

Healthy Puketāpapa

A Strategic Health and Wellbeing Framework



Auckland Regional Public Health Service
Ratonga Hauora-ā-Iwi o Tāmaki Makaurau



Working with the people of Auckland, Waitemata and Counties Manukau



Mihi

He aha te mea nui i te Ao?

He tāngata, He tāngata, He tāngata.

What is the most important thing on earth

It is people, people, people

Table of Contents

1	Introduction	5
2	The Bigger Picture.....	7
3	Health and wellbeing in Puketāpapa: An overview.....	13
4	Priorities for health and wellbeing in Puketāpapa.....	17
5	Healthy Puketāpapa: A Health and Wellbeing Strategic Framework.....	33
6	Appendices	34
7	References and Links.....	35

Puketāpapa Local Board

**Harry Doig, Chair
Puketāpapa Local Board**

It is an objective of the Puketāpapa Local Board that communities will have a sense of wellbeing and feel happy, healthy, connected and safe. We can't do this alone.

The local board contributes to this outcome by funding projects to improve wellbeing and safety. We also work with the many agencies and communities trying to improve health and wellbeing and building connections between people.

Achieving wellbeing does not have to cost anything and can be as simple as getting out for a walk in the fresh air. *Healthy Puketāpapa* brings together agencies and the community to develop actions that will make a difference to the lives of people living in Puketāpapa.

Healthy Puketāpapa will identify ways to promote access to water, healthy food and active transport like walking and cycling. Eating well and getting exercise contribute to a better quality of life and helps prevent lifestyle-related diseases, such as type 2 diabetes.

Together communities and agencies will work to improve housing quality in the board area and design and develop actions that reduce the harm of alcohol, tobacco and other drugs.

Healthy Puketāpapa is about striving for health and wellbeing opportunities for everyone, we will achieve this together.

Auckland Regional Public Health

**Jane McEntee, General Manager
Auckland Regional Public Health Service**

Public health is the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society. Auckland Regional Public Health Service's (ARPHS) role is to protect health, prevent disease, reduce inequities and promote wellbeing for the people and environment of Tāmaki Makaurau/Auckland.

To improve Tāmaki Makaurau/ Auckland's neighbourhoods ARPHS works to control the spread of infectious diseases, monitors water and air quality and promotes safe environments. We also support changes to Tāmaki Makaurau/Auckland's neighbourhoods, so people can eat well, be physically active and safe, and avoid harm from alcohol and tobacco.

It will take everyone working together to make the changes we want to see across Tāmaki Makaurau/Auckland. Together we can explore how our neighbourhoods can find solutions to move away from too many fast food outlets and fast food adverts, too many cars and barriers to walking or biking within suburbs and neighbourhoods, encouraging us to be out and connecting with our whanau, neighbours, the wider community and the whenua/place that we live in.

Healthy Puketāpapa is an opportunity to shape local neighbourhoods. I hope that you get involved in the projects whether you are an agency, community group or resident and help shape Puketāpapa for the future so that everyone has the opportunity to be healthy and well.

1 Introduction

Why a focus on health and wellbeing in Puketāpapa?

Key messages

- To create a built and lived environment that supports and encourages healthy behaviours
- To address the drivers of social disadvantage, so everyone has a fair opportunity to reach their full health potential
- This is a long-term commitment.

Being healthy and well is more than being free from disease. It is often thought that factors such as genetics and access to and use of health care services determine a person's health. While these are important factors, the greatest impact on a person's health and wellbeing encompasses all aspects of a person's life and the environmental or living conditions in which a person is born, grows, lives, works, plays and ages.¹

For individuals and whānau health and wellbeing can be described as

Toiora / Healthy Lifestyles. A balance of physical health, spiritual health, family health and mental health.

Te Oranga / Participation in society. The inclusion of people to contribute in society, access to good health services or job opportunities or recreation. To build the connections that helps us to belong.

Waiora / Physical environment. The positive and negative impacts on people's health and wellbeing as shaped by where we live, learn, work and play.

Mauriora/ Cultural Identity. The security and knowledge that our identities are valued is a critical foundation for good health and wellbeing.

To enable this holistic view of health and wellbeing Ngā Manukura (community leadership) and Te Mana Whakahaere (autonomy) must be in place so that communities, whanau and individuals can take control of their health and wellbeing.

Local authorities, communities and local organisations can create a built and lived environment that supports and encourages healthy behaviours eg use of public transport or enjoyment of the green open spaces for recreation. Action at the local level increases interactions between people in the community enhancing our wellbeing.

We know that people's living conditions are not always equal and can lead to poorer health and wellbeing outcomes for some. These inequities are often social and economic disparities, to improve the health and wellbeing of the community, we need to address the drivers of social disadvantage, so everyone has a fair opportunity to reach their full potential.

Changing demographics, economic shifts, environmental impacts, shifting community and social expectations and growth in technology will affect us all. Understanding these changes and improving the health and wellbeing of our community is everyone's business. We all have a crucial role in creating environments that support everyone's health and wellbeing.

Initiated by the Puketāpapa Local Board², Healthy Puketāpapa has been developed to enable Puketāpapa communities and organisations to create a community with a sense of wellbeing, that feels happy, healthy, connected and safe. Healthy Puketāpapa: A Strategic Health and Wellbeing Framework outlines the delivery of five health and wellbeing priorities. Developed as a collaboration, the ownership and delivery of Healthy Puketāpapa will be through a coalition of community and providers. Healthy Puketāpapa is intended to be a tool that challenges our community, organisations, services and businesses to improve health and wellbeing at the local level.

2 The Bigger Picture

2.1 Global Health and Wellbeing

In 2015 the United Nations General Assembly set 17 Sustainable Development Goals (SDGs) to be achieved by 2030. These were an urgent call for action by all countries to end poverty and other deprivations through strategies that improve health and education, reduce inequality, and spur economic growth – all while tackling climate change and working to preserve our oceans and forests.³ **Healthy Puketāpapa has direct alignment with SDG Goal 3 *Ensure healthy lives and promote well-being for all at all ages.***

The Healthy Puketāpapa will work in unison with other Puketāpapa plans including the Puketāpapa Low Carbon Action Plan⁴. Increasingly action on health and wellbeing and action on climate change interact, especially in areas of transport, food and housing.

2.2 Wellbeing in Aotearoa /New Zealand

The Treasury has introduced the Living Standards Framework (LSF)⁵ as a way of measuring and understanding the impact government has on the intergenerational wellbeing of New Zealanders. Consisting of four 'capitals' it has informed the 2019 Budget and encourages cross-government plans and strategies. The four capitals are

Human capital - People's knowledge, physical and mental health that enables them to fully participate in work, study, recreation and society.

Natural capital - All aspects of the natural environment needed to support life and human activity.

Financial and physical capital - The country's physical, intangible and financial assets, which have a direct role in supporting incomes and material living conditions.

Social capital - The social connections, attitudes, norms, and formal rules or institutions that contribute to societal wellbeing.

Two major inquiries relating to health are part of this government's current term of office.

He Ara Oranga – the Mental Health and Addictions Inquiry reported in Nov 2018 followed by Oranga Tāngata, Oranga Whānau, the analysis of Māori submissions, in January 2019.⁶

The Health and Disability System Review is exploring the future of health and disability services with an aim to improve inequities in health outcomes and is due to report March 2020.⁷

Both inquiries have potential to significantly impact on how health and wellbeing is supported in Aotearoa / New Zealand.

Additionally, the Child Poverty Reduction legislation 2018, encourages a Government focus on child poverty reduction specifically, and child wellbeing more generally. A key requirement of the legislation is the creation of New Zealand's first Child and Youth Wellbeing Strategy.⁸ The strategy which is due for release by the end of 2019 has five domains and 16 focus areas these include outcomes for tamariki and young people to be happy and healthy.

Finally, the Local Government (Community Well-being) Amendment Bill⁹, will restore the purpose of local government "*to promote the social, economic, environmental, and cultural well-being of communities*".

2.3 Te Tiriti o Waitangi / Treaty of Waitangi

Giving life to te Tiriti o Waitangi contributes to a more equitable future for Aucklanders and generations to come.

Te Tiriti o Waitangi / Treaty of Waitangi is Aotearoa/New Zealand's founding document. Honouring te Tiriti/the Treaty is recognising the unique and special place of Māori as tāngata whenua and in practice working to Treaty principles and enabling Māori participation and autonomy in decision-making.

Māori are unfairly over-represented and impacted by poor health outcomes.

These have been identified as the result of colonisation and ongoing system and environmental failures as laid out in Wai 2575 - the Health Services and Outcomes Inquiry at the Waitangi Tribunal. Stage one reported 2 July that the primary care system has failed Māori and that Māori health inequities are persistent and unacceptable.¹⁰

Māori have their own understanding of intergenerational wellbeing that draws on cultural values, beliefs, social norms and indigenous knowledge. Healthy Puketāpapa acknowledges its commitments to Te Tiriti o Waitangi, Te Ao Māori and a whānau-centred approach to drive Māori wellbeing in Puketāpapa. We aim to develop with Māori, decision making processes that involve mana whenua and matāwaka.

See [Section 3](#) for details on Māori engagement and processes in Healthy Puketāpapa to date.

2.4 Health and Wellbeing in Tāmaki Makaurau/Auckland

Activities undertaken by local government impact on people's health and wellbeing, local government therefore can positively transform the wellbeing of its citizens now and in the future.

The Auckland Plan 2050¹¹ is a long term spatial plan to address high population growth, shared prosperity and environmental degradation. The plan features six outcomes

- Belonging and participation;
- Māori identity and wellbeing;
- Homes and places;
- Transport and access;
- Environment and cultural heritage;
- Opportunity and prosperity.

Healthy Puketāpapa aligns strongly to Outcome 1 Belonging and Participation and its directions and has links to all the other outcomes.

Foster an inclusive Auckland where everyone belongs

Improve health and wellbeing for all Aucklanders by reducing harm and disparities in opportunities

However, **health and wellbeing is directly impacted by our sense of belonging and participation, the support and value of a strong cultural identity and the environment where we live, learn, work, travel and play shapes our opportunities and choices in life. These are called the social determinants of health.**

By working at the local board level through activities that influence these determinants we have an opportunity by working together to positively impact the health and wellbeing of all Puketāpapa residents and address the issues and challenges faced by those most impacted by the differing health outcomes.

2.5 Puketāpapa – A Snapshot

Puketāpapa is Hillsborough, Lynfield, Mt Roskill, Roskill South, Three Kings, Waikowhai and Wesley. Below are some quick stats about the area.^a

People

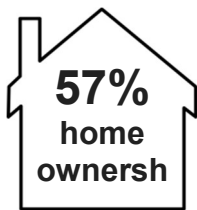


Approximately **60,000 people**
18% less than 15 years old
12% over 65 years old

Puketāpapa is one of the most ethnically diverse in Auckland with half born overseas, and nearly 70% of residents from non-European heritage.

13 mana whenua have interest in Puketāpapa

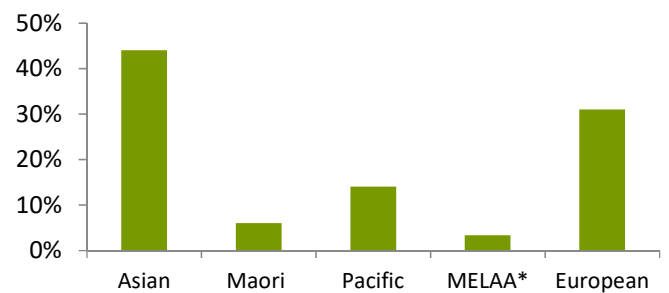
Economic



Median Household Income
Puketāpapa \$72,700
 Auckland \$76,500

57% home ownersh

Figure 1 Puketāpapa population by ethnicity



*MELAA - Middle Eastern, Latin American and African peoples

36% of tamariki aged 0-14yrs live in poverty in Puketāpapa^a. Auckland is



Environment



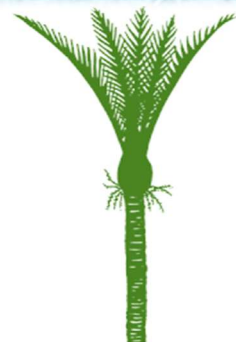
92% of tamariki can walk to school in 15mins
62% of residents can walk to a large park in 10mins,
52% to a small park in 5 mins

Te Auaunga/Oakley Creek is our awa and connects Puketāpapa to our neighbouring boards of Whau and Albert-Eden.



23 schools from Decile 1 to 8

2 volcanic maunga
Over 100 parks
 2 recreation centres
 1 library
 1 swimming pool



^a Note Statistics are based on the 2013 NZ Census. Census 2018 data is due for release from September 2019. A base indicator report will be produced when data becomes available.

Tāmaki Makaurau/Auckland is one of the most diverse cities in the world and **Puketāpapa**, which has welcomed over decades migrants from across the globe, **is one of Auckland's most ethnically diverse communities**. This diversity is a strength for the area.

Embracing our diversity starts with acknowledging the original culture of Māori as mana whenua. Their ancestry lies within Tāmaki Makaurau / Auckland and the recognition of their role as kaitiaki (guardian) and manākitanga provided to matawāka and tau iwi of Puketāpapa. Generations of families have grown in Puketāpapa and there is a sense of pride of coming from this part of Tāmaki Makaurau. Supporting everyone to create roots and a sense of belonging creates wellbeing and resilience in our communities.

Puketāpapa is changing, with many neighbourhoods experiencing intensification. Around 10,000 new homes will be built over the next 10-15 years, bringing much needed warm, dry homes; however, living with change puts extra strain on individuals, whanau and communities. Our wellbeing is vulnerable during times of change and supporting those communities going through transition to maintain their wellbeing and to build strong, proud new communities that value established families and welcomes new people to the area is a theme of this plan.

Across Puketāpapa we have significant differences in socio-economic status and we see this in the health and wellbeing of our residents. **The Healthy Puketāpapa will therefore deliver on a mix of actions where everyone across the board will benefit and targeted activities that work with those most impacted by health and wellbeing challenges.**

Working across generations means giving thought to addressing our aging population and **providing the best start for children as we know that early investment in a person's life leads to greater the returns to society¹²** and how we create actions that benefit across the generations. One approach is to be child-centred as this often creates benefits across society eg addressing road safety, accessible and welcoming rest areas, initiatives that can benefit everyone.

To address the needs of our population we will use equity review to consider how our actions will impact on different community groups with specific focus on those most impacted by specific poor health and wellbeing outcomes.

Puketāpapa residents and organisations have been active in promoting health and wellbeing for several years. Some of the initiatives, strategies and plans that are contributing to Puketāpapa's health and wellbeing include

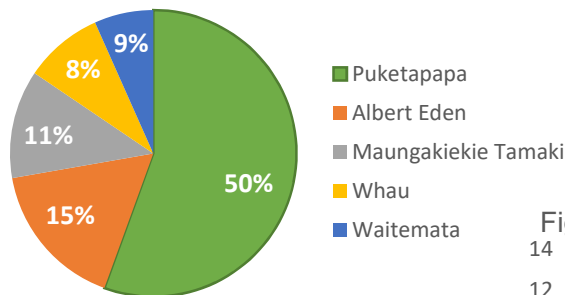
- Puketāpapa Open Space Network Plan/Out and About Programme
- Puketāpapa Greenways Plan
- Puketāpapa Low Carbon Action Plan
- Puketāpapa Children's Panel

...as well as initiatives from ADHB, Enviro-schools, Health Promoting Schools, ProCare, Roskill Together, Sport Auckland, TANI and other Healthy Puketāpapa organisations and communities.

3 Health and wellbeing in Puketāpapa: An overview

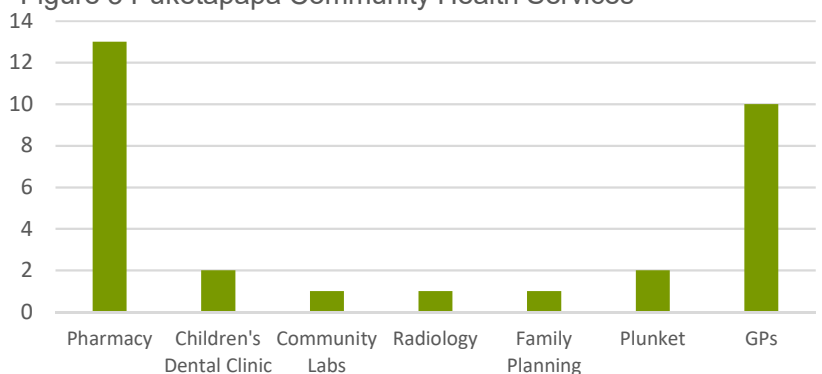
In Puketāpapa **88%** of people are **enrolled with a GP** or family doctor. The figure below demonstrates that people will travel to be with their doctor of choice.^{13/14}

Figure 2 Puketāpapa resident's GP location



The board area has the following community health services. Access can vary depending on transport options within the area.

Figure 3 Puketāpapa Community Health Services



75% of Puketāpapa residents rate their **quality of life** as good, very or extremely **good**. Auckland region was 82%^{15/11}

Puketāpapa Life Expectancy



19% of Puketāpapa residents live with **disability**¹⁶

10% of Puketāpapa residents are living with **diabetes**¹⁷

14% of Puketāpapa residents are **smokers**

427 admissions in 2018 to emergency departments involved alcohol (Puketāpapa residents)



20% of Puketāpapa homes are over-crowded^{18 b}

85% of residents are in **walking distance to 3 or more shops** but Puketāpapa is only scores 37/100 for **walkability**¹⁹



On average Puketāpapa schools have 7 fast food outlets with a 10min walk.¹⁶

^b The Canadian National Occupancy Standard¹⁸ uses five criteria to determine overcrowding based on the ratio of number of bedrooms per number and age of household residents

3.1 Healthy Puketāpapa: Planning and implementation lifecycle

The Healthy Puketāpapa Action Plan has a three-year life cycle. Review and recommendations for the next stages of the plan will be part of the 2020/21 financial year.

2018/19	Planning, consultation, development of the Strategic Framework and Action Plan
2019/20	Implementation of priority projects, consolidation of the coalition and Health Puketāpapa structures
2020/21	Continued implementation of projects. Evaluation, review and recommendations for the development of Healthy Puketāpapa

3.2 Developing the plan

Consultation

Community and topic expert consultations were held April-May 2019. This process included

- Two community hui
- Puketāpapa Local Board representatives workshop
- One-to-one interviews with topic and community organisations
- Online Local Board and People Panel's surveys
- Review of Puketāpapa Children's Panel[°]
- Health outcomes data review
- Seniors age friendly city hui results

The results from the consultation were presented to a co-creation group comprising of community and topic expertise. The group workshopped the findings of the consultation to theme and created the Healthy Puketāpapa framework and action plan elements.

Equity Review

The plan's proposed actions were put through an equity review²⁰ to determine where and how to target activities to address the needs of those most impacted by poor health and wellbeing outcomes. The equity review also identified any unforeseen consequences that may be beneficial or harmful. The action plan was amended to address the findings of the equity review.

[°] Puketāpapa Children's Panel involved 89 tamariki participated from 8 Puketāpapa primary and intermediate schools

Feedback/consultation on draft plan

Feedback on the draft framework and action plan was invited from

- The co-creation group members
- One-to-ones Interviewees
- The final draft was circulated to specialist advisors including public health and Auckland Council's Te Waka Anga Mua
- Puketāpapa Local Board representatives were updated on the progress of the plan through a series of workshops
- The draft plan was displayed for residents at the Roskill South HLC open day.

3.3 Māori engagement and perspectives

We'd like to acknowledge the support and challenges provided by the Specialist Advisor Māori Responsiveness (CEU) and Te Waka Anga Mua within Auckland Council.

Ngā mihi ki Te Ha Oranga for their review and feedback on the development process and direction of the action plan, and Hapai te Hauora for their participation in the consultation process. We look forward to developing our relationship during the implementation of Healthy Puketāpapa.

Finally, nga mihi nui to the community members who have contributed their te ao māori voice to the consultation process.

Te Pae Mahutonga (Appendix 5) has informed Healthy Puketāpapa development, consultations and equity analysis and will continue to be the health and wellbeing model that will inform delivery and review of the plan.

As we move into implementation Healthy Puketāpapa is committed to building processes, structures and relationships with mana whenua and mata waka to ensure Ngā Manukura (community leadership) and Te Mana Whakahaere (autonomy) are at the heart of the plan. See Appendix 2 for the Healthy Puketāpapa implementation framework. We acknowledge that we are at the start of this journey and that trusting relationships take time and effort.

3.4 Community leadership and empowerment

Healthy Puketāpapa will be implemented through a coalition of community and agencies. The coalition **Healthy Puketāpapa Together** will build on existing community networks ensuring that consideration to community and NGO capacity is addressed.

It is proposed that Healthy Puketāpapa Together will have the ability to

- Set priorities for delivery
- Allocate small grants (when available) to kick start neighbourhood projects
- Come together to discuss and workshops ideas and issues
- Co-design and develop projects and actions
- Create opportunities to network and share information and ideas

We believe that the best results for communities are achieved when all stakeholders are enabled and empowered to work together. For this to be a reality we are also committed to identify ways to grow the capability within communities, so they have the skills and resources to achieve the things that are important to them

An empowered community is one where individuals, whanau and communities have the power and ability to influence decisions, take action and make change happen in their lives and communities. This includes communities of place, interest and identity. This is the aspiration for the Healthy Puketāpapa Together coalition.

4 Priorities for health and wellbeing in Puketāpapa

4.1 Wai (water) is the first and easiest choice of drink

Water is precious, essential to life and our wellbeing. Water is natural. Water links us to the whenua and the environment around us and how we care for it. By making water the first drink of choice where we live, learn, work and play and promoting water as the best option for our tamariki (children) and communities, we are taking action on obesity, poor oral health and their impact on our health and wellbeing.

- Sugary drinks are high in calories with little nutritional benefits
- New Zealanders are among the largest consumers of sugar in the world
- Our tamariki's teeth are rotting, with Pacific and Māori tamariki the worst

Sugary drinks are high in calories with little nutritional benefit, they include fizzy drinks, energy drinks, flavoured waters, fruit drinks and juices, cordials and sports drinks. Drinking too much of them can damage teeth and have strong links with obesity, type-2 diabetes, rotten teeth, gout and other risk factors for heart disease and premature death.

New Zealanders are among the largest consumers of sugar in the world, on average drink about 84.2 Litres per person per year.²¹ Sugary drinks contribute more sugar to diet than any other single type of food or drink.

Our tamariki are exposed to junk food marketing on average 27 times per day and sugary drinks account for nine of these, they are the most frequently seen junk food marketing.²²

Our tamariki's teeth are rotting, being removed or filled because of sugar in our diet and drink. Sugar impacts our tamariki living in the poorest areas and Pacific and Māori tamariki the most. We know if we reduce sugar in our diets it reduces damage to teeth in tamariki.¹⁶

In 2016, tamariki living in the poorest areas of Tāmaki Makaurau/ Auckland were 22% less likely than those in the wealthiest areas to have healthy teeth and gums.¹⁶ By changing the environment around whānau and tamariki, whether this is the home, school, community or neighbourhood by promoting easy access to tap water, **we are aiming to replace sugary drinks with wai as the first and easiest choice.**

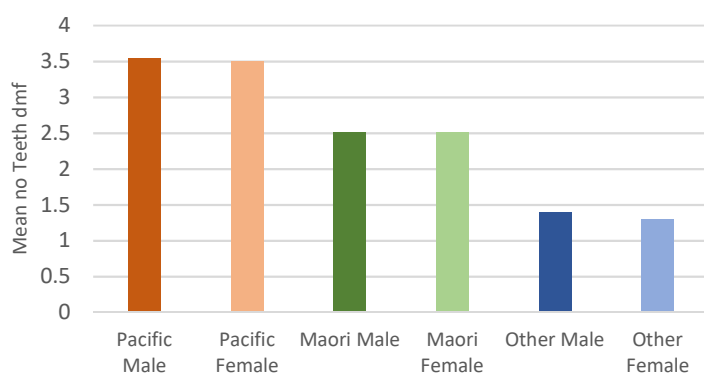


Figure 4: 5-year-olds: decayed, missing or filled (dmf) teeth in Auckland (2016)²³

4.2 Access to healthy kai (food) for all

What is a vision for a healthy food environment where we live, learn, work and play? A Puketāpapa that promotes and attracts healthy food retailers; an environment that supports local producers, builds local healthy food enterprises that offer employment opportunities. An environment where community gardens and edible urban forests are easy to access, where healthy food is front and centre at our celebrations. Our food waste is donated, recycled and sustainably managed. Imagine our communities, and neighbourhoods built on a culture that ensures everyone has access to safe, affordable food. Imagine healthy eating being the easy choice.

- When we don't have access to healthy food the health risks are serious
- Healthy choices are not always easily accessible
- Unhealthy food is now prolific in our environment
- Almost half of Māori and two thirds of Pacific adults are obese
- Indian men are at serious risk of heart disease and diabetes

When we don't have access to healthy food the health risks are serious. There is increased risk of chronic diseases such as type-2 diabetes, stroke, and heart disease.

However, healthy choices are not always easily accessible. Healthier foods are often more expensive or take longer to prepare. In contrast, less nutritious heavily processed foods are carefully formulated to appeal to our tastes and are cheap and convenient. People with limited resources often select food high in energy but low in nutrients to satisfy their hunger.²⁴

Māori, Pacific and lower socio-economic communities face significant challenges. Almost half of Māori, and two thirds of Pacific adults are obese, and Indian men at increased risk of having heart disease and diabetes. For children, one in four Pacific and one in five Māori tamariki are obese.¹⁶

Figure 4 demonstrates how fruit and vegetable consumption reduces as populations become

less wealthy. Healthy Auckland Together a Tamaki Makaurau obesity prevention programme has reported that the proportion of fast-food outlets compared to grocery stores increases in more deprived neighbourhoods.¹⁶

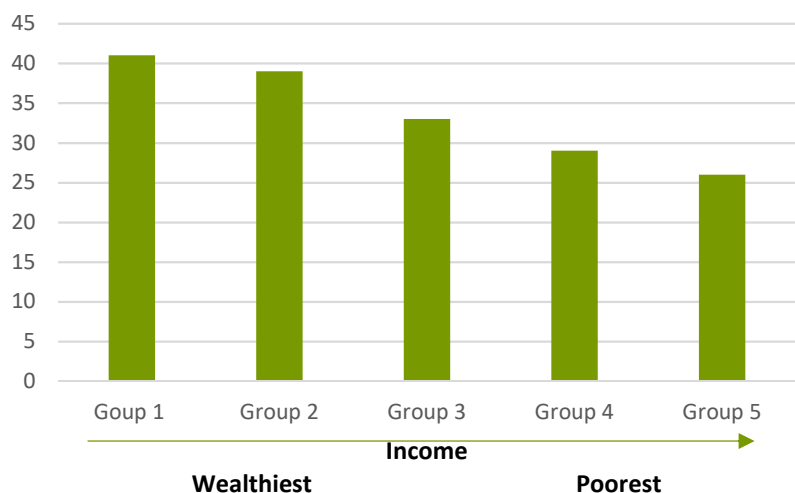


Figure 4 Percentage of Auckland Adults Meeting Fruit & Veg Guidelines by Income Group (2014-17)^d

^d Each group is 20% of the population. Graph 4 splits the population by income, Group 1 being the wealthiest and Quintile 5 the poorest

Our local food environments have changed. Unhealthy food is now prolific. The density and proximity of stores selling unhealthy food is highest around secondary schools, low decile schools and those in densely populated and commercial areas.²⁵ Tamariki are constantly exposed to marketing seeing approximately 27 junk food ads or branding (including sports sponsorship) per day compared to 12 for healthy foods.¹⁸

Across different ethnicities living in the Auckland District Health Board (ADHB), the DHB that serves Puketāpapa, the top reason of preventable deaths (conditions that can be a result of lifestyle or environment factors) are - coronary heart, cardiovascular and cerebral vascular disease, all of these are associated with diet.

Table 1: Preventable Adult Mortality (ADHB)

Ethnicity	Top Preventable Adult Mortality Condition
European	Cerebral Vascular
Māori	Coronary Heart Disease
Pacific peoples	Coronary Heart Disease
South Asian	Cardio Vascular Disease
Chinese	Cardio Vascular Disease
Asian other	Cardio Vascular Disease
Middle Eastern	Coronary Heart Disease
Latin American	Coronary Heart Disease
African	Coronary Heart Disease

When Cardio Vascular (CVD) rates are looked at in detail (Figure 5) we can see that the disease impacts across ethnicities differently, with South Asian men show the highest rate of CVD. This is especially important in Puketāpapa where our adult population comprises of South Asian (26%), Pacific (15%) and Māori (6%).

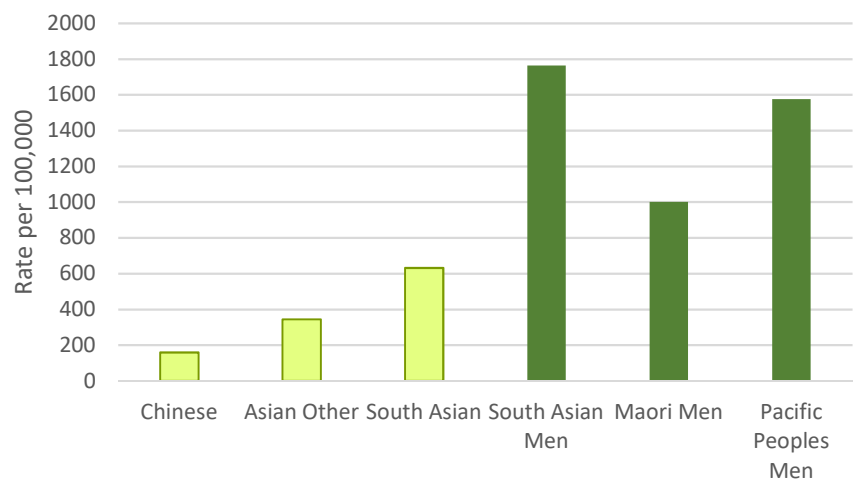
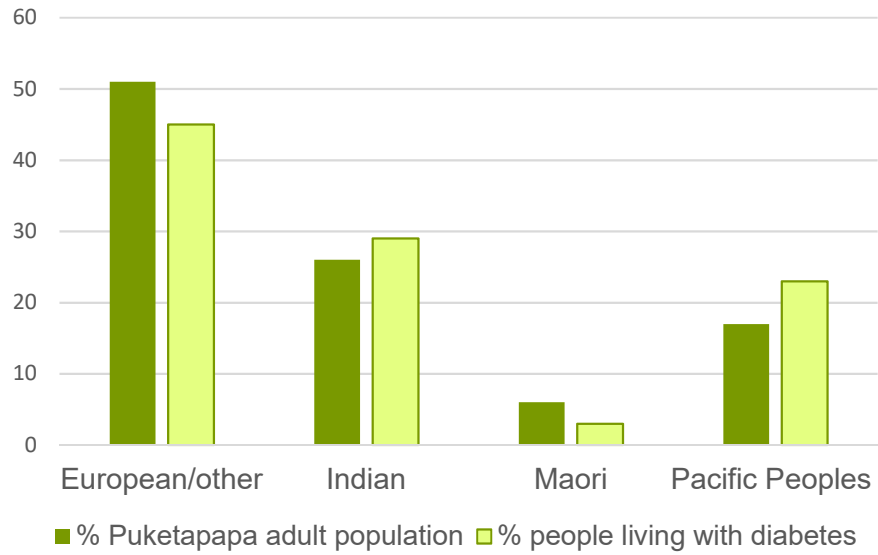


Figure 5: CVD Prevalence rates (per 100,000) by ethnicity and male gender

Overall in Puketāpapa 10% of people are living with type-2 diabetes. However Pacific Peoples and Indian communities have a greater prevalence of type-2 diabetes compared to their community size.

Figure 6: Diabetes in Puketāpapa



Source: National Diabetes Registration Database as at May 2019

4.3 Encourage movement

Everyone has a part to play in making physical activity a daily norm and in creating environments that make it easy. We want neighbourhoods that invite residents to walk, enjoy the parks and stroll to town centres and shops. A Puketāpapa where family time, for all the generations, means moving together and playing together because it is fun, accessible and affordable. More use of public or active transport like walking or cycling to work means less cars and improved air quality as well as safer roads for us all.

Being physically active helps tamariki to develop and grow well and for adults and older people, physical activity reduces the risk of heart disease, diabetes, obesity, stroke, depression, some cancers, and falls.

- **Open spaces support physical and mental wellbeing and a connection to our environment**
- **Māori and Pacific men are the most physically active in our communities**
- **Puketāpapa gets a low score of 37/100 for walkability**
- **At the last census 79% of residents drove to work**
- **Daily use of the Southern-western cycle path increased by nearly 25% in a year 16-17; good infrastructure gets used**

Open spaces provide something for everyone in Puketāpapa. Not just lovely to look at, they support physical and mental wellbeing and a connection to our environment, whether busy Saturday morning sports or quiet contemplation spots for relaxing or a chance to connect with family and friends.

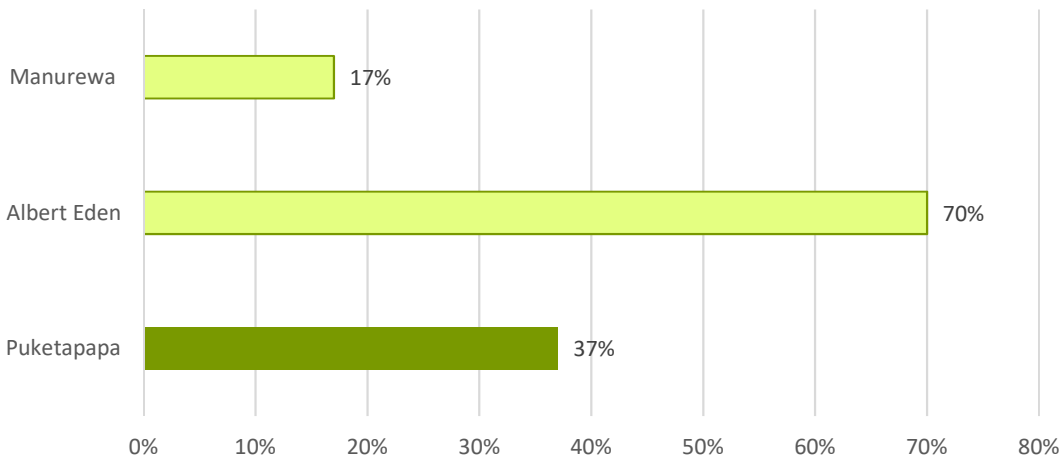
Puketāpapa has over 100 parks ranging from end of street domains to large parks like Keith Hay Park that host many facilities. These bigger parks form significant part of our greenways-pedestrian and bike routes that encourage residents to ditch the car and move easily around the area. 62% of residents are within 15mins walk of a large park.

In Tāmaki Makaurau, Māori (57%) and Pacific (50%) men are the most active^e. Asian men are significantly less active (42%). However, women are less likely than men across all the different ethnic groups to meet physical activity guidelines.¹⁶

^e Adults activity guidelines recommend at least 2½ hours of moderate or 1¼ hours of vigorous physical activity over the week

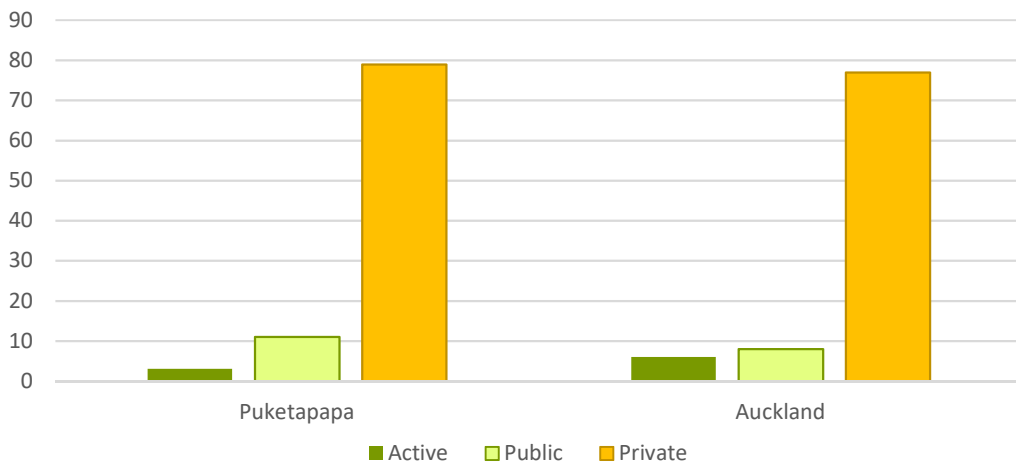
The Walkable Access to Destination Index (WADE Index) measures how close Auckland’s population is to a range of services and destinations from their home. The more destinations in walking range, the higher the walkability scores. Conversely, an area with fewer destinations, hilly terrain and, or poor road/footpath connectivity (e.g. dead-end streets) the lower the walkability scores. The final score is made up of all the indicators in the index and has a range of 0-100. A score of 80/100 is moderately walkable. Puketāpapa has a low score of 37/100.¹⁵

Figure 7 Walkability



Of the central urban boards, outside the CBD, the most walkable is Albert Eden (70%) and the least Manurewa (17%), Puketāpapa’s poor score is likely to be a combination of lower access to local services in parts of the board area and our hills and how streets interconnect. This impacts on ability for Puketāpapa residents to use cycling and walking as options for transport.

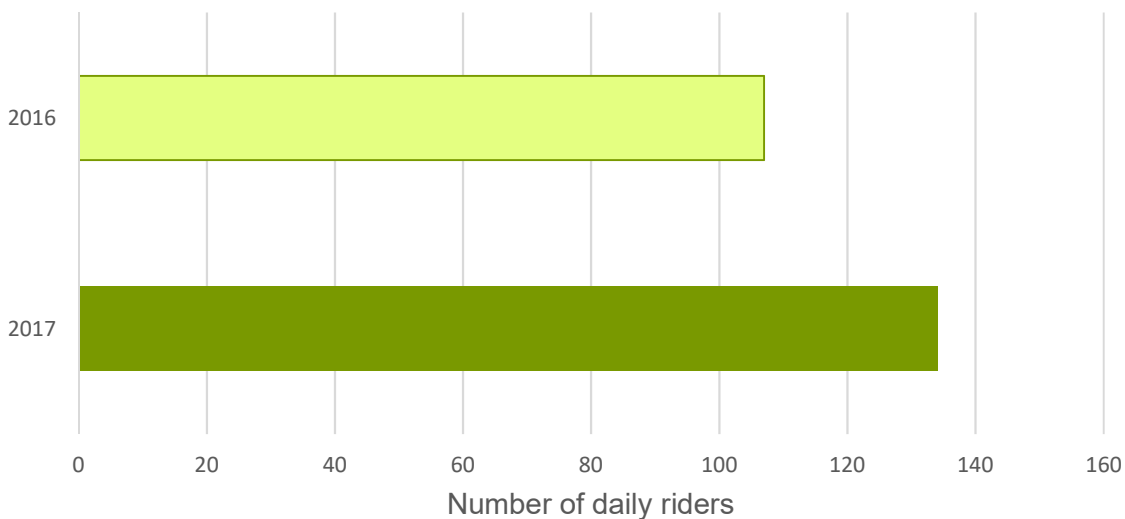
Figure 8 Puketāpapa adult daily commute mode %¹¹



In Auckland-wide 45% of tamariki (under 18) used active transport (walking, cycling etc) to get to school, with girls across different ethnicities are less likely than boys to use active transport and Asian tamariki are the least likely to walk or cycle to school. In Puketāpapa 92% of schools are within a 15-minute walk, a significant number of our schools are Travelwise schools this provides a good infrastructure to build a culture of active transport with Puketāpapa students.

Since the 2013 Census there has been significant work in Puketāpapa with Auckland Transport to grow the use of public and active transport. The Puketāpapa Health and Wellbeing Baseline monitoring report will include 2018 Census data on how Puketāpapa residents commute to work and school.

Figure 9 South Western shared path Mt Roskill daily riders¹⁶



Daily cyclist numbers on the Southern-western shared path in Mt Roskill has increased by nearly 25% from 2016 to 2017 and as the safe cycle routes grow and connect, daily use should continue to rise around the area. This demonstrates making changes to the environment through infrastructure encourages active and public transport use.

4.4 Improving access to healthy housing

A home is much more than a roof over someone's head. A warm, dry home can be the foundation of a family. It builds stability and stronger families this means healthier tamariki and seniors.

Research shows strong links between housing, physical and mental health, educational achievements and lower crime rates. A warm dry home also contributes to society through less days off school and work and reduced hospital admissions.

- A warm, dry home is the foundation of a family
- There are strong links between unhealthy homes and increased risk of serious and avoidable illnesses or impacted by poor mental health
- 41% of Puketāpapa neighbourhoods experience housing deprivation
- 59% of residents rent in Puketāpapa and this is rising
- Rental properties are in poorer condition than owner-occupied
- Pacific, African, Māori and Indian populations are disproportionately living in overcrowded conditions

People who live in unhealthy homes have increased risk of contracting a range of serious and avoidable illnesses such as meningitis, rheumatic fever and pneumonia, and exacerbate conditions like eczema and asthma. Unhealthy homes also heighten the risk of physical injury and can lead to depression and other forms of mental illness.

Those who are affected, are often hospitalised and treated but they return home to the same conditions that caused the illness. The most vulnerable people, particularly tamariki and older people, are among those who experience the worst effects of inadequate housing.

At the 2013 census nearly 60% of residents rented in Puketāpapa, this data, in the 2018 census, is expected to show growth in renting.¹¹

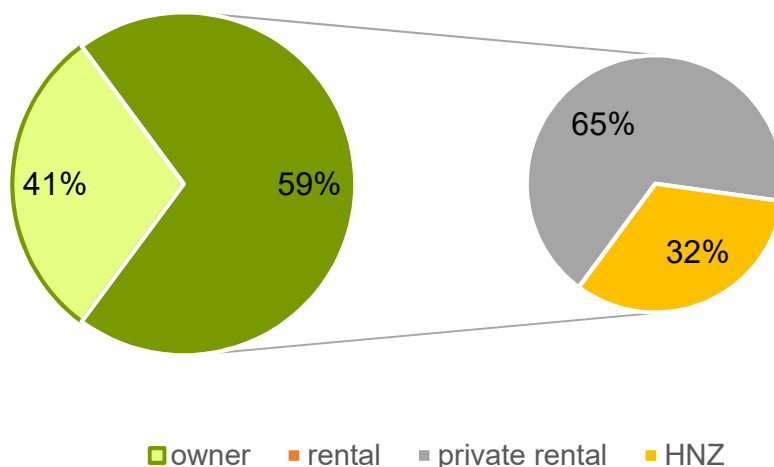


Figure 10 Puketāpapa Housing Tenure (2013 Census)

A housing quality report from BRANZ²⁶ demonstrates that rental properties are in poorer condition than owner-occupied. As of 1 July 2019, there is a minimum standard for insulation in rental properties.

The University of Auckland’s Multi Index of Deprivation²⁷ determines housing deprivation as number of people in a rented household combined with number of people in overcrowded households.

In Puketāpapa of the neighbourhoods reviewed using the index 41% were classed as most deprived in the country. These neighbourhoods included Waikowhai, Walmsley, Wesley and Roskill South with a part of Waikowhai ranking 30th worst in New Zealand.^f

These areas of Puketāpapa are experiencing significant change as intensification shapes the housing stock over the next 10 years. This change means families experiencing deprivation are living with instability and the wellbeing challenges this brings.

Poverty plays a large role in being able to maintain a warm, dry home. The health risks, discussed above, are often exacerbated by the fact that people who live in unhealthy homes are more likely to have to make trade-offs between housing costs and decent food, heating, and other necessities of life.

Overcrowding in homes is also associated with poverty. Overcrowding like housing quality can have impact on health and wellbeing, impacting on physical, emotional, mental health and family relationships.

Figure 11 Auckland Over or Severely Overcrowded by Ethnicity (% of households)

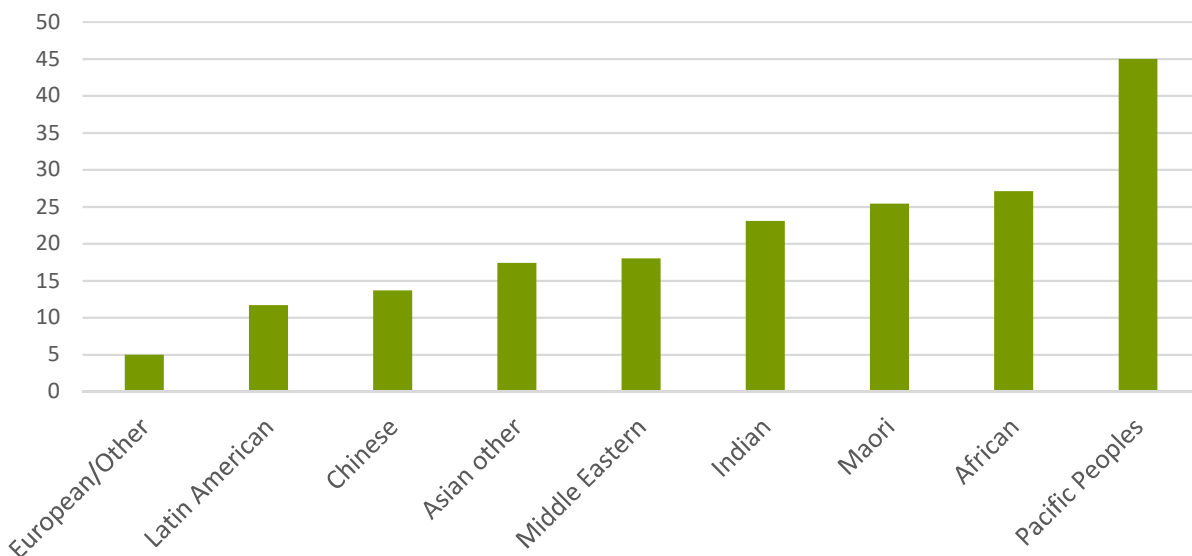


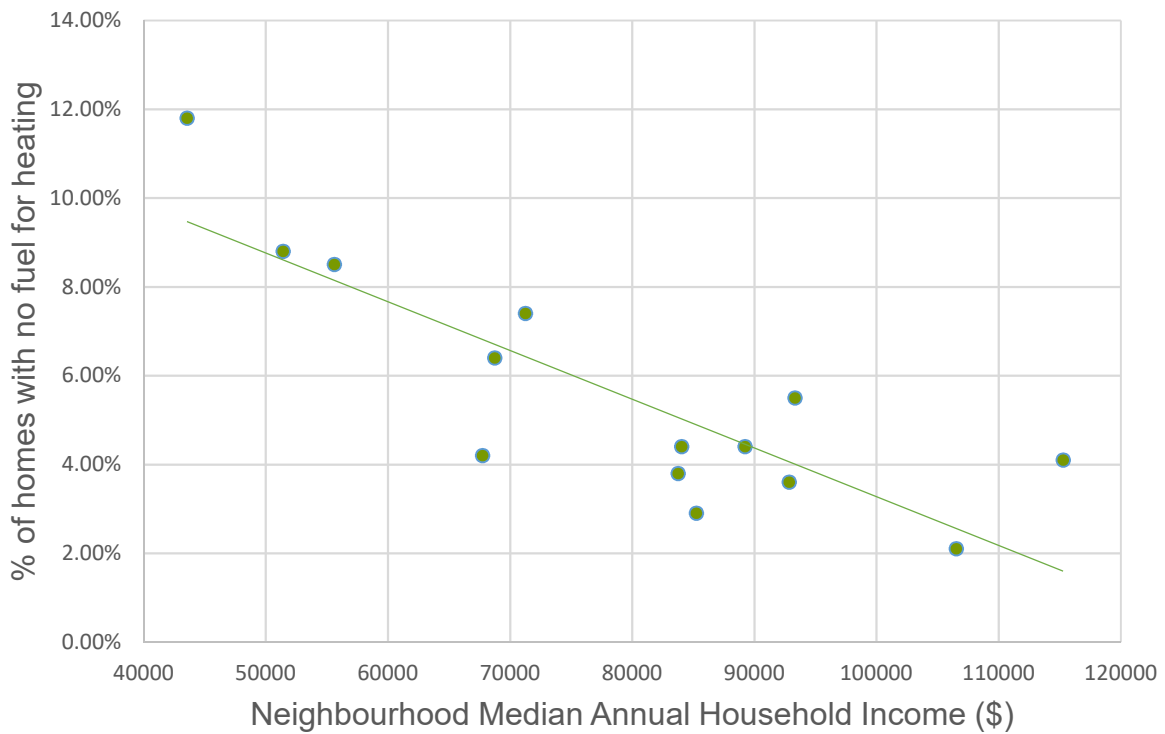
Figure 11 demonstrates the populations most impacted by overcrowding in Auckland. Puketāpapa at the last census was the 5th most overcrowded local board with approximately 20% of homes over or severely overcrowded, this is not distributed evenly across different ethnicities.

^f The Multi index of deprivation splits New Zealand into 5958 neighbourhoods

Puketāpapa has significant Pacific, African, Māori and Indian populations who will be living in overcrowded conditions. Lack of fit for purpose housing is one of the reasons for intensification in Puketāpapa.

Figure 12 demonstrates that there is a link between household income and use of fuel to warm a home. The Census Area Units (CAU) or neighbourhoods across Puketāpapa are ranked from poorest to wealthiest.

Figure 12 Puketāpapa homes without fuel for heating (by neighbourhood household income)¹¹



We know that a partnership between landlords and tenants is required to ensure that everyone has access to warm dry homes, and this is included in the Healthy Puketāpapa Health and Wellbeing Action Plan in the healthy homes priority area.

4.5 Less use of harmful substances

Alcohol, tobacco and other drug related harms are major contributors to the differences in health and wellbeing experienced by our communities. The poor health inflicted by harmful substances impacts on individuals, whānau, communities and neighbourhoods.

By working together, we can influence and change how these harmful substances impact on our society and environment. Our connection to where we live and those around us build resilience, and actions that strengthen the feeling that everyone is valued and belongs builds our mental wellbeing which has a strong association with reducing the use of harmful substances.

- Alcohol is our most accessible harmful substance, it is a causal factor in over 200 diseases including 7 cancers
- Puketāpapa residents account for approximately 10% of ED admissions involving alcohol
- 31% of Māori adults and 20% of Pacific Peoples smoke
- 44 percent of New Zealanders will try an illicit drug in their lifetime

The National Drug Policy 2015 – 2020²⁸ aims to minimise alcohol and other drug (AoD) related harm and promote and protect health and wellbeing for all New Zealanders. The Policy has three broad strategies:

- Reduce harm that is already occurring to those who use AoD or those affected by someone else's AoD use.
- Reduce the desire to use AoD. It includes activities that delay or prevent uptake.
- Prevent or reduce the availability of AoD.

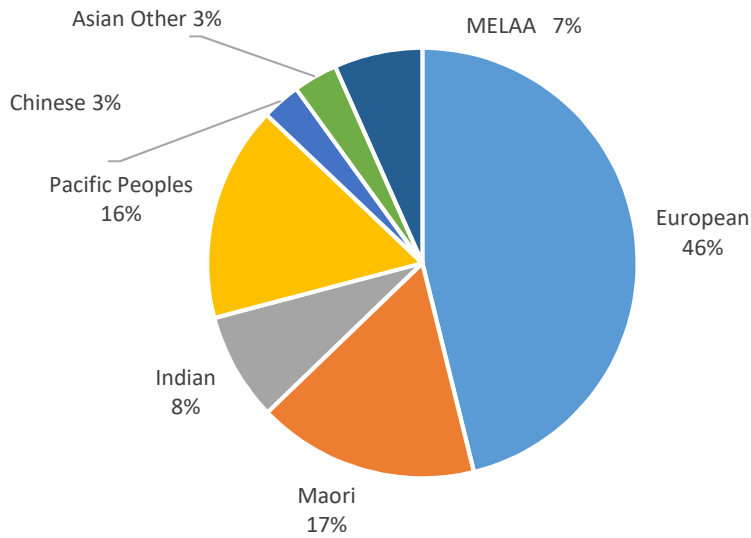
Alcohol

Alcohol is our most accessible harmful substance; it causes cancer and is a causal factor in more than 200 diseases and injury conditions.²⁹ In New Zealand there are between 600 - 1000 deaths each year due to alcohol harm.³⁰

A recent Australian study³¹ ranked substances according to harm, alcohol was ranked the most harmful substance overall, followed by cigarettes, crystal methamphetamine, cannabis, heroin and pharmaceutical opioids

In 2018, 427 Puketāpapa residents were admitted to Auckland's emergency departments for conditions involving alcohol, that is just under 10% of all Emergency Department (ED) admissions for the region (Puketāpapa makes up 4% of the region's population).

Figure 14 Alcohol involved admissions to ED by ethnicity 2018 (Puketāpapa residents)



The majority of admissions came from neighbourhoods; Akarana, Three Kings and Wesley. European, Māori and MELAA communities were over-represented and 26% of admissions were under 25 years.³² As Puketāpapa has a very diverse population, breaking down MELAA and other ethnicity data will be important to determine specific community need.

Premises with licences to sell alcohol were most common in Walsmsley, one of Puketāpapa’s most deprived neighbourhoods (the darkest green shaded area in figure 15).

Walsmsley and Three Kings have the most off licences per 1000 adults in the board area³³.

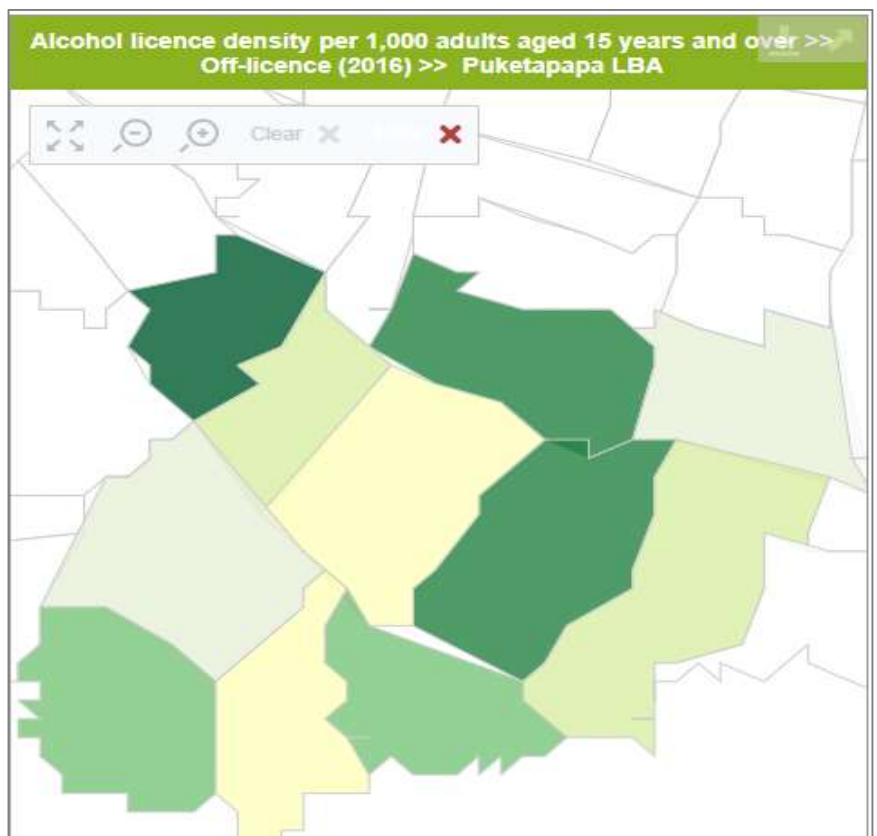


Figure 15 Density of all alcohol licences in Puketāpapa (2016)

Tobacco

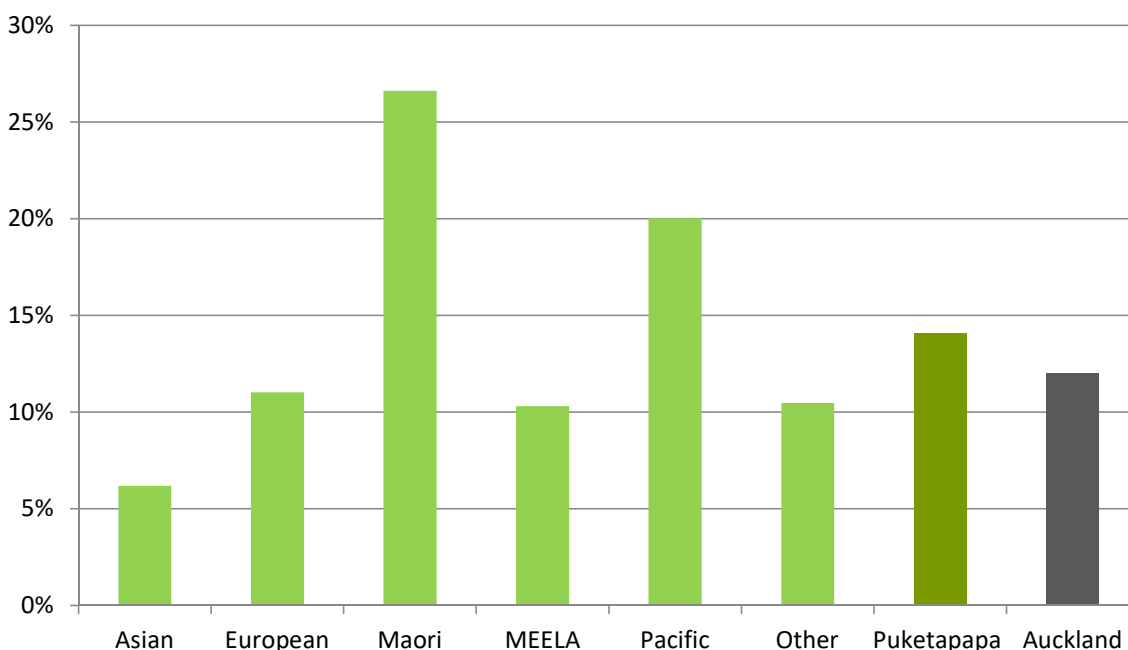
In 2011 the New Zealand Government determined to reduce the horrendous burden of death and disease caused by smoking. They set an ambitious target of being Smokefree by 2025. Three priorities were set that meant services, communities and parliament combined forces to

- protect tamariki from exposure to tobacco marketing and promotion
- reduce the supply of, and demand for tobacco
- provide the best possible support for quitting.

Smoking prevalence rates have dropped to 13% from 25% in 2006/7. An increase in Smokefree public spaces, taxes and a focus on support to quit. However smoking prevalence is not spread equally through our communities with 31% of Māori adults and 20% of Pacific Peoples smoking, worryingly Māori women have the highest smoking rate of 37%. In Puketāpapa our smoking rates reflect the national picture. (figure 16). However, it will be important with Puketāpapa's significant Asian population to breakdown data to the different ethnicities and gender.

New products such as vaping have been introduced as cessation tools, however there is increasing concern of young people initiating use and becoming addicted to nicotine. Further discussion and research is required to determine if this is an issue for Puketāpapa communities.

Figure 16 Puketāpapa Smoking prevalence rates (by ethnicity)¹¹



Drugs

The New Zealand Drug Harm Index 2016³⁴ estimates the social cost of drug-related harms and intervention costs in 2014/15 as NZ\$1.8 billion. The total cost of illicit drug use includes:

- personal harm, including harm on physical health, psychological wellbeing and personal wealth;
- community harm, including the crime attributable to drug use, injury to others, harms to friends and whanau;
- the cost of interventions by agencies attempting to address harms associated with drug misuse and include health, education and law enforcement.

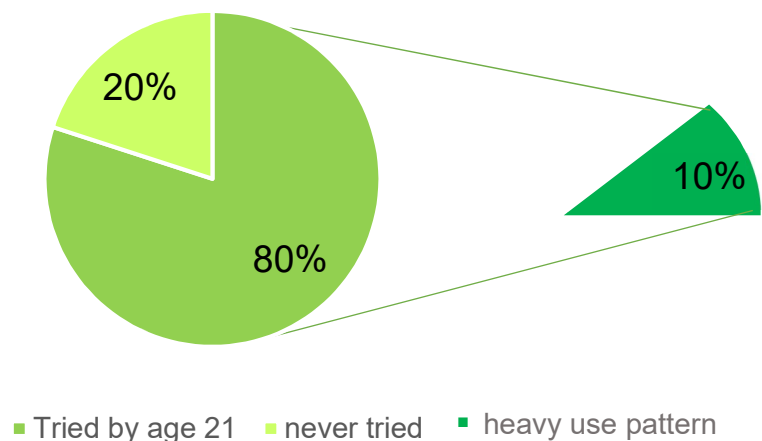
- 1 in 13 New Zealanders over 15 years smoke cannabis at least once a month
- 1 in 37 New Zealanders have used ecstasy in the last year
- 1 in 100 New Zealanders have used amphetamine in the last year

Over their lifetime 44 percent of New Zealanders will try an illicit drug, and by 15 years of age, 16% of New Zealanders will have tried an illicit drug²⁷.

In New Zealand around 12% of the population are estimated to experience a substance use (including alcohol) disorder in their lifetime.³⁵ For people who develop substance abuse or dependence, around 75% will do so by the age of 25.²⁷

Of the 80% of New Zealanders who try cannabis by aged 21, 10% will go on to have a pattern of heavy use.

Figure 16 New Zealanders' Cannabis Use



The recommended approach to minimising harm from alcohol and other drug misuse recognises that alcohol and other drug problems are first and foremost health issues. Harm minimisation encompasses the prevention and reduction of health, social and economic harms experienced by individuals, their families and friends, communities and society from AoD use.

4.6 Future Potential Priorities

During the consultation a number of priorities outside the five priorities came through during analysis. These included -

- Mental health and wellbeing
- Family violence prevention
- Environmental and climate change.

All three of these were very strong themes from the children's panel.

Healthy Puketāpapa, through the use of Te Pae Mahutonga, has woven mental wellbeing through the five priorities and by taking a holistic approach to health and wellbeing, impact on mental health will be part of the plan's implementation.

Increasingly the impact of climate change on the environment and its association with our wellbeing is acknowledged, with particular impacts on our food, transport and water. Healthy Puketāpapa is teaming up with Puketāpapa Low Carbon Action Plan team to deliver a joined-up approach in these areas.

Family violence is a serious issue in Aotearoa/New Zealand, we are 1st for intimate partner violence and 5th for child abuse out of the 31 OECD countries.³⁶ We will continue to review this topic and the communities' perspective during the implementation of the Action Plan and connect to family violence prevention providers when appropriate.

These potential priorities will be explored again as part of the review of the plan in 2020/21.

4.7 How to read the Healthy Puketāpapa documents

Healthy Puketāpapa: A Health and Wellbeing Strategic Framework

Healthy Puketāpapa: A Health and Wellbeing Strategic Framework is headed by the vision of a healthy and well Puketāpapa this destination is signposted to enable implementation to stay on track.

Three signposts have been developed to guide how and where to put our efforts and to help us make decisions during planning and review. These Signpost have been developed based on themes from our consultation and build on community strengths and wishes. See Appendix 4 for more information on the individual signposts.

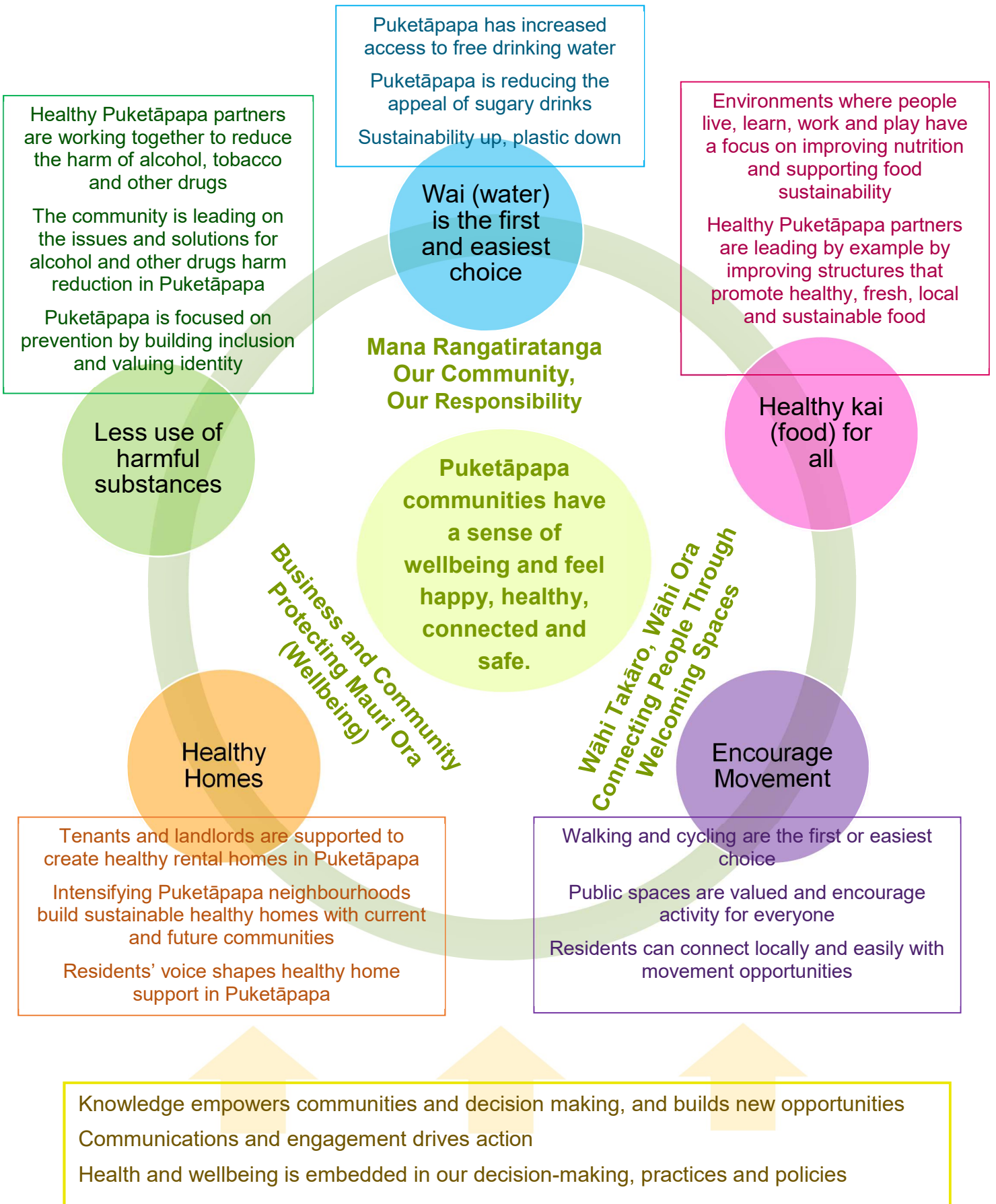
The five priorities are supported by an enabler objective. This enabler objective reflects the work that needs to be done across the five priorities to achieve the Healthy Puketāpapa vision. It builds structure and processes into the framework and action plan, committing to a process of review, evaluation and sharing successes and lessons learnt.

Healthy Puketāpapa: A Health and Wellbeing Action Plan (Appendix 1)

The five Priorities are detailed with their high-level objectives – what we want to achieve in each of the priority areas and the relevant actions that contribute to that objective with proposed leads.

Healthy Puketāpapa: A Health and Wellbeing Action Plan also details a proposed implementation framework. Highlighting the role of a community and agency coalition in deciding priorities and implementing the actions within the Action Plan.

5 Healthy Puketāpapa: A Health and Wellbeing Strategic Framework



6 Appendices

Appendix 1: Healthy Puketapapa Health and Wellbeing Action Plan

Appendix 2 Implementation Framework

Appendix 3 Delivery Timeframes

Appendix 4 Healthy Puketāpapa Signposts

Appendix 5 Te Pae Mahutonga

Appendix 6 Glossary and Acronyms

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