



## **Bay of Plenty District Health Board Position Paper for SmartGrowth July 2016**

---

### **1. Purpose**

To present the position of the Bay of Plenty District Health Board when considering accommodating growth within the Western Bay of Plenty sub-region.

### **2. Recommendations**

We recommend SmartGrowth consider the following in the Settlement Pattern Review:

Work collectively with BOPDHB, the community and across traditional boundaries to:

1. Create healthy urban environments that promote health and well-being for all so everyone has a fair chance of being healthy;
2. Understand the barriers and constraints involved in creating healthy urban environments and to co-create solutions;
3. Ensure that the right mix of social infrastructure including health and social care services is planned for in the growth areas by involving BOPDHB early in the planning stages e.g. at the structure-planning stage rather than after plans have been approved.
4. Provide for a more compact urban form and apply compact city principles to green-field areas.
5. Increase active and public transport options that reduce reliance on cars.
6. Make provision for the workforce who to provide the health and social services to be able to live close to where they work by ensuring there is affordable housing in the growth areas.
7. Consider broadening the measures of success for our community beyond economic growth, to include the fair distribution of health, well-being, environmental and social sustainability as equally important goals.

### **3. Position statements**

Health starts where we live, learn, work and play.

Good health outcomes begin with healthy policies that create healthy environments which support people to adopt healthy behaviours.



Figure 1: Policies to People Continuum<sup>1</sup>

This requires different sectors working together to ensure all people have equal opportunities to achieve the highest level of health. It is the role of the BOPDHB to drive conversations within all sectors to keep good health at the top of everyone's mind.

The fundamental conditions for health and well-being are: shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, equity and peace. These are known as the social determinants of health.

We know that only between 20 to 40% of what determines health and well-being can be attributed to individual lifestyle factors and access to health services.

There is now a growing body of evidence that links the impact of the modern urban environment on the population's health. In particular the impact of transport, housing development and land use planning on our lifestyles and the opportunities we have to achieve health and well-being throughout our lives.

We can and do provide quality health services to help people to get well when they are ill but we do not have direct control over the urban environment because the main areas where action is required are not within our responsibility. But we can work to support, inform and influence the decisions of the agencies that do and co-create the solutions together.

#### **4. Background**

The Bay of Plenty District Health Board (BOPDHB) is the organisation that provides and funds health services across the Bay of Plenty. Our district covers from Waihi Beach in the North West to Whangaparaoa on the East Cape and inland to the Urewera, Kaimai and Mamaku ranges. These boundaries take in the major population centres of Tauranga, Katikati, Te Puke, Whakatāne, Kawerau and Opotiki. BOPDHB is governed by a Board of 11 people, some elected by the community and others appointed by the Minister of Health.

Our funding is based on a population-based funding formula that reflects the population of the district. We serve around 220,000 people. Most of the population lives in the Western Bay of Plenty especially Tauranga, which is experiencing the most growth. In the Eastern Bay the population is static or declining, which presents unique challenges. In 2017, our funding will be based on a 1.3% increase in the population overall. From 2015 to 2016 the population in the Western Bay grew by 2.2%. However, the distribution and mix of services we provide and fund is based on health needs.

Within the BOPDHB district, one in four people in the Bay of Plenty are Maori, one in three are aged under 25 and one in five are over 65. Generally, the Eastern Bay has a high Maori population and is more rural. The Western Bay has a higher number of people aged over 65 and is more urban.

We work to create healthy, thriving communities with a focus on the health of children and young people, older people, Maori and people who are living with long-term health conditions.

We work to make it easier for people and their families and Whanau to live as healthily as they can, to lead independent lives and live in their own homes for as long as possible, and to receive services as close to where they live as possible.

## **5. Health Trends**

1. Like most nations in the developed world, New Zealand is experiencing an unprecedented growth in demand for health care services.
2. The major problems seen by the health sector nationally, and reflected in the Western Bay of Plenty, are growing numbers of people with lung disease, heart disease, obesity, diabetes, mental health disorders, consequences from drug and alcohol addiction including tobacco, dementia and some cancers. These health problems are commonly referred to as long-term conditions because in many cases they are difficult to cure and are slowly progressive. People are living longer with one or more of these health problems. They are more prevalent in older people, Maori and people with low socio-economic status.
3. The modern urban environment has an impact on our health that is greater than the individual choices we make.
4. We see a rise in the number of people with complex health and social care needs. Typically, people who are Maori, people with disabilities, older people, people with mental illness and people with low education have an increased risk of poor health outcomes. If we can remove the barriers to good health, and provide the right care at the right time, for those most in need, people can have an equal chance at health and everyone benefits.
5. Our goal, in line with central government policy, is to support people to age-in-place and to provide care and support in the community close to where people live. In other areas where there are housing pressures we are beginning to see the health and social care workforce unable to live near to where the services are required. Growth areas in the Western BOP should provide sufficient affordable housing to accommodate the workforce closer to where the needs are.

### A few examples

- a) Cold, damp, overcrowded houses result more people, many of them young children aged between zero and four, needing to be hospitalised for respiratory conditions like asthma, and skin infections, which can be prevented.
- b) Nearly half of the injuries in older people result from falls in the community. Designing houses, public spaces and commercial buildings with the needs of older people in mind reduces falls considerably.
- c) Many older people and some younger people with disabilities are forced to move into expensive residential care because their house is no longer suitable for them to live in

following an accident or illness or they can no longer drive. Houses with universal design features that enable people to live in them for life (age-in-place), neighbourhoods that consider the role of place-making, are more compact and reduce reliance on cars are a couple of solutions that can be cost neutral if the right policies and incentives are put in place.

- d) More fast food outlets in an area means that people who live nearby are likely to be, on average, overweight or obese. Actively seeking to control the number and or density of fast food outlets and encouraging more healthy food options will have benefits for the western BOP population.
- e) Transport is a key component of healthy urban planning. We appreciate that addressing transport issues is probably one of the most challenging issues to address as constraining car use can be seen as restricting freedom. However, many people currently do not have access to cars e.g. people with disabilities, children and many older people. Currently Tauranga has some of the oldest drivers in the country and over time, it is expected that many more people will not be able to rely on driving for their daily needs. Providing more viable choice into the transport system will ensure that all population groups can easily make the trips they need to make whether by car or not.

## **6. How can we improve things?**

A new way of working together is needed to design and co-create solutions to complex health and social issues.

It's worth reflecting that around 100 years ago the discipline of urban planning evolved out of a need to improve sanitary conditions to reduce the spread of infectious diseases which were the major health problems of the day. The collaboration between health and urban planners resulted in the things we now take for granted such as clean water supply, sewerage and rubbish disposal. In the last few decades, the focus has moved to protecting people from environmental hazards associated with certain industrial practices. Together we have been very successful. The result is that we have low rates of infectious disease and fewer people exposed to industrial pollution. We can and should collaborate to address the modern health problems prevalent today.

The growth in the western BOP presents a unique opportunity to collaborate to achieve healthy, thriving communities and successful health and social outcomes for all that many regions in New Zealand would be envious of. Our recommendations in section 2 seek to promote collective solutions.

## **7. Further notes**

Our recommendations align with the following BOPDHB Position Statements available on our website:

1. Liveable Environments:  
<http://www.bopdhb.govt.nz/media/39812/Position%20Statement%20Liveable%20environments.pdf>
2. Health in All Policies:

