

15th May 2018
Wellington City Council
PO Box 2199
Wellington 6140

Tēnā koutou

Thank you for the opportunity to provide a written submission on the Wellington City Council (WCC) 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 Wellington city.

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 WCC and others in order to improve health and wellbeing in Wellington.

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. 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 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 WCC decisions have a significant impact on health. Preventable diseases such as type 2 diabetes are considerable public health issues in our region, and we want to use this as an opportunity to work with you further and build upon our partnership.

We congratulate WCC on the Council's vision for a people-centred city which is well-connected. In particular, your long-term goals of enhancing community connectedness and ensuring that Wellington city is a healthy, vibrant and affordable place to live, align well with our work and we would welcome the opportunity to work with WCC further in achieving this vision.

We commend the Council on addressing some of the challenges faced by the city and the residents of Wellington in this Long Term Plan 2018 -2028 and recognising that not everyone enjoys the same standard of living. Within WCC's priority investment areas, there are significant opportunities for the Council to strengthen this approach by making changes to the environments which shape our health in order to improve health and wellbeing in Wellington City.

For example, we support the Council's priority of creating healthy urban environments by investing in transport in order to maintain easy access around the city and promote alternatives to private cars. We agree that this is a people-focused priority with a wide range of benefits; namely, reduced congestion, improved air quality, better access to local businesses, increased liveability in the Wellington area, increased opportunities for physical exercise and improved quality of life. Improving the cycle network outside of the inner city as part of the Cycling Master Plan for Wellington and creating an integrated network that is safer and easier to use will support this.

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 Wellington. We are particularly concerned about the rapid upsurge 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 damage² and the number of people with diabetes in Capital & Coast District Health Board area is increasing every year.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 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.

Using Ministry of Health data, we were able to calculate the overall prevalence of diabetes in our region in 2016.⁴ Over 8% of people aged 55 years to 64 years were estimated to have diabetes in Wellington, rising to 19% of people aged 75 years to 84 years. Additionally, we found marked ethnic disparities in the prevalence of diabetes in Wellington, affecting 8% of Māori adults, 19% of Pacific adults and 5% of European/Other adults.⁵

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.⁶ This has been noted in our region - low cost primary care practices (practices with low patient fees in areas of greater deprivation and higher numbers of Māori and Pacific) have double the rate of diabetes when compared with other GP practices.⁷ 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 Wellington by Census Area Unit

Figure 1 shows the prevalence of diabetes by Census Area Unit in Wellington in 2016.⁸ 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 Wellington 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 Wellington City in decreasing order are Kilbirnie East, Miramar South, Grenada, Maupuia, Newlands, Raroa and Strathmore Park. They are mostly in Wellington City's northern and eastern suburbs.

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 enrolled population of Capital & Coast District Health Board (CCDHB), stratified by prioritised ethnic group.

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

⁷ Using data from Compass Health on very low cost access payment practices.

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 individual CAUs.

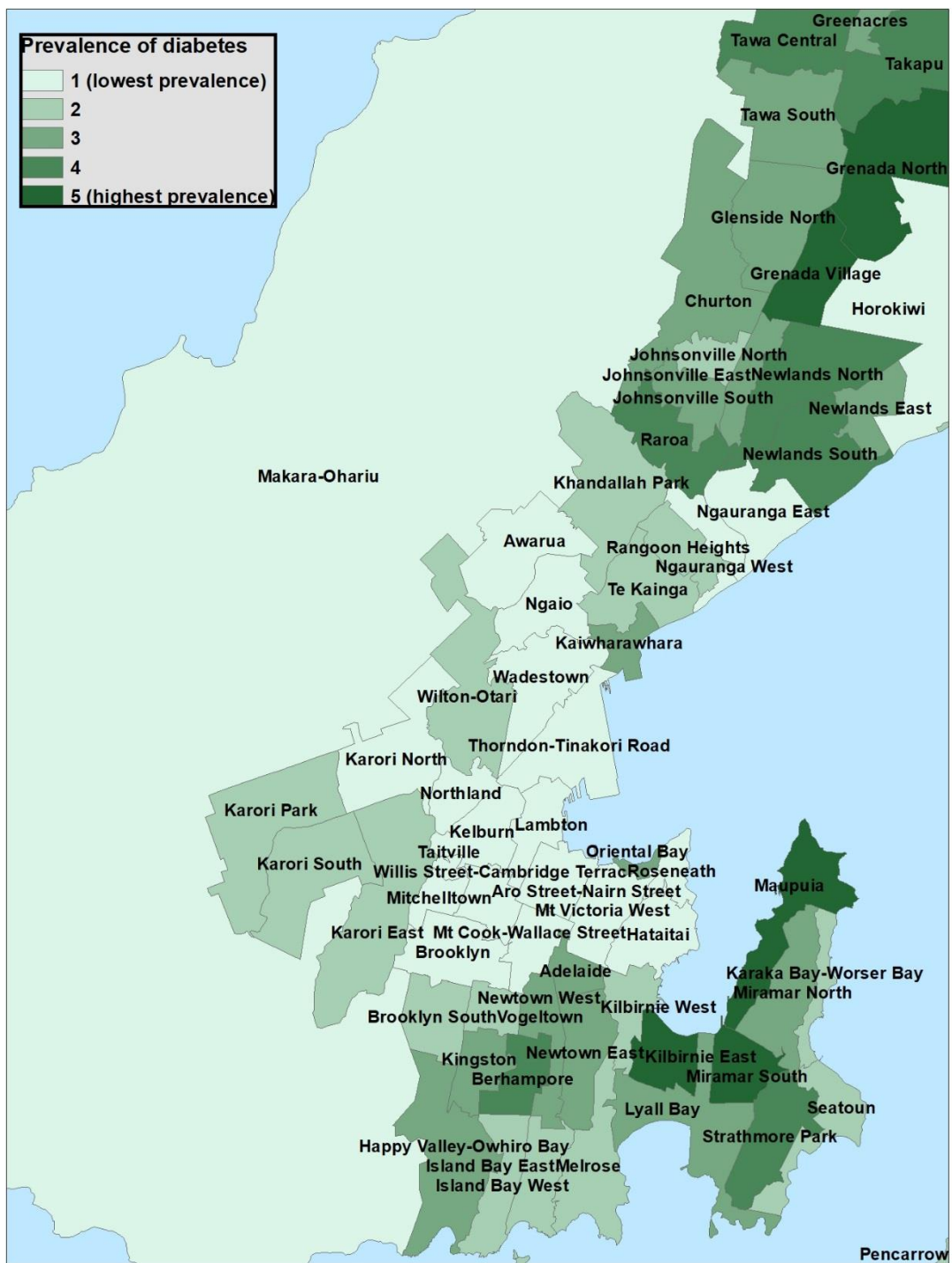


Figure 1 Prevalence of diabetes (all ages) in Wellington by Census Area Unit

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 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.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 and obesity.^{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. Wellington City Council has the opportunity to make a meaningful 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

Compass Health and RPH recognise and support WCC's previous work on 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 Wellington City Council

There are plenty of opportunities for WCC 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 installing water fountains in parks and sports grounds of high use and by implementing healthy food and beverage policies in council-owned facilities. In the meantime, negotiating food vendor contracts that ensure healthy food and beverage options in any new Council facilities (e.g. the proposed Movie Museum and Convention Centre), will make adoption of a policy easier.
- Continue to promote physical activity and public transport in Wellington City. 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.¹⁸ Providing safe spaces for pedestrians and cyclists around the central city as part of the "Let's Get Wellington Moving" programme will help support this. A pro-equity approach could be to extend this programme outside of the central city to Wellington's northern and eastern suburbs.
- Investing in new residential housing developments, redeveloping existing Council housing sites and working towards high-quality intensification of housing, are opportunities to make changes to the environments which shape our health. Complement the Council's efforts to "Get Wellington Moving" by also improving the food environment around these new developments. For instance, 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 with fresh produce in development plans.
- Achieving sustainable growth and planning for the impacts of an increasing population in the Council's review of the Wellington Urban Growth Plan and District Plan can be strengthened by prioritising actions that will increase healthy food and beverage options, particularly in new residential and commercial developments, and by continuing to support actions that will improve conditions for walking, cycling and public transport.

¹⁸ Goodin, H. 2015. Promoting Physical Activity at the Local Government Level. Evidence Snapshot. New Zealand: Agencies for Nutrition Action.

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 and to ensure Wellington is a healthy, vibrant, affordable and resilient city. We would like to work alongside WCC 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.