

12 October 2011

Auckland Council
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Draft Auckland Plan

The New Zealand Medical Association (NZMA) is New Zealand's largest medical organisation and has a pan professional membership. We have around 4,500 members who come from all areas of medicine including medical students, resident medical officers, general practitioners, and other specialists.

The NZMA aims to provide leadership of the medical profession, and promote:

- professional unity and values, and
- the health of all New Zealanders.

The key roles of the NZMA are to:

- provide advocacy on behalf of doctors and their patients
- provide support and services to members and their practices
- publish and maintain the Code of Ethics for the profession
- publish the New Zealand Medical Journal.

Thank you for the opportunity to comment on the plan. Our interest in the plan stems from the NZMA's interest in health equity and the way the environment influences health and life expectancy.

By way of background, in November 2008 Professor Sir Michael Marmot was asked by the United Kingdom Secretary of State for Health to chair an independent review to propose the most effective evidence based strategies for reducing health inequalities in England from 2010. The report produced was called "Fair Society, Healthy Lives. The Marmot Review."¹ A key feature of that report was the identification of a social gradient in health whereby the

¹ <http://www.marmotreview.org/>

lower a person's social position, the worse his or her health. This has wider implications than saying that people living in poor countries have poorer health than those in wealthier countries; it demonstrated that poor health in rich countries also existed in those areas where the social gradient between rich and poor was wide. For example Sir Michael showed that life expectancy figures for men in Glasgow, Scotland varied from an average of 82 in the most affluent areas of the city to 54 in the most deprived².

Why is this relevant to the proposed plan for the Auckland City plan?

It is relevant because there is a link between the built environment, health inequalities and outcomes. The rise in diseases associated with inactive lifestyles, including type 2 diabetes, obesity and respiratory problems, is strongly linked to where and how we live. Differential access to good housing, employment, education and training, open space and affordable, nutritious food is a key element in causing health inequalities between areas and groups.

Where we live, and the conditions in which we live, have a significant impact on our physical and mental health. Access to high quality housing in safe neighbourhoods, green spaces, strong communities and good transport systems all contribute to positive health and wellbeing. In an urban environment, factors which affect health outcomes include air pollution, traffic, noise, lack of space, poor housing, feeling unsafe and insecure, anti-social behaviour and absence of neighbourliness, stress and mental ill health, exposure to infections and limited options for physical activity.³

Problems arising from life in the urban environment have been found to play a part in other illnesses, such as depression, social isolation, stroke, some cancers, asthma, and unintentional injuries. This means that the way we design, plan and build our cities and neighbourhoods has a major influence on how healthy our communities are. New projects take a long time to plan and build. If we get them wrong, it may be some time before further changes can be made. As a result, urban designers and planners play a vital part in promoting public health.

For these reasons the New Zealand Medical Association is taking a keen interest in health equity although we acknowledge that much of the activity needed to address health inequities exists outside of the health arena. It exists in terms of urban planning, housing, education, transport, and accessibility of services. In respect of health equity the NZMA has recently prepared a position statement which you may find useful, and we enclose a copy.

The Marmot Review, "Fair Society, Healthy Lives," identified six policy objectives to reduce health inequalities. Of these, policy objective E: "Create and develop healthy and sustainable places and communities" is pertinent to the draft plan. The report recommends action to improve active travel, provide good quality open spaces, improve the food environment and provide better energy efficiency in housing. It also recommends integrating local planning, transport, housing, environmental and health systems in order to make sure that joined up pursuit of common objectives can be used to improve health outcomes.

² Taking Action on Social Determinants of Health, Professor Sir Michael Marmot, Wellington July 2011.
http://www.nzma.org.nz/sites/all/files/Marmot_Marmotpresentation.pdf

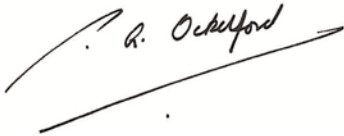
³

http://www.bristol.gov.uk/sites/default/files/documents/health_and_adult_care/health_and_medical_advice/Bristol%20public%20health%20factsheet%20-%20built%20environment.pdf

While a brief overview of the Council's proposed plan shows that you are considering many positive initiatives, the NZMA asks the Council to review the plan in terms of health equity and the recommendations of Sir Michael Marmot set out above.

We would be happy to discuss these issues further with you should you wish.

Yours sincerely

A handwritten signature in black ink, appearing to read "P. Ockelford", with a long horizontal line extending from the end of the signature.

Dr Paul Ockelford
NZMA Chair