Submission to the Health Select Committee on the Inquiry into Obesity and Type Two Diabetes in New Zealand

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Summary

Obesity is a major public health problem in New Zealand and poses important threats to future health, to health inequalities, and to the cost burden of taxpayer funded public health services. This submission focuses on the role of the built environment in determining obesity and type two diabetes. Paths, roads, transport systems, neighbourhoods, and recreational places affect the establishment of children’s physical activity patterns. Safe paths, cycleways and streets, and a greater mix of land use within towns and cities, appear to decrease obesity and therefore an important risk factor for type two diabetes.

We recommend:

• That government adopt a minimum overall aim in addressing the physical activity related causes of these conditions: To ensure that all children have safe and convenient places to walk, cycle, exercise and play outdoors; and that safe and attractive paths and cycleways connect their homes, schools and recreation areas.
• Measures to ensure that the consequences of government policies, for obesity and type two diabetes, are systematically and consistently assessed.
• The introduction of new legislation and the amending of existing legislation to create a more supportive environment for physical activity.
• That annual reports be published by the Ministry of Health on progress towards national targets for walking and cycling by children and adults.

Introduction

1. Obesity and type two diabetes in New Zealand are conditions that, besides creating tragedies for individuals and families/whanau; affect productivity, educational achievement, government expenditure, and cultural outcomes.1,2,3 pp.22-23 The conditions exacerbate the health and income inequalities between groups of different socioeconomic position and ethnicity.4 The future costs for the taxpayer-funded public health sector from increased rates of obesity-related disease (diabetes, cancer and cardiovascular disease) are likely to be a major burden to future New Zealand society – unless concerted action is undertaken now.

2. We recognise the importance of a wide range of factors for obesity and type two diabetes,5 but have concentrated here on the built environment. This includes transport systems, neighbourhoods, buildings, parks and other recreational places. It also includes the places where food is marketed and consumed. We recognise
the importance of the latter, and support efforts to deal with the issues arising. However, this submission focuses on some non-food aspects of urban design, namely, those relating to exercise.

3. Over 80% of New Zealand’s population and of the Maori population lives in cities and towns.\(^6\)

**The evidence on exercise**

4. The weight of evidence suggests that, for whole populations, the built environment affects children’s physical activity. Being safely outdoors removes major barriers to physical activity.\(^7\)\(^-\)\(^11\) While the causal links between built environments and obesity/diabetes may not yet be considered conclusive by some, because of the health, social and economic costs from any further delays in creating health-supporting policy changes, we suggest a precautionary approach to ensure greater physical activity opportunities for all children.\(^12\)

5. There appear to be significant risks that obesity and type two diabetes in adults are determined by physical activity and weight patterns established in childhood.\(^5,13\)\(^-\)\(^15\) Children are less likely than adults to have advocates to ensure their physical activity and safety needs are met. This deficit highlights the need for Government to do more to protect child health and ensure that health-promoting environments exist. We have focused this submission on children’s needs, to help avoid the long-term risks of the two conditions.

6. The barriers to physical activity for children include issues of security, the safety and quality of surroundings perceived by parents, the risks from crossing streets, the lack of cycleways, the quality and absence of footpaths, and distances to schools that encourage parents to provide transport. Urban neighbourhoods unfriendly to pedestrians and cyclists, and sprawling suburbs, limit the prospects for both children and adults to walk or cycle from homes to businesses and schools. Urban sprawl has been defined as:

> the outcome of four related factors: low residential density; a poor mix of homes, jobs, and services; limited activity centers and downtown areas; and limited options for walking or biking.\(^16\)

7. Within urban areas, there is some evidence that a greater mix of land use (housing, retail, recreation, work) decreases obesity, and increased time in cars increases obesity.\(^17\)\(^-\)\(^19\) We need urban design that encourages and helps children and adults to be safely out of cars and away from television.\(^20\) pp.\(^25\)\(^-\)\(^31\) Time spent watching television is a proven risk factor for obesity in the New Zealand.\(^21\) Increased green space can be crucial\(^22,23\) and there is safety in numbers for cyclists and walkers.\(^24\) There are significant potential health benefits from cycle-friendly cities and towns.\(^23,25\)

8. The quality and safety of the *immediate* neighbourhood to people’s homes is crucial for exercise. Analysis of walking trips from the New Zealand Travel Survey 1997/98 showed that for New Zealanders as a group, about 48% of all
walking trips and about 56% of all time spent walking was in the vicinity of people’s homes. The elderly and the young were most likely to undertake walking activity in the neighbourhood of the home (about 74% of the time spent walking by 5-14-year-olds, and about 76% of time spent walking by people aged 80 plus.)

9. As an example of recommended solutions to a range of problems in another jurisdiction, in 2001 the Environment, Transport and Regional Affairs Select Committee of the UK Parliament recommended that:
   • Planning policies and procedures should give priority to walking. Planning policies should promote high density, mixed-use, compact towns and cities that keep distances short.
   • Conditions for the pedestrian should be improved by ensuring that walking routes are safe, continuous, well-connected to key destinations and well-signed, and that where such routes meet major roads in urban areas, pedestrians have priority. There should be more high quality pedestrian priority zones in city and local centres, which are well connected to outlying areas by high quality pedestrian routes.
   • Street and path design needs to be given much greater priority by local authorities, with national street management strategies, street management codes and design codes.
   • Particular emphasis should be given to creating good routes to important facilities, including schools and rail and bus stations and bus stops.26

10. There is some evidence that there are economic and equity arguments for such measures, as well as health gains.27-30 Besides long term economic net benefits, improved urban design also produces environmental, social and cultural benefits.20 Particular benefits may include reduced urban air pollution levels, enhanced national energy security, personal cost reductions, and urban settings that are more pleasant to live in.

11. Change is possible. For New Zealand, much of the process and techniques for putting improved urban design into practice has been summarised by the Ministry for the Environment.31 Internationally there has also been much progress in finding ways to prioritise walking and cycling, eg. Zwart.32 There are many examples in Europe of walker and cycle-friendly cities – where virtually all children can safely walk to school (eg, in the Netherlands and Denmark).

12. An insufficient health focus in present government policy processes helps to embed the causes and extent of the obesity and type two diabetes problems in New Zealand. The insufficient health focus includes the processes for policy assessment; and in particular, transport, local government and environment policymaking. There is a consequent need to address the problems with comprehensive upstream solutions. It is clear that major changes are needed to the way government integrates health concerns into policy processes across government. Upstream structural changes are needed to deal with obesity and diabetes.33-35 It is only with such structural changes that individuals from all groups in society will be enabled to make more healthy choices. We suggest such changes below.
Suggested strategies to address upstream causes of obesity and type two diabetes

13. We suggest that government adopts a minimum overall aim in addressing the physical activity related causes of these conditions: *To ensure that all children have safe and convenient places to walk, cycle, exercise and play outdoors; and that safe and attractive paths and cycleways connect their homes, schools and recreation areas.*

To help achieve this overall aim, we suggest two main strategies (and recognise that there will be others):

i. That New Zealand transport and urban policies prioritise the design, alteration and maintenance of the physical transport infrastructure (including paths and roads) to enable children to safely walk and cycle.

ii. That all central and local government agencies prioritise the reduction of urban sprawl (as defined above), and the increased accessibility of urban greenspaces.

Suggested policies to address upstream causes of obesity and type two diabetes

14. Our suggestions centre on three areas for government, to help achieve the aim and strategies above. There may appear to be some redundancy across these policies, but we suggest that this is required to minimise the risk of policy slippage:

1. Measures to ensure that the consequences of government policies for obesity and type two diabetes are systematically and consistently assessed.

2. The introduction of new legislation and the amending of existing legislation, to create a more supportive environment for physical activity.

3. That annual reports be published by the Ministry of Health on progress towards national targets for walking and cycling by children and adults.

A) The requirement throughout government of Health Impact Assessment

We suggest that a formal process is required to predict the potential health effects of central and local government policies; in the same way as economic impact assessment is commonly required. In the light of the extent of the obesity and type two diabetes problems in New Zealand, we suggest that such Health Impact Assessment include specific evaluations of the effects of government policies on these conditions. Models for such assessment have been developed for New Zealand conditions.36

B) New and amended legislation

We consider that there are strong arguments for changes to four particular Bills and Acts. Such changes would provide immediate avenues for the implementation of the suggested strategies.
1. The Public Health Bill presently being prepared provides the opportunity to incorporate the requirements for Health Impact Assessment suggested above.

2. The Local Government Act 2002 at present requires (section 10b) local authorities to ‘promote the social, economic, environmental, and cultural well-being of communities, in the present and for the future’. However, the crucial role of local government in determining the upstream causes of health requires more specific requirements, to ensure that health is a priority in local authorities’ decision making.

We suggest that there be an additional Subpart to Part 7 of the Act, similar to the existing requirements in sections 125 and 130 (that require the provision and assessment of water and sanitary services).

The additional Subpart of Part 7 of the Act should establish a requirement on local authorities to:

- Assess the role of the authorities in determining the upstream causes of health.
- Provide a physical transport infrastructure (including paths and roads) to enable children to safety walk and cycle to school and local recreational areas.
- Reduce urban sprawl (as defined above).

3. The Land Transport Management Act 2003 at present requires (Sections 68(2) and 77(2)) that Land Transport New Zealand and Transit New Zealand must exhibit a sense of social and environmental responsibility. It also requires Land Transport New Zealand to (section 69(f)) to ‘promote safe transport on land in New Zealand’.

We suggest that an additional part of section 69 be added to require Land Transport New Zealand to:

- Specifically promote a physical transport infrastructure (including paths and roads) to enable children to safely walk and cycle.
- Assess its role in determining the upstream causes of health.

In addition, within the General Provisions section of the Act, we suggest there be a section that ensures that:

*In preparing any programme under Part 2 of the Act, Transit, the Authority, the Commissioner, the Secretary, every local authority, and every approved public organisation must prioritise children’s needs for safe walking and cycling.*

4. The Resource Management Act is crucial for the better development of the physical environment with regard to health. At present sections 5 and 6 of the Act (which state those matters which must be recognised and provided for during the functioning of the Act) do not directly include health.

We suggest that an additional subsection be added to section 7:

(k) The maintenance and enhancement of human health.
C) The reporting on progress towards targets

It is critical that all major government-funded activities are properly evaluated. This requires such actions as the following:

- That annual reporting on progress towards national targets for walking and cycling, by children and adults, should be part of the assessment of progress on a national strategy on obesity and type two diabetes; and
- That the Ministry of Health also annually report on the progress of central and local government agencies in providing the conditions to ensure that all children are enabled to have safe and convenient opportunities to establish physical activity patterns.

References


