



24 April 2015

Draft Long Term Plan

Kāpiti Coast District Council  
Private Bag 60601  
Paraparaumu 5254

Thank you for the opportunity to provide a submission on the Kāpiti Coast District Council Draft Long Term Plan 2015 -2025.

Council and Regional Public Health have a common agenda – working with communities where they live, work and play to improve and protect their quality of life. Regional Public Health (RPH) wants to work with Council to make our common goal achievable and easier for our communities. By finding mutual points of interest and working together we can be more efficient, reduce the burden of engagement on our communities and be more effective in our policy implementation. A collaborative approach will also facilitate smarter use of each agencies finite resources.

This submission provides a public health perspective and information for Council to consider in their planning decisions. Kāpiti Coast District Council's (KCDC) policy and planning are an integral part to the health and wellbeing of our communities.

We recognize that this is the first round of the new LTP consultation documents and congratulate you on summarizing a large amount of important information into a short document. We hope to reflect this process with a concise submission. To achieve this we have selected two priority areas RPH would like to progress with Council during 2015-2025: Smokefree NZ 2025 and reducing obesity through healthy food policies.

We would appreciate the opportunity to make an oral submission and we will be pleased to provide further information or clarification on any of the points raised in our submission. The contact point is:

Kiri Waldegrave  
Senior Public Health Advisor  
Email: [kiri.waldegrave@huttvalleydhb.org.nz](mailto:kiri.waldegrave@huttvalleydhb.org.nz)  
Phone: 04 570 9130

Yours Sincerely

Dr Jill McKenzie  
**Medical Officer of Health**

Peter Gush  
**Service Manager**

## **How this document is structured:**

- A. An overview of Regional Public Health
- B. General comments on the Long Term Plan (LTP)
- C. Responses to your specific questions
- D. RPH priorities on improving the wellbeing of our shared communities by working towards a Smokefree NZ 2025 and reducing and preventing obesity.

## **A. WHO WE ARE – Regional Public Health**

Regional Public Health (RPH) is a regional service based at Hutt Valley District Health Board and serving the greater Wellington region. 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 but also have contracts with District Health Boards and other agencies to deliver specific services.

We have a particular focus on children, Māori and Pacific populations. Our staff include a range of occupations comprising: medical officers of health, public health advisors, public health analysts, health protection officers, vision and hearing technicians and public health nurses.

## **B. GENERAL COMMENTS ON YOUR LONG TERM PLAN**

RPH respects and acknowledges that KCDC decisions have a significant impact on health. We see this through appropriate management of infrastructure (e.g. water and sewage) and creating environments that support wellbeing through reducing the exposure to tobacco, facilitating access to healthy food and promoting urban design that encourages physical activity. This is the basis for making a submission on your Long Term Plan (LTP).

RPH congratulates KCDC on your inclusive and bold plan to shape the future of Kāpiti. We see partnership as an integral part of achieving the shared outcomes of the community and the region. We commend the display of shared stewardship of the Kāpiti region in the LTP document, with the Mayors message complementing the partnership with the Tangata Whenua.

RPH strongly supports the Tangata Whenua role as Kaitiaki of the region, who honor the “...Intergenerational obligation which reminds us that our role is to continue to plan for the health and wellbeing of our future generations”. RPH supports an intergenerational approach to health and wellbeing to create environments that support healthy choices for families, children and youth. Once these environments are established they will generate long term benefits to health both now and for future generations.

RPH commends KCDC for the key initiatives that have been identified in the LTP for the town centre rejuvenation, upgrading the facilities of Te Atiawa Park and Otaki Pool and also the plans to create a space for performance arts. The interlinked nature of these projects that entail development of both infrastructure and people skills, is an effective method in shaping the factors that affect the

communities health and wellbeing outcomes. We recommend a place-based and culturally responsive approach in order to have the most effective outcome for the projects<sup>1</sup>. Place-based approaches within a cultural framework have the merit of fostering a shared vision and a sense of place. For example, the redevelopment of the town centres using the local knowledge of the natural and built environments in partnership with Tangata Whenua and the community. In particular, incorporating local knowledge around how people travel to and use the facilities in the town centres into planning, is more likely to result in vibrant and engaging social hubs for the community.

We think that a way to work towards improving quality of life for residents is to incorporate a 'Health in All Policies' approach. This doesn't mean 'doing health policy'; rather, it means looking at the impact of policies, planning and decisions across-the-board on the health and wellbeing of our shared communities. An example of a "Health in All Policies" (HiAP) approach has been undertaken by Christchurch City Council, with a focus on improved quality of life and how this can be achieved via actions from policy decisions. The HiAP approach incorporates problem solving by integrating health, wellbeing and equity into the planning, implementation and evaluation cycle. It seeks to maximise conversations between Council and community, and problem solving with evidence to support action. Furthermore, it has an evaluation framework to assess the effectiveness of projects.

RPH has been learning from our public health colleagues in Christchurch about this approach. We are willing to explore such an approach if it is of interest to the Council.

RPH can assist KCDC with public health policy advice on request. We have skilled staff who can participate in or provide advice on policy/planning development and implementation processes.

## **Fluoride**

### *Community Water Fluoridation*

It is likely that there will be submitters to the LTP who are opposed to community water fluoridation. RPH supports the continuation of community water fluoridation, based on national and international scientific research.

Capital & Coast District Health Board (CCDHB) covers the KCDC geographic area and therefore, for consistency in advice, we have included CCDHB's position on community water fluoridation.

"The Capital & Coast District Health Board endorses community water fluoridation as an effective public health measure contributing to the maintenance of oral health, prevention of tooth decay and reduction in health inequalities. Community water fluoridation is a low cost measure that benefits people of all ages with natural teeth and has proven over the last 65 years to be very safe. Local drinking-water supplies that are already fluoridated should remain so. Where technically feasible, where local supplies are not fluoridated, local

---

<sup>1</sup> Ministry for the Environment. People, Places and Spaces : A design guide for urban New Zealand. 2002

authorities are encouraged to implement water fluoridation programmes as soon as possible to improve the oral health of their communities<sup>2</sup>.”

RPH can continue to provide Council with the latest scientific research on this matter and work alongside council staff to ensure clarification is provided to the community on water fluoridation issues.

### **C. IN RESPONSE TO YOUR SPECIFIC QUESTIONS**

#### **1. How should we approach the redevelopment of our town centres?**

We support the achievable option set out by Council. We support the funding rationale of this approach and the proposed timeframe.

We recommend that Council allow for transport choice and networks that allow for safe, comfortable street systems, with supportive social environments<sup>3</sup>. Such an approach creates a socially diverse environment as everyone – affluent or poor, young or old – has equal access to facilities regardless of whether they own a car.

#### **2. What’s the best solution for the Te Atiawa Park hard courts?**

We support the recommended option set out by Council. We support the funding rationale of this approach and the proposed timeframe. We commend Council taking a community led approach for development.

RPH suggests that Council ensures that cost-barriers are not a factor in the use and access of the new facility for some groups. Furthermore, that planning for access to the facilities incorporates transport choice.

#### **3. What improvements should we make to Otaki Pool and should we build a splash pad?**

We support the future proofing and additional splash pad option set out by Council. We support the funding rationale of this approach and the proposed timeframe.

RPH suggests that Council ensures that a cost-barrier is not a factor in the use and access of the new facility.

#### **4. Should we invest in a performing arts centre now?**

We support the Council’s recommended option for the performing arts centre. As noted above RPH suggests that planning for access to the facilities incorporates transport choice to support equitable access. We also would reaffirm that the cost of use for facilities be kept to a level that does not incur a cost barrier to use for some groups.

---

<sup>2</sup> <http://www.ccdhb.org.nz/news/2014/CCDHBFluoridationPositionStatement.pdf>

<sup>3</sup> Ministry for the Environment. The Value of Urban Design: The economic, environmental and social benefits of urban design. 2010

## 5. Major projects

- **Paekakariki sea wall**

No comment.

- **Raumati Pool building**

No comment.

- **Mahara Gallery and Waikanae Library**

No comment.

- **Otaraua Park development plan**

We commend the Council on making Otaraaua Park a major sports and recreation destination. We recommend that options for an outdoor gym and exercise area be considered in the planning process.

- **Youth development centre**

RPH commends Council for recognising a need to have a space for the youth of Kāpiti. We commend the findings of the feasibility study which sets out a framework for a variety of activities and services to engage and develop youth. We recommend Council continues to work in partnership with youth and the community in order to best ascertain what services and facilities are in demand now and are likely to be in the future.

In keeping with RPH's focus on healthy food policy development (see subsequent section), we recommend developing activities to support literacy for healthy eating, for example, exploring the possibility of introducing a community kitchen. Community kitchens have seen successes overseas in improving healthy food literacy and food security with increased use of community kitchen facilities<sup>45</sup>.

- **Earthquake prone buildings assessment**

We support the staged approach to earthquake building assessments.

---

<sup>4</sup> Engler-Stringer, R., & Berenbaum, S. (2007). Exploring food security with collective kitchens participants in three Canadian cities. *Qualitative Health Research*, 17,75-84.

<sup>5</sup> *Growing Healthy Communities- Food Security Toolkit for local government*, Toi Te Ora-Public Health Service, Bay of Plenty District Health Board, 2013.

## **D. RPH PRIORITIES**

RPH wants to support KCDC in planning for environments that reduce exposure to tobacco and facilitate access to healthy food and increased physical activity.

### **SMOKEFREE 2025**

RPH congratulates KCDC for the progress you have made in this space already, for example through smokefree regional parks, and wants to continue to work with you to progress this important area.

#### **What are the public health issues?**

Tobacco smoking kills approximately 5000 New Zealanders every year. Smoking is the main cause of lung cancer and is a significant contributory cause to many other cancers and chronic diseases.

Our public health advisors (tobacco) work in many areas including enforcement of the Smokefree Environments Act, supporting smokefree policies and better help for smokers to quit - all of which support the Government's goal of a Smokefree New Zealand by 2025.

Our goals are:

- Creating environments that normalises being smokefree.
- More smokefree environments.
- Fewer young people and children start smoking.
- More smokers quit.

#### **RPH can work with Council to demonstrate leadership in achieving Smokefree NZ 2025 by:**

1. Increasing the number of smokefree environments.
2. Extending smokefree parks, including all Council properties, reserves etc.
3. Helping Council in the development of a licence scheme for tobacco retailers (thus facilitating reducing the sales to young people and minors).
4. Encouraging Council and workplaces to provide smoking cessation workshops for staff.
5. Working with Council to develop smokefree policy and clauses for Council sponsored or affiliated events and all Council venues.
6. Working with Council to promote smokefree cars carrying children.
7. Working with Council on providing smokefree rental accommodation.
8. Working with Council to ensure bars, restaurants and cafes are smoke-free.

RPH has a range of smokefree resources and health information available, including banners for loan free of charge. Please contact us if you would like support for your smokefree community event.

## **REDUCING AND PREVENTING OBESITY**

RPH recognises and supports KCDC's previous work on supporting increased physical activity, for example, developing cycleways and increasing pedestrian walkways. We would like to continue to support KCDC with strategies to increase physical activity, such as supporting promotions of public and active transport utilisation.

RPH recommends KCDC now gives focus to the next level of intervention, to create an environment that supports easy access to healthy, affordable food in communities where people live, learn, work and play. KCDC has an opportunity to show leadership in identifying and implementing strategies that support and promote healthy food provision in communities, Council owned cafes, vending machines, catering and sponsored events.

### **What are the public health issues?**

Childhood obesity is one of the most serious public health challenges of the 21<sup>st</sup> century. Having good food choices and opportunities for physical activity is imperative. The Prime Minister's chief science advisor, Sir Peter Gluckman, recently stated in a World Health Organisation report on ending childhood obesity:

“There is an understandable tendency to see obesity as a problem for the health sector, but preventing childhood obesity demands the coordinated contributions of government ministries and institutions responsible for policies on education, food, agriculture, commerce and industry, finance/revenue, sport and recreation, media and communication, environmental and urban planning, transport and social affairs.”<sup>6</sup>

By next year, it is projected that excessive body weight will overtake tobacco use as the leading risk to health, making obesity a significant issue for New Zealand<sup>7</sup>. International research recognises the close relationship between healthier populations and economic prosperity, arguing that healthy populations stimulate economic growth, lower health care costs, lure new businesses and create jobs<sup>8</sup>.

### **What role does the Council have in reducing and prevention obesity via healthy food policy?**

A further range of opportunities are available to KCDC to contribute to affordable, healthy food access, as well as the reduction and prevention of obesity. These opportunities could include further supporting:

---

<sup>6</sup> WHO interim report of the commission on ending childhood obesity. World Health Organization 2015, p.23  
<http://www.who.int/end-childhood-obesity/commission-ending-childhood-obesity-interim-report.pdf>

<sup>7</sup> Briefing to incoming health minister 2014 <http://www.health.govt.nz/publication/briefing-incoming-minister-health-2014>

<sup>8</sup> Reeve,B., Ashe,M., Farias, R., Gostin, L.. State and Municipal Innovations in Obesity Policy: Why Localities Remain a Necessary Laboratory for Innovation. American Journal of Public Health: 105.3 (March 2015): 442-450.

- fruit and vegetable co-operatives
- community gardens and markets
- opportunities for cooking and nutrition literacy
- nutrition standards
- food policy for council owned facilities and events
- implementing good urban design principles
- reviewing food retail zoning conditions

Policy and environmental change have been identified as the foundation of obesity prevention in an environment that promotes eating too much and moving too little<sup>9101112</sup>. Food policy is a cost effective and sustainable tool to support a healthy nutrition culture. An example of this this is provided within the Healthy Together Victoria's *Achievement Programme*<sup>13</sup>, and by an increasing number of District Health Boards and some councils. Within our region, Hutt City Council has been designated as a site for the Healthy Families NZ initiative, which is based on the Healthy Together Victoria model. This provides a local case for how healthy nutrition (in addition to focussing on other risk factors for poor health) can be implemented, utilising cross sector engagement with central government, local government and District Health Boards.

RPH would like to work alongside KCDC to support and prioritise strategies that impact the food environment and the significant and unequal burden of nutrition related diseases in the Wellington region.

---

<sup>9</sup> Egger G, Swinburn B. An "ecological" approach to the obesity pandemic. *BMJ* 1997;315: 477-80.

<sup>10</sup> Harvard School of Public Health The Obesity Prevention Source [www.hsph.harvard.edu/obesity-prevention-source/](http://www.hsph.harvard.edu/obesity-prevention-source/) (accessed 2 June 2012)

<sup>11</sup> Haby M, Vos T, Carter R et al. A new approach to assessing the health benefit from obesity interventions in children and adolescents: the assessing cost-effectiveness in obesity project. *Int J Obes* 2006;30:1463-75.

<sup>12</sup> Vos T, Carter R, Barendregt J et al. *Assessing Cost Effectiveness in Prevention (ACE Prevention): Final Report*. Brisbane: University of Queensland and Melbourne: Deakin University; 2010.

<sup>13</sup> Healthy Together Victoria, *Achievement Programme. Healthy Eating Benchmarks*. Accessed 03 March 2015 at [http://www.achievementprogram.healthytogether.vic.gov.au/downloads/Accessible\\_PDFs/Workplace/Benchmarks/Healthy\\_Eating\\_Benchmarks\\_WP.pdf](http://www.achievementprogram.healthytogether.vic.gov.au/downloads/Accessible_PDFs/Workplace/Benchmarks/Healthy_Eating_Benchmarks_WP.pdf)