Te Awakairangi Health Network

Regional Public Health
HAUORA Ā IWI KI TE ŪPOKO O TE IKA A MĀUI
Better health for the greater Wellington region

23 April 2018

Upper Hutt City Council
Private Bag 907
Upper Hutt 5140

Tēnā koutou

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

This is a joint submission between Te Awakairangi Health Network and Regional Public Health. Te Awakairangi and Regional Public Health are working together to improve population health and health equity by strengthening coordinated action between primary care and public health.

Te Awakairangi Health is the PHO responsible for the delivery of essential primary health care services through general practices in Upper Hutt.

Regional Public Health 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 focused on the impacts of chronic diseases such as Type 2 diabetes on our communities, and our wish to partner with UHCC in order to improve health and well-being in Upper Hutt City.

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 5pm on the 22nd 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

Bridget Allan	Peter Gush
Chief Executive, TeAHN	**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

Te Awakairangi Health Network (Te AHN)

Te Awakairangi Health Network is a Primary Health Organisation (PHO) that plans, funds and provides a wide range of primary health care services to people living in the Hutt Valley. Our aim to is improve the health of the whole Hutt Valley population, with an emphasis on the needs of vulnerable groups (such as Māori, Pacific, low-income people and refugees).

We cover a population of almost 120,000 people, enrolled with 20 general practices operating from 22 clinic sites within the Hutt Valley. We have a diverse mix of general practice models including not-for-profit community trust, Iwi owned, sole proprietor and large group practices. Our teams of health promoters, outreach nurses, community health workers and primary mental health professionals extend the care given by the general practice teams, by providing more intensive support and brief interventions for individual clients and their families and whanau. We manage programmes that extend general practice care by enabling timely access to diagnostics (community radiology), and by providing more services and increasing acute care in the community. We work to empower whanau and build resilient communities with many partners, including Maori, Pacific and other community providers, local and central government, other primary care networks and DHB partners, including Regional Public Health.

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

TeAHN and RPH respect and acknowledge that UHCC decisions have a significant impact on the health and wellbeing of our community. Preventable chronic diseases such as Type 2 diabetes are a significant public health issue in our region. We want to use the Long Term Plan 2018 -2028 as an opportunity to work with you further to reduce the social, health and economic burdens that arise from these diseases.

We congratulate the Council on your focus on communities and developing project options that will improve community connectedness and enjoyment of Upper Hutt's outstanding natural beauty. In particular, improving leisure and recreation opportunities through the development of walking and cycling networks, regional cycle trails, the upgrade of existing recreational facilities and improving the cycling and pedestrian network, are strategies that will promote physical exercise and active transport. We would like to support you in making further changes to the environments which shape our health, and improve health and well-being in Upper Hutt. Developing a "community space" is an opportunity to design a supportive environment that enables and promotes a healthy lifestyle.

We believe that improving the health and wellbeing of our communities will have positive impacts on the local economy and community resilience. We are willing to assist with public health policy advice on request and we are willing to explore the synergies between our work if it is of interest to the Council.

3. WHY WE ARE CONCERNED

Chronic health issues are a significant problem in the communities we work with in Hutt Valley. We are particularly concerned about the increase 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 the Hutt Valley District Health Board area 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] In Upper Hutt over 5 per cent of the population aged 45-54 years old are estimated to have diabetes, rising to nearly 20 per cent at ages 75-84 years old.

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,

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

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.

Prevalence of diabetes in Upper Hutt by Census Area Unit

Figure 1 shows the prevalence of diabetes by Census Area Unit in Upper Hutt in 2016.[7] The data has been ordered into five 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 Upper Hutt area. Each quintile contains 20 per cent of the area units within the greater Wellington Region. For example, Quintile 1 contains the 20 per cent of the area units with the lowest prevalence of diabetes per area unit. Quintile 5 contains the 20 per cent 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.

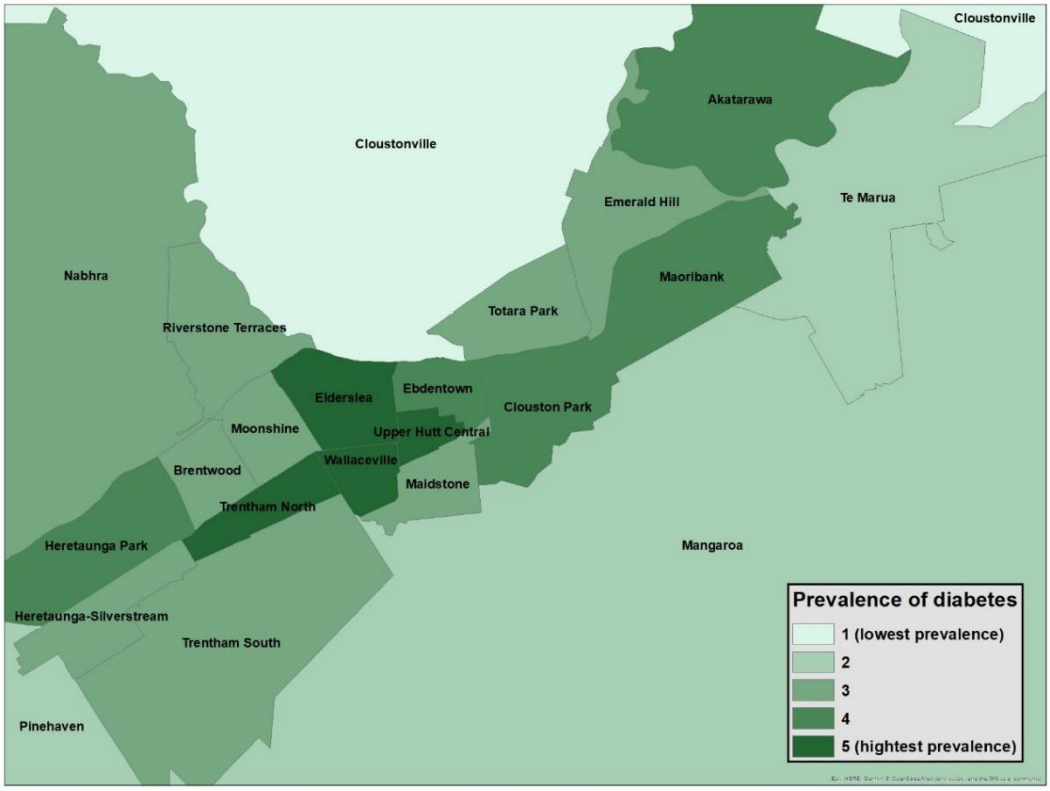

Figure 1 Prevalence of diabetes (all ages) in Upper Hutt by Census Area Unit

The area units with the highest rate of diabetes in Upper Hutt in decreasing order are Upper Hutt Central, Trentham North, Elderslea and Wallaceville.

[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 individual CAUs.

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 which 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]
- 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]

Therefore both the food and built environments can impact on how easy these lifestyle changes are to make. UHCC has the opportunity to make a difference in both the food and built environments through its policies and actions.

---

[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.
[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.

4. WORKING TOGETHER TO IMPROVE HEALTH AND WELLBEING

RPH and TeAHN recognise and support UHCC's previous work in prioritising cycleways and increasing pedestrian walkways, as well as the Council's ongoing collaboration with stakeholders on health promotion activities. We commend UHCC's commitment to improving the food environment through the current development of healthy food and beverage guidelines, and the increasing number of "water only" Council events. We would like to support you in implementing this as a policy in the future, and to support your work with schools to ensure the availability of healthy food choices. We hope to continue to work with you on strategies that will increase physical activity and increase easy access to healthy, affordable food in communities where people live, learn, work and play.

What role does the Council have?

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

- Continue to promote physical activity and public transport in Upper Hutt:
    - This can be supported by implementing good urban design principles. For example, people are more likely to walk when they have access to green space and live close to schools and shops; when streets are well connected; and when neighbourhoods are designed to be walkable and safe.[17]
    - Children are more likely to use active or public transport to get to school when their neighbourhoods have walkways and traffic control measures.[18] Prioritising walking routes to schools would complement the Council's commitment to improving healthy food choices in schools.
- Improve access to affordable healthy food and beverage choices:
    - Continue to work towards implementing healthy food and beverage policies in Council-owned facilities and at Council-funded events. In the meantime, negotiating food vendor contracts that ensure healthy food and beverage options in any new Council facilities (e.g. a community hub), will make this transition easier.
    - Installing water fountains in parks and sports grounds of high use.
    - Support community gardens, edible landscapes and utilisation of berm gardening.
- Complement new Council infrastructure or services proposed in your draft Long Term Plan, by making changes to the food and built environment that will enhance health and wellbeing:
    - Rejuvenate and develop the Upper Hutt town centre by supporting healthy food and beverage retailers to operate in these areas; 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

[17] Goodin, H. 2015. Promoting Physical Activity at the Local Government Level. Evidence Snapshot. New Zealand: Agencies for Nutrition Action.

[18] Centers for Disease Control and Prevention. 2011. 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.

developments. In particular, the opening of Farmers Markets in a community is a pro-equity approach that has been shown to increase the availability of fresh produce and lower the average household food expenditure.[19]

- Nutrition literacy is linked with dietary intake, and low nutrition literacy is associated with poorer health outcomes.[20] Developing a community hub is an opportunity to provide facilities for cooking and nutrition literacy purposes to empower the community to make informed choices about their nutrition.

Te Awakairangi and Regional Public Health would like to further explore with Council how our collective efforts can impact the food and built environments 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.

[19] 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.

[20] 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