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New Zealand Productivity Commission
PO Box 8036
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WELLINGTON 6143

Dear Sir/Madam

Better Urban Planning

Introduction – Toi Te Ora – Public Health Service

Toi Te Ora - Public Health Service (Toi Te Ora) is funded by the Ministry of Health and is the public health unit for the Bay of Plenty and Lakes District Health Boards. Toi Te Ora's purpose is to improve and protect the health of the population in the Lakes and Bay of Plenty District Health Board districts, with a focus on reducing inequalities in health.

Many of the crucial underlying factors that contribute to population health and wellbeing are directly influenced by the decisions and activities of central and local government. For this reason, Toi Te Ora welcomes the opportunity to provide feedback to the New Zealand Productivity Commission's *Better Urban Planning* issues paper.

Social Determinants of Health

As a public health unit, Toi Te Ora places a great deal of emphasis on the social determinants of health, or what has been referred to as:

"...the social, economic and environmental conditions that influence the health of individuals and populations. They include the conditions of daily life and the structural influences upon them, themselves shaped by the distribution of money, power and resources at global, national and local levels. These conditions determine the extent to which a person has the right physical, social and personal resources to achieve their goals, meet their needs and deal with changes to their circumstances. There is a clear link between the social determinants of health and health inequalities..."¹

Essentially, health starts where we live, learn, work and play. Individuals often have little control over the social determinants of health, but these determinants can either constrain or support the choices we make, as well as the lifestyle we lead. The most effective illustration of this approach comes from the 1992 work of Dahlgren and Whitehead:

¹ http://www.local.gov.uk/health/-/journal_content/56/10180/3511260/ARTICLE



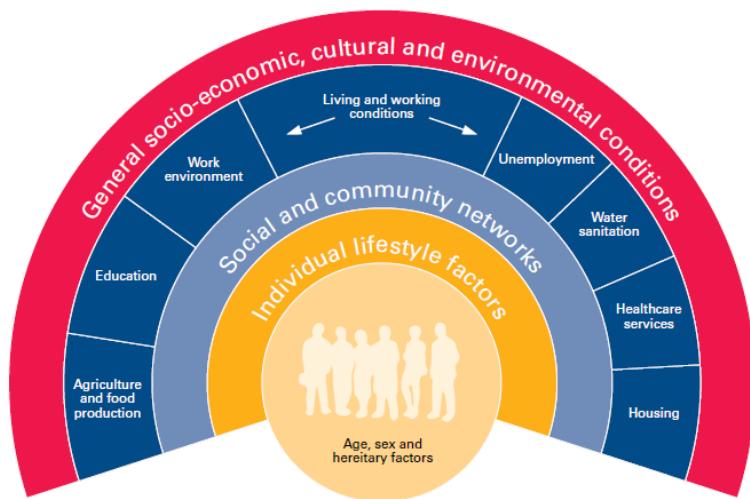


Figure 1.1

http://www.nwci.ie/download/pdf/determinants_health_diagram.pdf

Central and local government have a great deal of influence over the determinants of health and therefore with the aim of the inquiry being, to identify, from first principles, the most appropriate system for allocating land use to support desirable social, economic, environmental and cultural outcomes, we strongly recommend addressing these determinants to a greater extent.

Effective planning creates supportive environments that promote healthy human habitats and healthy social interaction, access to recreation, schools, jobs, health and social care, strong social networks, good air and water quality, and opportunities for physical activity. At the macro level this includes spatial planning, land use and transportation infrastructure and at a local level, it is the design, maintenance and use of buildings, public spaces and pedestrian networks, all of which are influenced by the regulations and policies set by central and local Government for urban planning.

The Canadian Provincial Health Services Authority's *Foundations for a Healthier Built Environment* paper clearly illustrates the "ripple effect" impacts of planning regulations on population outcomes².

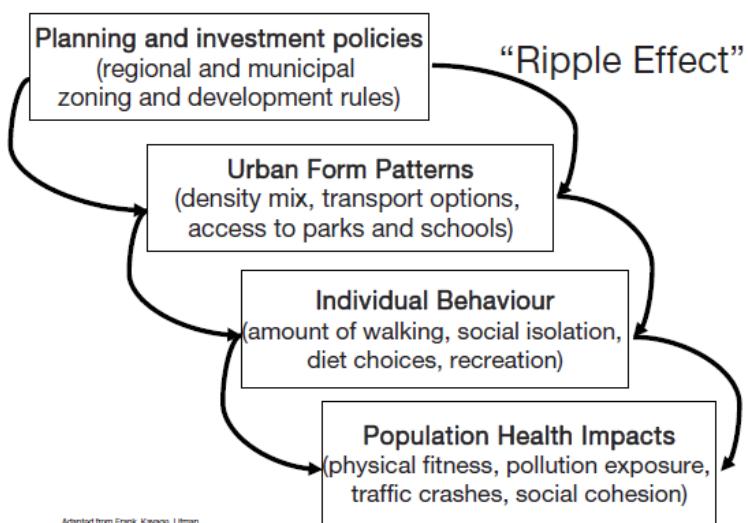


Figure 1.2 <http://www.phsa.ca/Documents/foundationsforahealthierbuiltenvirnomentsummaryrep.pdf>

What is needed are innovative public policy and regulations that come from broadening the scope of these initial conversations and which set population health and environmental needs as the foundation. This will shift price signals and transform markets to reshape urban design, thereby creating more liveable communities.

² <http://www.phsa.ca/Documents/foundationsforahealthierbuiltenvirnomentsummaryrep.pdf>

The incorporation of social health determinants in planning processes can effectively be achieved through a Health in All Policies approach. This is a unified approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity³. Using this approach for future urban planning regulations would also address the disproportionate influence certain groups in the process have which were highlighted throughout the issues paper.

The Commission's issue paper suggests that there are potential significant reductions in the cost of housing and wider economic benefits from lifting barriers and constraints to urban growth. Toi Te Ora urges the New Zealand Productivity Commission to investigate the true cost of housing. To the sticker price of a house in a greenfield development must be added the real additional cost of the water, stormwater and sewerage infrastructure, the car dependency costs of fuel, time, increased road congestion and road trauma, along with the negative contribution to the obesity epidemic, and of course the significant environmental impact. We must also put a price on the loss of productive land. These costs are summarised effectively by Sustainable Prosperity⁴:

- Homeowners: in sprawling areas vehicles are dependent for transport, contributing to increased injury risk from collisions and rising obesity levels due to physical inactivity. Household budgets are impacted by the fuel costs associated with long commutes. Greenhouse gas emissions from vehicles impact on human health and environmental health.
- Businesses: roads congested by commuter traffic delay freight and raise delivery costs. Long-distance commuting, as well as the mental and physical health problems associated with sprawl, raises employee absenteeism while reducing productivity.
- Governments: pay the cost of development directly e.g. paying for new roads, pipes and other infrastructure and services used by developments. These costs are often higher per unit for sprawling neighbourhoods than they are for denser, central neighbourhoods. There is a legacy liability cost for infrastructure maintenance costs as they continue indefinitely. Governments also pay indirectly for health-care costs related to diseases linked to urban sprawl. Governments are spending money on climate change impacts caused partly by excessive vehicle use, and on preparing for and adapting to climate change.

We must address the total costs of sprawl and road use e.g. chronic illness, injuries and climate change. Planning that encourages ongoing greenfields development with the resulting sprawl subsidises, perpetuates car dependency and hides the price of transportation to and from urban sprawl locations. All of these factors impact population health and reduces economic benefit.

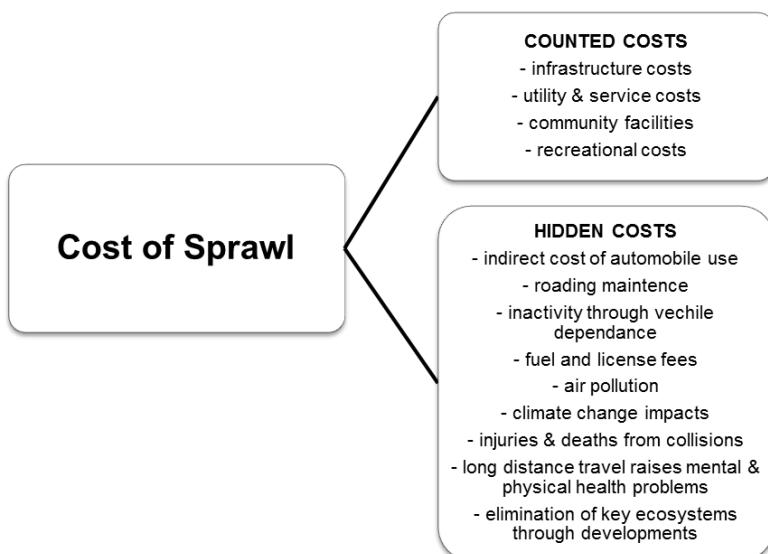


Figure 1.3 <http://thecostofsprawl.com/>

³ <http://www.cph.co.nz/About-Us/Health-in-all-Policies>

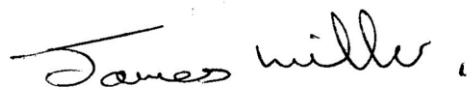
⁴ http://thecostofsprawl.com/report/SP_SuburbanSprawl_Oct2013_opt.pdf

Toi Te Ora recommends that the final report start by stating the need for the context around urban planning to consider societal, population health and environmental needs, as opposed to purely market driven demands.

Toi Te Ora also recommends further actions to support this context setting, such as implementing the Health in All Policies approach which includes health representation in the development systems detailed throughout the report. For example, the health sector should be a represented stakeholder on any proposed Urban Development Authority.

Thank you for the opportunity to provide feedback on the New Zealand Productivity Commission *Better Urban Planning* issues paper.

Yours faithfully

A handwritten signature in black ink that reads "James miller".

Jim Miller
Medical Officer of Health