

3 May 2018

Hutt City Council
Private Bag 31-912
Lower Hutt 5040

Tēnā koutou

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

This is a joint submission between the 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 Hutt City.

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 preventable chronic diseases such as Type 2 diabetes on our communities, and our commitment to work with HCC and others in order to improve health and well-being in 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 16th May would suit as local GPs will be contributing. The contact point for this submission is:

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Kind regards

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Chief Executive, TeAHN

Peter Gush
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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. Working together to improve health and wellbeing

1. WHO WE ARE

Te Awakairangi Health Network (TeAHN)

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 is to 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 acknowledge that HCC 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 the work that has been done to rejuvenate Hutt City. We agree with HCC that the community, health and social benefits for the sportsvilles and community hubs are important, particularly the vision of bringing communities together and improving the wellbeing of residents. We support the Council in prioritising the northern and eastern suburbs of Lower Hutt in order to improve health equity¹ in Lower Hutt. Focusing on the most deprived neighbourhoods and facilitating ongoing community engagement will support this rejuvenation process. We also acknowledge Council's role as the lead provider of Healthy Families Lower Hutt with its 'systems' approach to tackling the causes of poor health. There are significant opportunities for the Council to strengthen this approach by making changes to the environments which shape our health, within the rejuvenation process. We would like to work together to improve the local food and built environments to "make the healthy choice the easy choice".

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 diabetes² 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

¹ The World Health Organization (WHO) defines equity as "the absence of avoidable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically."

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

disease, vision loss, kidney failure and nerve damage³ and the number of people with diabetes in the Hutt Valley District Health Board area is increasing every year.⁴

Using Ministry of Health data, we were able to calculate the overall prevalence of diabetes in our region in 2016.⁵ In Lower Hutt around 7% of the population aged 45-54 years old are estimated to have diabetes, rising to over 20% 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.⁶ 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.⁷ There is a significantly higher prevalence of Type 2 diabetes in more deprived areas compared with the least deprived areas.

Prevalence of diabetes in Lower Hutt by Census Area Unit

Figure 1 shows the prevalence of diabetes by Census Area Unit in Lower Hutt in 2016.⁸ 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 Lower Hutt 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 Lower Hutt are Taita, Avalon, Naenae, Parkway, Akakura, Homedale West, Holburn, Epuni West and Haywards-Manor Park.

³ Diabetes New Zealand. Understanding Type 2 Diabetes. <https://www.diabetes.org.nz/understand-type-2-diabetes/>. Accessed 2018.

⁴ 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.

⁵ 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.

⁶ Ministry of Health. 2016. Annual Update of Key Results 2015/16: New Zealand Health Survey. Wellington: Ministry of Health.

⁷ 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

⁸ 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.

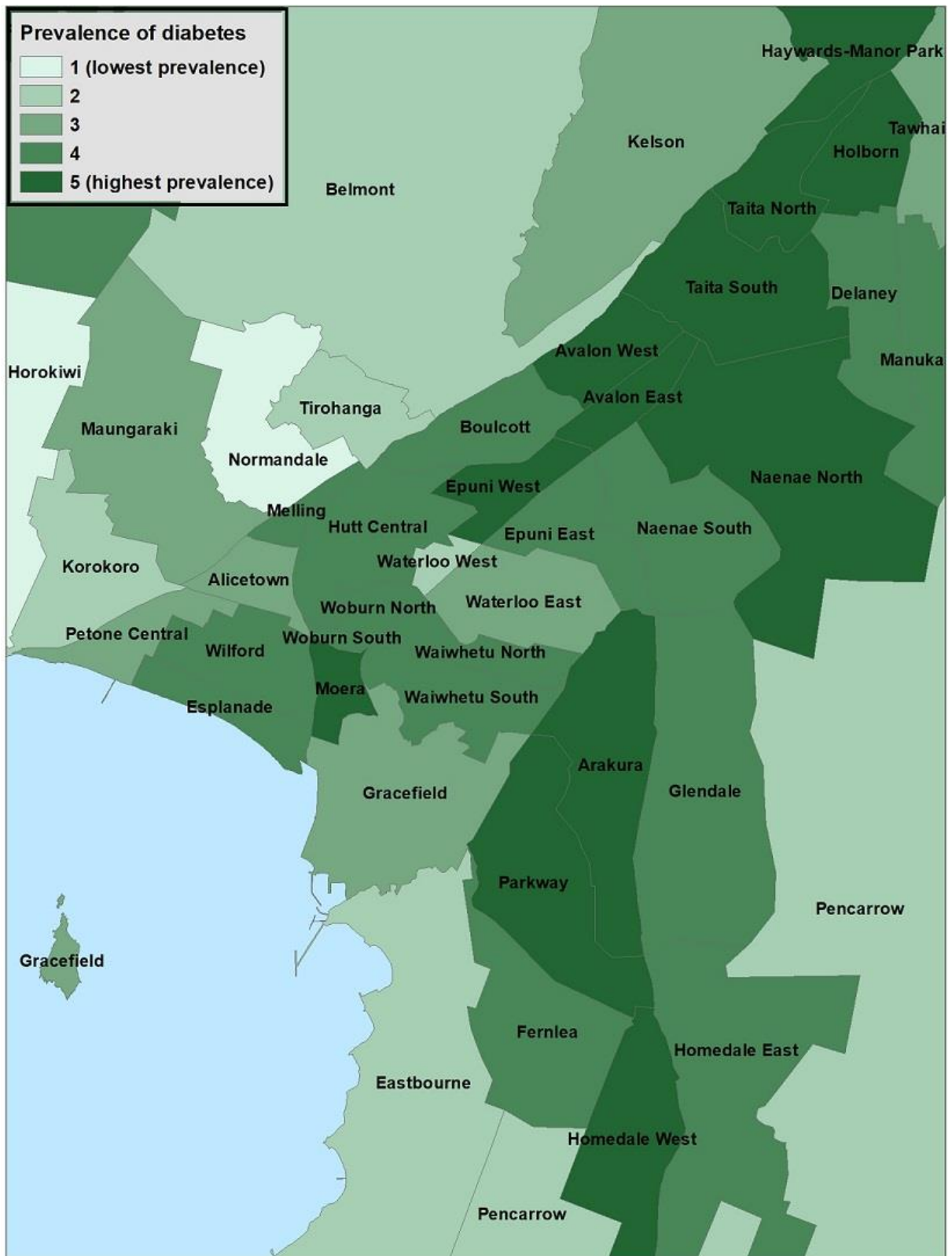


Figure 1 Prevalence of diabetes (all ages) in Lower Hutt by Census Area Unit

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).^{9,10} Weight reduction is particularly effective and reducing levels of obesity will be essential in preventing or delaying the development of Type 2 diabetes.¹¹

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.¹² 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.¹³
- 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.¹⁴
- Lack of green space and lower rates of walkability measures are associated with higher rates of Type 2 diabetes.^{15,16}
- Lack of access to neighbourhood destinations and street connectivity have been found to be associated with high body mass index (BMI) in New Zealand.¹⁷

Therefore, both the food and built environments can impact on how easy these lifestyle modifications are to make. Hutt City Council has the opportunity to make a difference in both the food and built environments through its policies and actions.

⁹ 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.

¹⁰ 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.

¹¹ Hamman RF, Wing RR, Edelstein SL. Effects of weight loss with lifestyle intervention on risk of diabetes. *Diabetes Care*. 2006; 29(9):2012-2017.

¹² 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

¹³ 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.

¹⁴ 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.

¹⁵ 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.

¹⁶ 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

¹⁷ 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 HCC's previous work on promoting the Fruit & Vegetable Co-operatives in Lower Hutt, installing water fountains in public places and in priority communities, and the Council's leadership around providing healthier food and beverage choices at Council facilities and at Council events. 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 Hutt City Council

There are many opportunities for HCC to continue to show leadership in this area in order to "make the healthy choice the easy choice." This would also complement Councils' rejuvenation efforts, especially in the North East and Wainuiomata. For example,

- Improve access to affordable healthy food and beverage choices through improvements to food vendor contracts that operate at sports grounds, markets and events;
- Installing water fountains in parks and sports grounds of high use such as Hutt Park, Hutt Recreation Ground, Petone Recreation Ground, Fraser Park and Wise Park;
- Incentivising healthy food and beverage retailers to operate in the North East and Wainuiomata (e.g. rates remissions, grants or waiving development charges);
- Supporting community gardens, edible landscapes and utilisation of berm gardening;
- Nutrition literacy is linked with dietary intake, and low nutrition literacy is associated with poorer health outcomes.¹⁸ Upgrading the commercial kitchen at the Walter Nash Centre for community cooking and nutrition literacy purposes is an opportunity to empower the community to make informed choices about their nutrition;
- Improve access to healthy food options when planning and designing cycleways, walkways and new residential and commercial developments. This could include ensuring people live close to shops that sell healthy food options in development plans, ensuring unhealthy options are not in close proximity to schools, and ensuring streets and cycleways are well connected to markets and supermarkets with fresh produce.

Te Awakairangi and Regional Public Health would like to further explore with Council how our collective efforts can influence 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.

¹⁸ 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