



Runanga Whakapiki Ake i te Hauora o Aotearoa  
Health Promotion Forum of New Zealand

# The Auckland Supercity and Future Health Equity

Report on the Symposium held at the School of Population Health,  
University of Auckland, 12 July 2011

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## Rapporteurs

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## Introduction

The recent changes to Auckland's governance to integrate local and regional authorities into a single Auckland Council, combined with new provisions to produce an Auckland Spatial Plan, marks an unparalleled opportunity to commit to a shared agenda to improve the wellbeing of all Aucklanders. This is a unique chance to ensure that fairness and wellbeing underpins the way Auckland develops over the next 30 years. Improvements to wellbeing or equity will not occur by accident nor good intentions alone. Specific strategies are needed now, drawing upon multiple sources of evidence and shared knowledge if the Auckland Plan is to improve wellbeing for all.

A full-day symposium "*The Auckland Supercity and Future Health Equity*" was convened to discuss these issues and to consider how health equity could feature in the Auckland Plan. The symposium was jointly hosted by the New Zealand Medical Association, the National Heart Foundation and The University of Auckland School of Population Health. It was held on 12 July 2011, at the School of Population Health, Tamaki Innovation Campus, University of Auckland. The event was booked out well in advance and was attended by a wide range of academics, advocates and professionals from the health sector and included some people with a strong interest in improving health from business, non-governmental organisations and local government.

This report provides an overview of the presentations (with links) , discussion, and summation.

## Overview of presentations and discussion

Kaumatua Rawiri Wharemate opened the symposium with a karakia and urged participants to bring a warm spirit. In welcoming participants, Professor Shanthi Ameratunga,<sup>1</sup> issued a challenge – for this symposium to produce a call to action, focusing on how health equity can become a reality rather than just rhetoric, for our communities.

Councillor Penny Webster emphasised that this symposium could not have come at a better time, as we look to plan Auckland’s future for the next 30 years. *Auckland Unleashed* has a goal that every citizen should be able to reach their potential. Children are a key focus, recognising the crucial need to include every child. She said that Auckland City Council cannot do this alone; Auckland’s future is in all of our hands.

Drawing upon the Kaumatua’s message in the welcome, Professor Sir Michael Marmot<sup>2</sup> urged that we must approach the issues with a warm spirit: “Let us not say ‘it’s all ghastly’ but rather ‘what can we do about it?’” He emphasised that the social gradient in health that runs from top to bottom operates across all levels of society, reducing the health of everyone, not just those at the bottom. We must work across the whole of society to address the gradient to improve health and wellbeing for everyone.

Sir Michael explained that the title of the World Health Organisation Commission on Social Determinants of Health final report “Closing the Gap in a Generation” was not a prediction, but a statement: “A statement that we have in our heads the knowledge, we have in our hands the means - the question is, what do we have in our hearts? Do we have the will to close the gap in a generation?”

Addressing health inequity makes sense on many grounds, including economic. However, it is also a matter of social justice. Addressing health inequity is **the right thing to do**.

**Empowerment is key**, and involves a material, psychosocial and political dimension. The three central recommendations for action from the Commission are applicable in Auckland:

1. Improve basic living conditions;
2. Address structural drivers (the unequal distribution of power, money resources); and
3. Measure, monitor and understand the problem.

Health and health equity are indicators of how well we are doing in all aspects of our societies, and to this end ““every sector is a health sector””.

The **evidence matters** – a lot of good things have been done with good intentions, and a lot of harmful things have been done with good intentions. We have good evidence that **policies can make**

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<sup>1</sup> The audio recording of Professor Ameratunga and Councillor Webster is at <http://bit.ly/nERDuS>

<sup>2</sup> Go to 8:00 at <http://bit.ly/nERDuS> for an audio-recording of Sir Michael’s presentation with slides.

**a difference** to reduce health inequalities. For example, the introduction of London Congestion Charges has produced a greater reduction in air pollution congestion more in disadvantaged communities – meaning that from this policy, implemented primarily for environmental reasons, the most disadvantaged have received the greatest health benefit. When it comes to neighbourhoods, evidence tells us that making changes to **environmental conditions can modify the impact of other gradients**. For example, when people have more exposure to green space, the income gradient in cardiovascular disease mortality flattens. More green space is good for the environmental agenda and the health agenda. **Community participation** is not just a good way to get decisions made – it has a positive value for health. Interventions designed with input from the community tend to be more effective, creating the conditions in which people can take control over their lives.

The Marmot Review “A Fair Society”<sup>3</sup> made six key policy recommendations for reducing health inequalities in England. One of these was to “create and develop healthy and sustainable places and communities”, which is clearly of high relevance to the Auckland Spatial Plan. The other recommendations (giving each child the best start, investing in training, employment, standards of living and ill-health prevention) are also all relevant to the remit of local authorities. Following on from the Marmot Review, a number of activities have been initiated, including working with 30 local authorities in UK to implement the recommendations. In the UK, each local authority now has a comprehensive monitoring report, including an estimate of the gradient in life expectancy within that borough.

In closing, Sir Michael reiterated that health inequalities are not inevitable or immutable. **There will always be a gradient but the steepness of the gradient can be changed** – if you are at the top, it makes little difference to you, but for those further down the chain, the steepness of the slope makes an increasingly significant difference. Both the United Kingdom and New Zealand share the dubious honour of scraping along the bottom of OECD when it comes to child wellbeing. **We are failing our children on a grand scale** – and this occurs right across the social gradient.

Representing the Auckland Council, Ree Anderson<sup>4</sup> emphasised that the recent changes to Auckland governance to create one local authority and voice for Auckland, combined with new provisions to produce an Auckland Spatial Plan marks an unparalleled opportunity to commit to a shared agenda to improve the wellbeing of all Aucklanders. She said that one regional voice provides opportunity for a clear strategic direction on social wellbeing to be adopted. Aucklanders have voted for a Mayor with a vision of Auckland as the world’s most liveable city, which is inclusive, courageous, prudent, innovative and fair. Strategic planning is now front and centre. The Auckland Plan will take a much wider lens to its decision-making process, focusing on four key objectives: balancing socio-economic wellbeing, improving the quality of life, responsible management and protection of the environment, and providing a rational land use plan in the public interest. “Auckland Unleashed” is a discussion document to stimulate further feedback and development of the plan.

Ms Anderson also noted that growing the economy does not necessarily relate to improved levels of wellbeing. The happiness literature calls for a redistribution of priorities. Economic prosperity should

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<sup>3</sup> <http://www.marmotreview.org/>

<sup>4</sup> Go to <http://bit.ly/qVosJc> for an audio-recording with slides of Ms Anderson’s presentation.

serve the type of society and environment we want to live in and enjoy. To that end, spatial planning should encourage improvement in the quality of everyday life, in respect of housing, work, culture, leisure and relationships. She also stressed that good intentions aren't good enough, and understanding the evidence matters. Auckland has a young population, and a significant proportion of our young people live in South Auckland. Sometimes having local jobs in local places doesn't mean that local people get them. Social disparity is increasing, and there is marked geographic clustering of ethnic groups.

Key Auckland goals outlined in Auckland Unleashed (among others) that are most directly relevant to social determinants of health, include:

- Putting children and young people first;
- Reducing inequalities, including housing and health lifestyles;
- Connecting communities – including recognition of issues around diversity, settlement, and people with disabilities;
- Growing skills, education and learning; and
- Designing a quality built environment.

Evidence and collective intelligence will be important in making decisions. New institutional arrangements have been set up (for example, the Mayor sitting on the new social policy committee chaired by Minister for Social Welfare), and community-led development approaches are being embraced (for example, the Southern Opportunity Area).

In closing, Ms Anderson asked how can the Auckland Plan be best used as a vehicle to improve the wellbeing of all Aucklanders? **A 30 year plan for Auckland needs to be enduring and independent of political flavour. We need to decide who we are, how we want to live, what our values are, and how we want our environment to be.** The Auckland Plan cannot do everything. We need to work collaboratively, including with central government. In prioritising growth and development over the next 30 years, choices will need to be made - if we had to choose six goals, targets and actions, what would they be?

Taking on the role of a “critical friend” to the Auckland Council, Dr Alex Macmillan<sup>5</sup> described a number of recommendations from the UK Marmot Review that she considered most relevant to the Auckland Plan:

- Giving each child the best start in life -
  - Meeting family social needs through outreach; and
  - Providing universally proportionate early childhood education;
- Maximising capacity and control of young people -
  - Increase access to life-long learning opportunities, especially for 16 to 25 year olds;
- Creating fair employment and good work for all;
- Creating healthy and sustainable places; and
- Ensuring a high standard of living for all.

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<sup>5</sup> Go to <http://bit.ly/nrjP4d> for an audio-recording with slides of Dr Macmillan's presentation.

She outlined a number of current unmet needs in each of these areas in Auckland, and put forward some policy responses that could address these concerns. Children's health starts in their neighbourhoods, their homes and their schools. These places are core business for local authorities. Poor housing conditions cause avoidable child illness in Auckland. Actions by local government to slow traffic on neighbourhood streets can make them safer for children, and implementing such measures would reduce our current inequities in child pedestrian injuries in Auckland. Insufficient early childhood education is available - especially for children in disadvantaged communities who have the greatest potential to benefit from quality early childhood education and outreach. Low cost, accessible active transport is the quickest and fairest way to improve transport barriers for young people to access further education and training. Policies that prioritise active transport would have co-benefits for Auckland's goal to reduce carbon emissions. Auckland is in a strong position to commit to a more ambitious target to reduce greenhouse gas emissions. Investment in cycling and walking infrastructure is a cost-effective way to achieve equitable emission reductions. In creating healthy and sustainable places, there is a need for exemplars of local best practice, and indigenous approaches offer promising examples (for example, the Orakei Papakainga proposal).

A key issue highlighted by Dr Macmillan was the critical need for Auckland Council to move beyond using whole of population targets – for example the target of 80 per cent of children attending quality early childhood education is likely to be met because 99 per cent of children in the wealthiest communities attend, concealing the fact that rates are 72 to 76 per cent for Māori and Pacific children in Auckland. Overall targets could be met without improving the situation for Auckland's most disadvantaged children. Only half of the Māori:non-Māori life expectancy gap is explained by deprivation – therefore it remains **imperative that Auckland Council measures its performance by ethnicity as well as deprivation.**

Further to this, Dr Macmillan put forward a list of suggested indicators, based on currently available data sources, for Auckland Council to use in monitoring progress towards a fairer Auckland:

- Life expectancy at birth;
- Disability-free life expectancy at birth;
- Children achieving a good level of development at age five years;
- Percentage of 16-19 year olds not in education, employment or training;
- Percentage of people living in households on means tested benefits;
- Percentage 0-14 year olds living in crowded homes; and
- Death and hospitalisation rates for child pedestrian injury 0-14 years.

Dr Paul Ockelford,<sup>6</sup> in closing the morning's session, provided an overview of the New Zealand Medical Association's Health Equity Position Statement,<sup>7</sup> and expressed confidence that any conflicting opinion about these issues will not be on whether the gaps should be addressed, but how.

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<sup>6</sup> Go to <http://bit.ly/ogp9Zy> for an audio-recording of Dr Ockelford's presentation.

<sup>7</sup> <http://www.nzma.org.nz/sites/all/files/HealthEquity.pdf> Accessed 20 July 2011.

Dr Norman Sharpe<sup>8</sup> opened the afternoon session. Five speakers<sup>9</sup> shared their views briefly, before a panel discussion and questions from the floor.

Rod Oram<sup>10</sup> argued that we need to shift our perspective, from thinking about population health as a cost to thinking of population health as an economic and social input/resource. If we invest in people, we create a virtuous cycle of healthy people and a healthy economy. He also talked about opportunities for business development related to health care services.

Professor Grant Schofield<sup>11</sup> noted that there is a huge discrepancy between the vision for Auckland and current reality. At present, Auckland is not the world's most liveable city – Auckland is the most car-friendly city. Driving and car dependency costs us money, and in costing our poorest people the most money it is unfair and inequitable. Auckland's suburbs vary hugely in connectivity, walkability and density, with a socio-economic gradient in these factors as well. It is not just physical change we need, but social change as well (“where we let our children go”).

Professor Jenny Dixon<sup>12</sup> described how access to affordable housing is fundamental for people's economic and social wellbeing. Population growth and changes in household demographic structure will exacerbate the existing unmet demand for housing. This impact will be felt most by Pacific and Asian Aucklanders. Housing is a particular health risk for Auckland's children. It impacts not just through poor quality housing stock, but through insecure tenure, overcrowding, poor planning, and so forth. A solution to Auckland's housing crisis requires an explicit strategy and multiple partners, including co-operation between central government and private sector.

Professor Tony Blakely<sup>13</sup> discussed how neighbourhoods impact on health equity. Some of the more deprived areas in New Zealand actually have more immediate access to many community resources (for example, green space, supermarkets, schools, and health services) – so clearly travel time is not the full picture. Factors such as quality and safety of these resources may make a difference. Built environments are a determinant of health, but other social determinants are important. The convergence of the health equity and sustainability agendas strongly urges deliberate consideration of equity impacts of future urban redesign and planning, and community development.

Dr Blakely also shared a list of ten priority actions to reduce health inequalities, and invited online feedback from the audience to add or improve this list - please go to [www.uow.otago.ac.nz/hirp-info.html](http://www.uow.otago.ac.nz/hirp-info.html). The list was developed by Dr Blakely and Dr Don Simmers with input from colleagues.

Dr Blakely proposed the ten next most important actions to reduce health inequities in Aotearoa New Zealand as being:

1. **Equitable and fair fiscal and social welfare policy**, including progressive taxation, comprehensive and fair social policy, and ensuring that everyone has a minimum income

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<sup>8</sup> Go to <http://bit.ly/o6SGy8> for an audio-recording.

<sup>9</sup> Unfortunately Dr Colin Tukuitonga was unable to attend.

<sup>10</sup> Go to <http://bit.ly/nvFEp8> for an audio-recording with slide of Rod Oram's presentation.

<sup>11</sup> Go to <http://bit.ly/rILnnz> for an audio-recording with slides of Professor Schofield's presentation.

<sup>12</sup> Go to <http://bit.ly/nWyffF> for an audio-recording with slides of Professor Dixon's presentation.

<sup>13</sup> Go to <http://bit.ly/nwiGrL> for an audio-recording with slides of Professor Blakely's presentation.

for healthy living. Policy needs to be proportionate to need – what is termed proportionate universalism in the Marmot Review, or a balance of targeting and universalism.

2. **Maintain and enhance social cohesion**, through ensuring all services are accessible by all. This requires a whole of government response and far better coordination among every branch of government, from Ministerial level to service delivery.
3. **Maintaining and enhancing investment in early childhood**, including the need for there to be a visible leadership that champions child health and wellbeing. Child poverty rates need to be reduced. There needs to be greater coordination among services for children, and a visible cross-party agreement that determines the strategy for improving the environment in which children live.
4. **Aligning climate change, sustainability and pro-equity policies**, including programmes such as warm and healthy housing in deprived areas to environmental, health and health equity win-wins such as increased walkability of neighbourhoods and financial incentives that both reduce carbon emissions and increase healthy compared to unhealthy food production.
5. **Health equity needs to be widely understood**. It affects everyone, whether as a prospective parent, employer, employee, political leader or welfare beneficiary. Everybody working in a service delivery occupation needs to be able to alter their practice to reduce health inequities.
6. **Ill-health prevention that addresses risk factors contributing to health inequities**, including making New Zealand Smokefree by 2025 (as per Parliament's response to Māori Select Committee), encouraging or ensuring healthy food formulation (e.g. salt content in breads and cereals, clear labelling of foods that are healthy and unhealthy, packages of taxes and subsidies to improve healthy eating), and stronger policies to tackle harmful alcohol consumption.
7. **Ensuring fair employment and safe and healthy workplaces**, extending to include greater access to work for beneficiaries and people with disabilities, a low unemployment rate, and strengthening of occupational health policies
8. **Maintaining and enhancing Māori, Pacific and Asian policies and programmes**, including health promotion, screening and health care services models that are culturally specific or tailored.
9. **Ensuring health services are equitable**, including ensuring a strong equity focus in prioritisation of health resource allocation, quality improvement policies and programmes, and improved information systems. This means, among other things, transparent monitoring, smoothing out regional variations in access, and on-going provider education and support.
10. **Health equity research needs to continue and focus on 'what works'**, evaluating policies and programmes for equity impacts in processes and (eventually) outcomes such as mental health status and disease incidence.

Dr Rhys Jones<sup>14</sup> talked about Māori:-non-Māori inequalities, and why a gradient approach is not sufficient to address inequities for Māori. For Māori : non-Māori inequalities, it is not about

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<sup>14</sup> Go to <http://bit.ly/oFbRvK> for an audio-recording with slides of Dr Jones' presentation.

narrowing the gap, it should be about eliminating the gap. Those at the most disadvantaged position have the greatest potential to benefit.

Dr Jones also described how embracing Māori cultural values in planning, could assist us in taking an approach that promotes equity as well as sustainability. We need to shift our thinking from Māori cultural concerns as a “barrier” to development, to seeing it as something that can help us to take a more pro-equity, pro-sustainability oriented approach to planning in Auckland. Making the most of this opportunity would require:

- Valuing Māori cultural concerns;
- An openness to different perspectives;
- Considering all forms of evidence rather than privileging one cultural view (including indigenous knowledge);
- A focus on those with most potential to benefit; and
- Genuine partnerships with mana whenua.

A number of issues were raised in the panel discussion and questions. Sione Tu’itahi spoke about how Pasifika people fit in the Auckland Plan. Pasifika peoples have a special relationship with the government of New Zealand compared to other migrant groups. New Zealand is another small island nation in the Pacific, and needs to live in a harmonious relationship with Pacific neighbours. New Zealand has a special obligation to address the needs of Pasifika peoples in Auckland – not just because they are high needs, not just because of United Nations Declaration on Human Rights, but because they have a special relationship. To address inequities effectively, he suggested thinking outside the current, dominant approaches and knowledge systems, and high-level policies to be translated into concrete outcomes at the community level.

Other panellists raised a range of points. Alcohol is an important determinant of health inequities, especially if we consider burden of morbidity rather than just mortality, and a key opportunity to be addressed by Auckland. The problem remains that “everything” cannot go into the Auckland Plan. If these issues are considered to be important, perhaps we need a separate sub-strategy for health? There was also an argument for keeping priority on tobacco at this stage, rather than diluting our focus, because we are more likely to win in the medium term. Questions were asked about what the plan is for older adults, especially as Baby Boomers age. There was also concern expressed about the disempowerment and devaluing of civil society under current government policies, and how to re-assert civil society as a strong universal advocacy voice in New Zealand.

A number of comments were made about how to get health equity on the political agenda. We need to stop talking just to ourselves and “preaching to the converted”. We need to maintain a balance between the values and the evidence, and use both to get message across. We also need to tap into the underlying strong sense of fairness that is present in most New Zealanders. The multiple complex challenges mean that we can get politicians’ ears if we are presenting innovative solutions and radical proposals for doing things differently. The health sector has an obligation to take a more active role in the Auckland Plan, and develop closer ties between health and local government.

## Summary of Symposium Outcomes

At the end of the Symposium, Dr Alison Blaiklock provided a brief summary on behalf of the team of rapporteurs.

The key “take home” message for everyone is, **“We have the knowledge and means to create a fair society & healthy lives in Auckland. We need the will, the courage.”**

In order for the Auckland Plan to make a difference in improving health equity:

- The 30 year plan for Auckland needs to be enduring and independent of political flavour.
- We need to decide who we are, how we want to live, what our values are, and how we want our environment to be.
- We need to positively change the environmental conditions in which people live in order to change the gaps and gradients in equity. We need to utilise measures of equity to see if this is happening.
- There needs to be true partnerships with Mana Whenua which can benefit all – for example, as indigenous values and knowledge inform sustainable urban development.
- Economic prosperity should serve people and the natural environment, rather than the other way around.

A constant theme of the day was the importance of children and young people. For Auckland to become the most liveable city in the world, then the priorities are:

- **Give each child the best possible start.**
- **Enable young people to maximise their capabilities and have control over their lives.**
- **Ensure fair employment and good work for all.**
- **Ensure a healthy standard of living for all.**
- **Create healthy and sustainable places.**
- **In making choices about priorities, prioritise fairness and achieving equity in health and wellbeing.**

Academia, health services, and non-governmental organisations have an opportunity to work with local government to improve health equity in the next stages of consultation on the Auckland Plan between August and November. There is also the opportunity to comment on the list of ten most important actions to reduce health inequalities in Aotearoa New Zealand at: [www.uow.otago.ac.nz/hirp-info.html](http://www.uow.otago.ac.nz/hirp-info.html)

Ways in which academia, health services, and non-governmental organisations, can work with local government to improve health equity are through

- Working in partnership with Mana Whenua;
- Recognising the special relationship between New Zealand and Pacific peoples;
- Articulating the evidence and ethics around equity;
- Advocacy, participation in the processes of local government and other sectors, and building relationships with local government and other sectors;
- Focusing on the gaps and the gradients in health equity;
- Using multiple sources of evidence;

- Teaching about health equity and research and measure health equity;
- Encouraging and ensuring accountability of local and central government and others for actions which impact on equity through monitoring; and
- Prioritising our own activities and actions so that what we do contributes to the elimination of inequities.

Dr Norman Sharpe closed the Symposium, thanking the speakers, sponsors, organising committee, and participants.