to build upon our shared goals by working together to improve the local food and built environment. Investing in recreational facilities and commercial development is an opportunity to invest in the health of the local community by making changes to the environments which shape our health. There is also opportunity in the revitilisation process to build upon your long-standing partnership with Te Rūnanga o Toa Rangatira to enhance the social, economic, educational, cultural and spiritual development of the iwi and wider community.

We congratulate PCC on the second publication of the Children and Young People Status Report, the ongoing work with children and young people highlighted in the Long Term Plan consultation document, and the Council's strategic priority of having children and young people at the centre of city decisions. The four focus areas PCC has identified for children and young people align well with our work. In particular, we commend your commitment to ensuring that our children and young people are healthy, physically active and feel safe.

We support improving pedestrian and cycling connections to Titahi Bay to make it easier and safer for walkers and cyclists. Providing safe and interesting opportunities for residents to be physically active promotes physical and mental wellbeing, prevents disease and improves social connectedness and quality of life.

We believe improving the health and wellbeing of our communities will have positive impacts on the local economy and community resilience. 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 rapidly growing problem in the communities we work with in Porirua. We are particularly concerned about the rapid upsurge in type 2 diabetes[1] 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] and the number of people with diabetes in Capital & Coast District Health Board is increasing every year.[3]

Using Ministry of Health data, we were able to calculate the overall prevalence of diabetes in our region in 2016.[4] Nearly 9% of people aged 45 years to 54 years were estimated to have diabetes in Porirua, rising to 24% of people aged 75 years to 84 years. These rates are higher than any other council area in the Greater Wellington Region. Figure 1 shows the proportion of adults with diabetes in the Porirua City Council area, compared with the average for the Greater Wellington Region.[5]

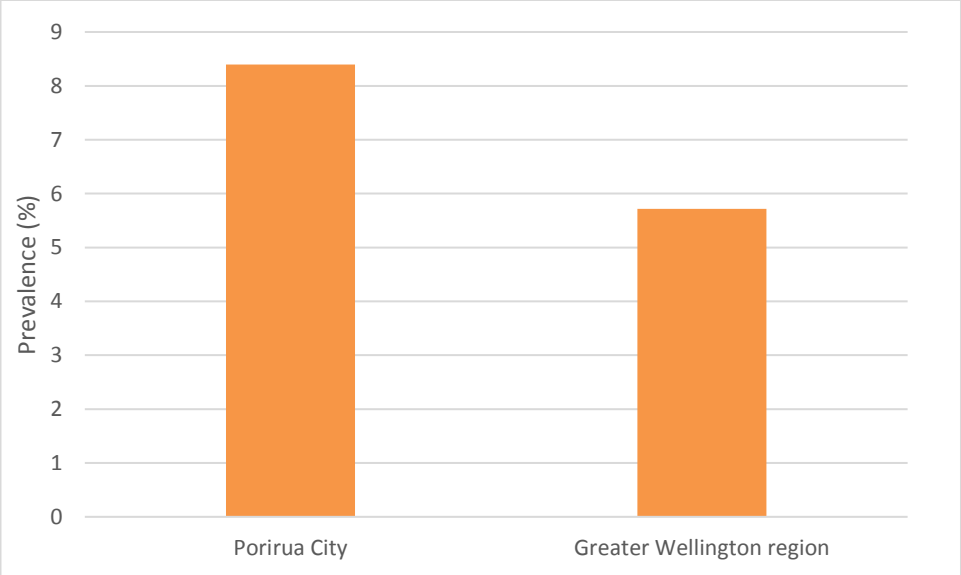

Figure 1 Age adjusted prevalence in adults (over 25 years old) in Porirua compared with the Greater Wellington Region

[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] Ministry of Health. Virtual Diabetes Register (VDR). https://www.health.govt.nz/our-work/diseases-and-conditions/diabetes/about-diabetes/virtual-diabetes-register-vdr. Updated 2017.
[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] Age-adjusted prevalence calculated using the numbers of people with diabetes (>25 years old) in Porirua and the Wellington region and the estimated resident population for the Year 2016 (Stats NZ).

Primary care services in Porirua have noticed that type 2 diabetes is becoming an increasing problem in young people, particularly for those of Māori or Pacific ethnicity who tend to be diagnosed and develop complications at younger ages than New Zealand Europeans.[6,7] We found marked ethnic disparities in the prevalence of diabetes in Porirua, affecting 12% of Māori adults, 23% of Pacific adults and 6% of European/Other adults.[8]

The New Zealand Health survey shows considerable socioeconomic inequalities in the prevalence of type 2 diabetes in New Zealand, with a significantly higher prevalence of type 2 diabetes in more deprived areas compared with the least deprived areas.[9] This has been noted in our region - there are approximately twice the number of people with diabetes at low cost primary care practices (practices with low patient fees in areas of greater deprivation and higher numbers of Māori and Pacific) compared with other GP practices.[10] 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 Porirua by Census Area Unit

Figure 2 shows the prevalence of diabetes by Census Area Unit in Porirua in 2016.[11] 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 Porirua City area. 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 Porirua City in decreasing order are Waitangirua, Cannons Creek (North, South and East), Porirua Central and Porirua East. These area units have some of the highest rates of diabetes in the Wellington region (in the highest 5%) and are consistent with areas of higher deprivation levels and a higher proportion of Māori and Pacific residents, reflecting the disproportionate impact diabetes has on these population groups.

[6] Harwood M, Tipene-Leach, D. Diabetes. In: Robson B, Harris R. (eds). 2007. Hauora: Māori Standards of Health IV. A study of the years 2000-2005. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare.
[7] Statistics New Zealand and Ministry of Pacific Island Affairs (2011). Health and Pacific peoples in New Zealand. Wellington: Statistics New Zealand and Ministry of Pacific Island Affairs.
[8] Age-adjusted prevalence calculated using the numbers of people with diabetes (>25 years old) in Porirua and enrolled population of Capital & Coast District Health Board (CCDHB), stratified by prioritised ethnic group.
[9] Ministry of Health. 2016. Annual Update of Key Results 2015/16: New Zealand Health Survey. Wellington: Ministry of Health.
[10] Using data from Compass Health on very low cost access payment practices.
[11] 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 individual CAUs.

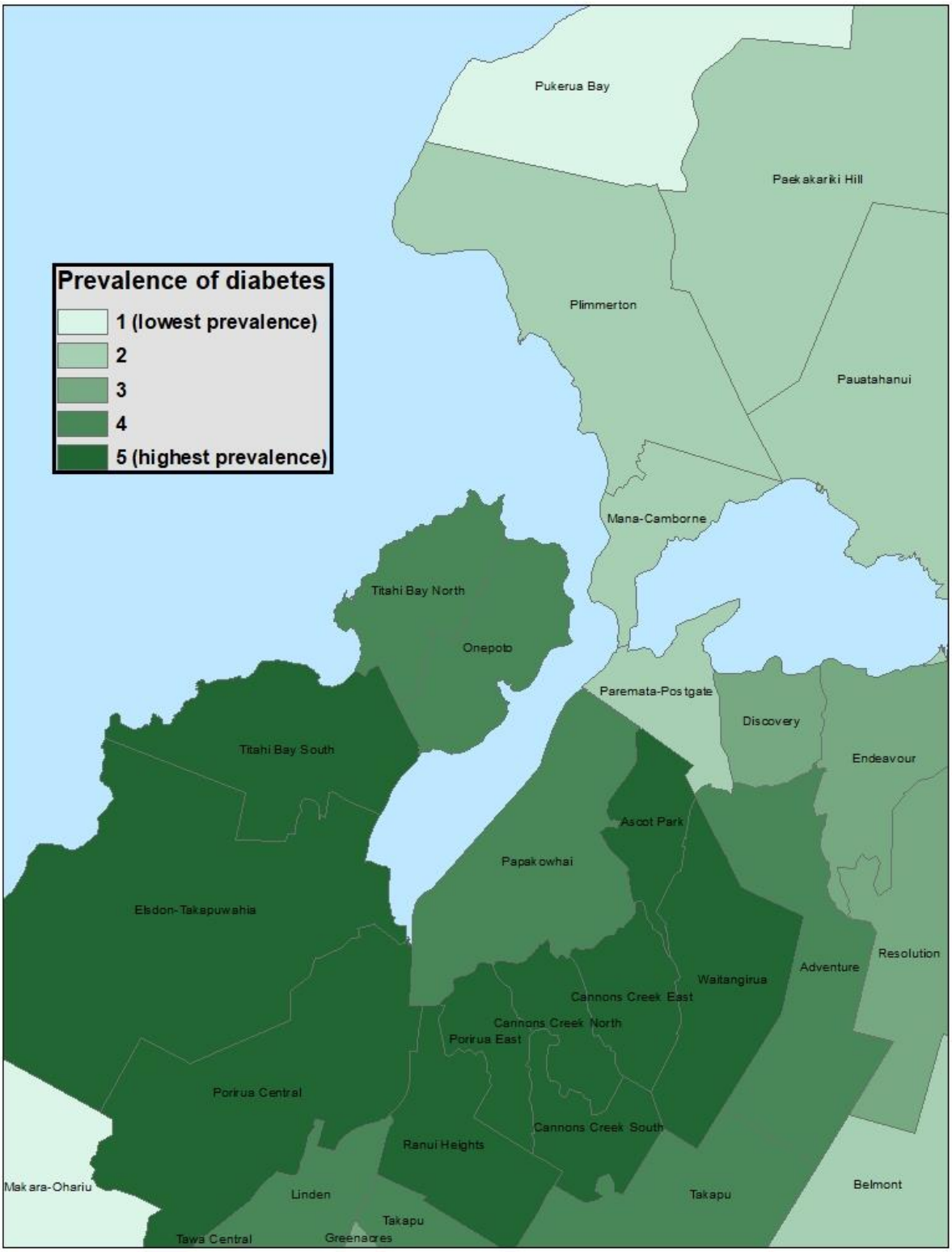

Figure 2 Prevalence of diabetes (all ages) in Porirua by Census Area Unit

4. 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 activity).[12,13] Weight reduction is particularly effective and reducing levels of obesity will be essential in preventing or delaying the development of type 2 diabetes.[14]

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

- Higher deprivation neighbourhoods are more likely to have a greater number of fast food outlets and less access to healthy foods.[15] 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.[16]
- 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.[17]
- Lack of green space and lower rates of walkability measures are associated with higher rates of type 2 diabetes and obesity.[18,19]
- Lack of access to neighbourhood destinations and street connectivity have been found to be associated with high body mass index (BMI) in New Zealand.[20]

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 PCC can help as one of PCC's roles is to manage the local food and built environment. The Council has an opportunity to make a meaningful difference.

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[12] 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.
[13] 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.
[14] Hamman RF, Wing RR, Edelstein SL. Effects of weight loss with lifestyle intervention on risk of diabetes. Diabetes Care. 2006; 29(9):2012-2017.
[15] 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
[16] 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.
[17] 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.
[18] 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.
[19] 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
[20] 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.

5. WORKING TOGETHER TO IMPROVE HEALTH AND WELLBEING

The benefits of creating supportive local environments that enable and promote healthy lifestyles are vast; namely, increased liveability in the Porirua area, a more sustainable community, reduced vehicle usage and congestion improving safety and air quality, enhancement of the local economy through better access to local businesses, reduced absenteeism and increased productivity in workplaces, a greater perception of community safety, and improved wellbeing and quality of life.[21] Improving the environments which shape our health can also reduce the inequities in health for Māori, Pacific and low income communities.

Compass Health, Ora Toa and RPH recognise and support PCC's previous work on supporting the introduction of Farmers' markets, developing and increasing cycle ways, and improving pedestrian walkways. 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, including the development of a council healthy food and beverage policy.

Leadership opportunities for Porirua City Council

There are plenty of opportunities for PCC 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. Some councils in New Zealand have already boldly introduced a healthy beverage policy in council-owned properties, including Palmerston North City Council and Nelson City Council.
- Nutrition literacy is linked with dietary intake, and low nutrition literacy is associated with poorer health outcomes.[22] 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.
- Physical activity levels have been shown to increase by over 160% in communities where people have access to green spaces, streets are well connected, and people live close to schools and shops.[23] People also walk more when neighbourhoods are created to be walkable, safe and aesthetically pleasing.[24] Implementing good urban design principles can

[21] Goodin, H. Promoting Physical Activity at the Local Government Level. Evidence Snapshot. Agencies for Nutrition Action, 2015.
[22] 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
[23] Heath, G.W., Brownson, R.C., Kruger, J., Miles, R., Powell, K.E., Ramsey, L.T. & The Task Force on Community Preventive Services. The effectiveness of urban design and land use and transport policies to increase physical activity: a systematic review. Journal of Physical Activity and Health 2006; 3(suppl 1): S55-S76
[24] Centers for Disease Control and Prevention. Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase Physical Activity in the Community. Atlanta: U.S. Department of Health and Human Services; 2011.

support these neighbourhood features. Examples of this include, prioritising the needs of pedestrians and cyclists when developing new infrastructure, ensuring access to green spaces with good lighting, working with schools and workplaces to encourage walking and cycling, and supporting access to healthy food options when planning and designing networks of cycleways, walkways and new developments.[25]

- Complement revitalisation efforts of Eastern Porirua 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, and supermarkets in development plans. Increasing access to healthy foods within a community has been shown to increase the average fruit and vegetable intake.[26] In particular, the opening of Farmers' markets in a community has been shown to increase the availability of fresh produce and lower the average household food expenditure, improving both health and economic equity in more deprived neighbourhoods.[27]
- Continue to put children and young people at the centre of city decisions, by prioritising walking routes to schools, working with schools to address the surrounding food environment, and ensuring low-income families can access quality recreational facilities.

Your local PHOs 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 PCC 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.

[25] Goodin, H. Promoting Physical Activity at the Local Government Level. Evidence Snapshot. Agencies for Nutrition Action, 2015.
[26] Treuhaft, S., & Karpyn, A. The Grocery Gap: Who has access to healthy food and why it matters. 2010. Retrieved from: http://thefoodtrust.org/uploads/media_items/grocerygap.original.pdf
[27] Larsen, K., & Gilliland, J. A farmers' market in a food desert: Evaluating impacts on the price and availability of healthy food. Health and Place. 2009; 15(4): 1158–62.