CHRISTCHURCH CITY HEALTH & WELLBEING PROFILE 2012

"I do feel part of the community. I read the local magazines, read the notice boards in supermarkets, read anything and everything, there is oodles of information of what is happening in the city and in my area. Spoiled for choice really, wish I had more time in my day to do more."

"I'd like to have somewhere to garden communally in my neighbourhood."

"I feel my cultural identity is simply as a New Zealander and therefore I automatically fit in."

"I hope that my grandchildren and their children will be able to have the same high quality of drinking water that we currently have."

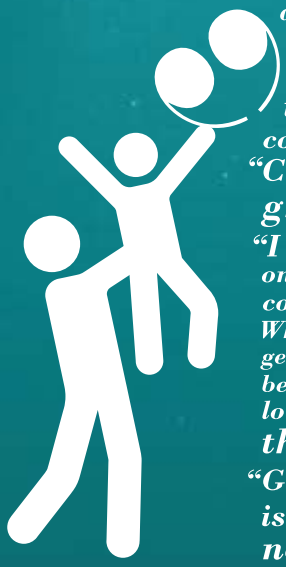
"We need better street design and retrofitting to encourage cyclists and pedestrians."

"We need support for the elderly to enable them to stay comfortably in their homes."

"Community development groups are very good."

"I have been on touch with one Maori community who are completely transforming their Whānau and are taking action to get their young people educated to be model citizens. They also have lots of community events, and that's really inspiring."

"Graffiti and binge drinking is a community issue and not just young people."



"I love the Lantern festival which has been featuring Asian culture and both traditional and contemporary arts."

"It's a good place to bring up a family."

"I would like to see more recognition given to the volunteers."

"Great range of dog parks."

"Smokefree in public places is excellent."

"I am anxious sending my children to school on their bikes. Christchurch could be a world-known 'Cycle City' so easily and it would be fantastic if council could see this and how it could be such a draw-card for tourism."

"I'd like to have somewhere to garden communally in my neighbourhood."

"More support for groups like Neighbourhood Trust."

"Air quality has improved. Good to see wet land areas and walkways created."

"My husband and I have just joined the Neighbourhood Watch support group in our street, I think they are a great idea and a good way to get to know your neighbours."

"The young role models - like the youth workers in our schools – need to be recognised."

"Libraries are brilliant."

Foreword (2012 reprint)

Canterbury has experienced an unprecedented time in its history since the completion of the profile project in August 2010. The City Health Profile and the 48 issues papers created from the consultation process have provided important background for our rebuild. The papers and the profile are both available on the Healthy Christchurch website.

This reprint of the profile provides an update on the five 'Where to from here' recommendations made on page 52. It also includes a list of all the issues papers that were developed as part of the project (see page 55). There are no other substantive changes to the document.

A decision on repeating the City Health Profile survey will be dependant on whether the information gathered can add value to the results of a range of other surveys being undertaken at the moment, which are designed to ensure Christchurch recovers and 'builds back better'.

Update on recommendations

1/

Use the Healthy Christchurch website and let us know when it needs updating.

The website continues to grow and has been fully updated. Comments can be left on the site and it is now linked to Twitter and Facebook. The site is monitored daily and postings are made regularly. Signatories at Healthy Christchurch hui have been very supportive of the new look website and have been keen to engage actively with the City Health and Wellbeing Profile key issues papers. There is a commitment to ensure the papers stay 'live' and remain relevant and work is currently underway on reviewing and updating these.

2/

Decide on some key health indicators for Christchurch's post-earthquake recovery.

Many agencies have worked with the Canterbury Earthquake Recovery Authority to create an earthquake recovery monitoring and reporting framework. The CERA wellbeing survey, which commenced in September 2012, is aimed at measuring the wellbeing of greater Christchurch residents after the earthquakes and seeks to improve our understanding of what's really going on around us. Questions cover issues like stress, quality of life, social connectedness, satisfaction with the recovery and positive impacts people are experiencing. The survey is one component of a wider monitoring and reporting framework designed to measure the success of CERA and its partners in achieving the goal that greater Christchurch becomes an attractive and vibrant place to live, work, visit and invest in. The results of these pieces of work will be widely disseminated.

3/

Actively endorsing a 'health in all policies' model.

In January 2012, four Healthy Christchurch signatories – Environment Canterbury, the Canterbury District Health Board, Christchurch City Council and Partnership Health – formed the Canterbury health in all policies partnership (CHIAPP). The vision for this group is: 'we work together to ensure that health and wellbeing is embedded into our organisation's policy development, planning cycle and project development as a normal part of these processes'. In the year leading up to this formal partnership the group was involved in an integrated assessment of the draft central city plan, used the Integrated Recovery Planning Guide in suburban master-planning exercises, and developed and ran training sessions on health in all policies and the determinants of health.

4/

Formalising the urban development strategy health group.

Since the Canterbury earthquakes the focus of the Urban Development Strategy partnership has been on ensuring its key principles and strategic directions are fully integrated within recovery planning. These broad well-being objectives remain as pertinent now as they were before September 2010 and February 2011.

As a consequence, the establishment of new UDS topic groups, including the proposed health subgroup, has not advanced. Discussions have instead related to how existing UDS governance structures might be used to assist and inform recovery planning and the development of recovery programmes and plans. Health and well-being issues are integral to this approach and the City Health Profile represents a valuable source document to inform such programmes as they develop.

5/

Integrate the key themes from the consultation into earthquake recovery planning.

A key achievement is the recognition within the Recovery Strategy for Greater Christchurch Mahere Haumanutanga o Waitaha of impact assessment methodologies and the Integrated Recovery Planning Guide tool as part of recovery plan development.

Some examples of integrated planning include:

- The input health and multiple agencies provided into the 100 day plan.
- Winter warmth issues addressed by joint agencies under the Healthy Christchurch banner.
- Canterbury District Health Board employed a coordinator to focus specifically on preventing harm related to excessive alcohol consumption with an advisory group chosen from across the whole health system.

It is exciting to see the focus on active transport options in the proposed Christchurch Transport Plan and Healthy Christchurch will continue to advocate in the areas, which are considered a 'best buy' for the health and transport sectors.

Acknowledgements

Too many people have given generously of their time and knowledge to be individually named here. The Healthy Christchurch Champions and Steering Group would like to thank all of them, those who worked *behind the scenes* developing the consultation, writing the issues papers, summarising the vast amount of feedback we received, reading and re-reading the final versions of both print and web versions and doing final edits. Thanks to those who *fronted the project*, organising and running hui, photovoice projects, attending expos and aged care facilities, visiting libraries and working through translators to ensure that everyone who wanted to was able to have a voice. Thank you to all of the participants who *gave time* and often, considerable attention and thought to their feedback through the consultation. Your voices have been heard.

The project does not end here. The work done lives on at
www.healthychristchurch.org.nz/city-health-profile

Stay in touch as we work to make it count!

Christchurch City Health and Wellbeing Profile 2011
Sponsored by Healthy Christchurch, Project lead Dr Anna Stevenson,

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Community and Public Health
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Introduction

The social, economic, cultural and physical environments in which people live their lives have a significant effect on their health and wellbeing. Although genetics and personal behaviour play a strong part in determining an individual's health, good health starts where we live, where we work and learn, and where we play. Improving community health requires taking a broader view of the conditions that create health and wellbeing, from how we plan and develop our urban spaces and places, to the opportunities for employment, recreation, and social connection available to all who live in them.

A HEALTHY POPULATION BRINGS ECONOMIC AND SOCIAL BENEFITS

Contents

Executive summary

Peoples' health is affected by factors including genetic inheritance, lifestyle choices, quality of housing, water and air, and, government policy. These all play a part in determining health, and are often called health 'determinants'.

Healthy Christchurch has completed a city health profile focusing on the determinants of health and wellbeing in Christchurch. The profile was prepared using a combination of available health data, the signatories views and community consultation.

During 2009-10, Healthy Christchurch facilitated a conversation with over 700 people. Individuals and groups were asked two questions under each of the six headings of the health promotion model, Te Pae Mahutonga. They were asked (1) kaha ake – what is working well for you? and (2) ngā take – what do you need or would like to see changed, in order to live a healthier life? The key findings have been summarised below.

Key findings

Te Oranga

- Libraries were highly valued.
- Community swimming pools were appreciated, although for some, the cost of entry was a barrier.
- Greater council support for neighbourhood activities (such as community gardens) was wanted.
- People liked having public transport, but felt there should be more options and it should be cheaper.
- Having the ability to cycle safely was considered very important.
- English as a Second Language night classes were important to migrants.

Mauriora

- Māori felt there was a good range of Māori services in the community.
- Churches, community groups and childcare services were important in supporting Pacific culture.
- Most new migrants felt welcome in Christchurch.
- Some New Zealand Europeans had difficulty defining their culture, but felt very connected to the land.
- Some New Zealand Europeans wished to have better access to, and develop a better understanding of, Māori culture.
- Older people wanted more contact with young people.

Toiora

- Better access to fresh fruits and vegetables, local markets and more community gardens were requested.
- Some survey participants were concerned at the cost of Christchurch City Council owned recreation centres (particularly larger families).
- There were calls for workplace health programmes.
- Smokefree legislation was seen as a success, and many people supported the Christchurch City Council's smokefree parks initiative.
- Harmful use of alcohol was a concern for a number of people, and stronger action to address this was requested.

Waiora

- Survey participants recognised the high quality of Christchurch's water and wanted clean and safe drinking water to be a high priority.
- Some requested that recreational water (like rivers and lakes) be cleaned up so everyone could enjoy them.
- The Christchurch City Council's three wheelie-bin system for rubbish collection and recycling was positively commented on by many.
- Green spaces and parks were highly valued.

Te Mana Whakahaere

- Survey participants strongly valued community events and facilities, for example, the existing community gardens, and the time bank in Lyttelton.

Ngā Manukura

- A greater diversity of role models was requested, not just sports stars.
- Young people in particular wanted more positive role models.
- All age groups and ethnicities thought youth needed greater community support.
- Both the young and the elderly asked for 'safe' places to engage between generations.

Conclusions

Good health and wellbeing are critical for thriving communities. This means that businesses, councils and government should explicitly consider the possible health effects in their policy, planning and project implementation processes.

The issues papers covering key concerns for the city along with this document are a valuable tool for Healthy Christchurch signatories and the community to use in their advocacy for better health and wellbeing. The issues papers are available on the Healthy Christchurch website www.healthychristchurch.org.nz/city-health-profile.

The information in this project and the recommendations are valuable for decision-makers to consider and engage with as Christchurch recovers and grows after the recent earthquakes.

Key health indicators for Canterbury people need to be developed, which can be measured over time. Health and wellbeing needs to be monitored, to assess how well the community is recovering from the earthquakes.

Where to next?

A city health plan should be developed as part of the existing Greater Christchurch Urban Development Strategy.

Focusing on children and young people in planning for health and wellbeing will ensure greater gains for our community's future.

Requests for further information or presentations on this project should be directed to:

healthychristchurch@cdhb.govt.nz

Whakataukī

"Whaia te pae tawhiti kia mau, ko te pae tata whakamaua kia tina, hui e tāiki e"

"Pursue the distant horizons of your aspirations, hold fast to those you achieve"

Whakataukī (Proverb)
Provided by Ted Te Hae
Cultural Advisor, Community & Public Health,
Canterbury District Health Board

Issues papers were prepared on a wide variety of determinants of health and wellbeing ranging from unemployment to breastfeeding to te Reo.

These papers are all available from the Healthy Christchurch website:

www.healthychristchurch.org.nz/city-health-profile

WHAT IS A CITY HEALTH & WELLBEING PROFILE?

It is a portrait of our people and communities that is made up of data and observations from a wide variety of official sources, but importantly, also from the people themselves. This document, the 'Profile', pulls together official facts and figures and the ideas and thoughts of almost 700 individuals and community groups into one place.

The consultation took place under the umbrella of 'Healthy Christchurch' over eight months beginning near the end of 2009. Discussions took place with individuals at libraries across Christchurch, at hui on marae, and in meeting places across the city. Students used their cameras to take photos and many people wrote their thoughts on an internet survey. Everyone was asked the same questions using the headings found in the health promotion framework created by Professor Sir Mason Durie, Te Pae Mahutonga (see page 22) – 'What is working well for you in this city?' (Kaha Ake) and, 'What would you like to see more of?' (Ngā take).

This Profile differs from other health surveys in that the focus is on the things in our communities that help us to be healthy. These 'determinants of health' include factors that immediately impact on our health and wellbeing, like nutritious food but also issues which lie further up the causal pathway such as smokefree legislation. It is important for us to know the facts around the levels of disease in our community, but if we want to change the numbers of sick people, we must understand how to be well and what needs to change in our personal lives and environments (physical, social, legislative and cultural) so that more of us can enjoy good health and wellbeing throughout our lives.

The earthquakes that have ravaged our communities since September 2010 have reinforced to us the importance of fundamental public health infrastructure such as water and sewerage supplies in keeping us healthy. Winter's arrival has shown the importance of warm and dry homes for our physical and mental health. As each aftershock tests the resiliency of us as individuals and of our families, we understand the strong links between good mental health and good physical health.

A great strength of the consultation for this Profile is that it was largely completed before the earthquakes began. This means that we have a portrait of what people in Christchurch loved about their home and what, at that point, they felt would make it an even better place to live. It gives us guidance on what to focus on in the rebuild.

AS WE REBUILD THE CITY AND ITS COMMUNITIES, WE HAVE A UNIQUE OPPORTUNITY TO ENHANCE OUR COMMUNITY'S HEALTH AND WELLBEING

How should we use this Profile?

This document is a summary of the official facts and the community's thoughts. The community identified 48 issues that are of concern or interest to residents. Each of the individual issues identified under each section of the profile (such as 'housing' or 'water quality') is explained in much greater depth and is available on the Healthy Christchurch website at www.healthychristchurch.org.nz. More information on how we carried out this project and the references for our facts and thinking are all provided on the website. Please check it out!

The Profile is an excellent source of up-to-date information on each of these issues and also gives our communities a voice as to how they want Christchurch rebuilt. This is important information for the various recovery strategies to consider and address. As we rebuild this city and its communities, we have a unique opportunity to enhance Christchurch's health and wellbeing.

Quotes from the public have been collected and used through this Profile. Look out for this symbol and read what people have to say about our city.

WHY ARE WE FOCUSING ON HEALTH & WELLBEING?

GOOD HEALTH IS A FUNDAMENTAL HUMAN RIGHT.

In the largest opinion poll ever undertaken, the Millenium Survey of 50,000 adults in 60 countries, it was good health that was selected as the thing that matters most in life. The value Christchurch people place on good health is reflected in its inclusion in the Community Outcomes at both city and regional levels. A healthy population brings economic and social benefits. There is growing evidence about the long-term life costs for individuals and the growing health costs for government as the population ages and succumbs to problems associated with an unhealthy lifestyle, especially obesity, diabetes and heart disease. Good health is strongly linked to sustainable development. Many interventions which promote better human health at the same time also promote better environmental health.

The social, economic, cultural and physical environments in which people live their lives have a significant effect on their health and wellbeing. Although genetics and personal behaviour play a strong part in determining an individual's health, good health starts where we live, where we work and learn, and where we play. Improving community health requires taking a broader view of the conditions that create health and wellbeing, from how we plan and develop our urban spaces and places, to the opportunities for employment, recreation, and social connection available to all who live in them. There is also growing evidence that some groups in our community have poorer health than others.

Inequitable health outcomes between different groups in the community refers to those diseases which are preventable. These preventable poor health outcomes should be of concern to everyone, not only because they are unfair and in many cases avoidable, but also because they often have spillover effects on the rest of society, and cost more to treat and manage than to prevent. Better health for everyone can only be achieved by addressing the wider causes of poor health, and of inequitable health outcomes.

PERSONAL CHOICES AFFECT EVERYONE... For example, the consequences of alcohol misuse not only affect the individual consumer (e.g. injuries suffered because of drunkenness) but also their close family (e.g. through domestic violence and children born with foetal alcohol syndrome), those who inadvertently become involved with them (e.g. other victims in car crashes), and wider society (e.g. through perceptions of unsafe urban environments due to drunken behaviour). In 2002, in Christchurch, alcohol was involved in 14% of all motor vehicle crashes in urban areas and 20% of all motor vehicle crashes in rural areas. 26% of frequent attenders to the Christchurch Emergency department had a diagnosis of alcohol or substance misuse. Recently, harmful alcohol use in New Zealand in 2005/6 was estimated to cost $4.437 billion in diverted resources and lost welfare with costs of $1.592 billion attributed to injuries alone. The great majority of harm caused by alcohol is preventable. Healthy Christchurch and many of its signatories have argued that the current legislative environment around alcohol availability and marketing has contributed to a significant extent to the harm caused by excessive alcohol use in Christchurch.

E Impact of the earthquakes

Understanding the range of factors that contribute to people's health can help us develop policies and plans to improve health and wellbeing. The earthquakes of 2010-11 damaged homes, buildings, roads, water and wastewater systems, and community facilities such as pools, libraries and open spaces. The central city will need to be substantially rebuilt, and whole suburbs will need to be abandoned. It was lucky that the consultation for this City Health Profile was completed shortly before the 4 September 2010 earthquake. This provided a snapshot of what people thought about living in Christchurch and what they wanted to see changed. What they told us was consistent with many other consultations undertaken in recent years, including for the Greater Christchurch Urban Development Strategy. For many of us the earthquakes have 'shaken the ground we stand on' not just physically - our whole lives have changed as we navigate new homes, new workplaces, new schools, new daily schedules and traffic jams like we have never experienced before. The feedback from this consultation can help remind us of what we valued before the quakes and guide our planning for the future.

WHO ARE WE?

Before we start we need to know who lives here...

Christchurch is New Zealand's second largest city. Between 2001 and 2006 the city's population grew by 7.5%.
The earthquakes saw the population fall by 2.4% to an estimated 367, 700 in June 2011.

We are a multicultural community!

In 2006, 75.4% of Christchurch residents identified as NZ European, compared with 67.6% nationally. Asian people made up the next largest group with 7.9% of the city's population compared with 9.2% nationally; then Māori with 7.6% (14.7% nationally) and Pacific peoples with 2.8% (6.9% nationally). NZ European includes people from many groups - British, Irish, South African, Australian and other European nations. The Asian population is also made up of a number of different nationalities, including Japanese, Korean, Chinese, Thai and Malaysian.

"The city needs to focus on its changing demographic, in terms of an aging population and cultural diversity."

We are all getting older!

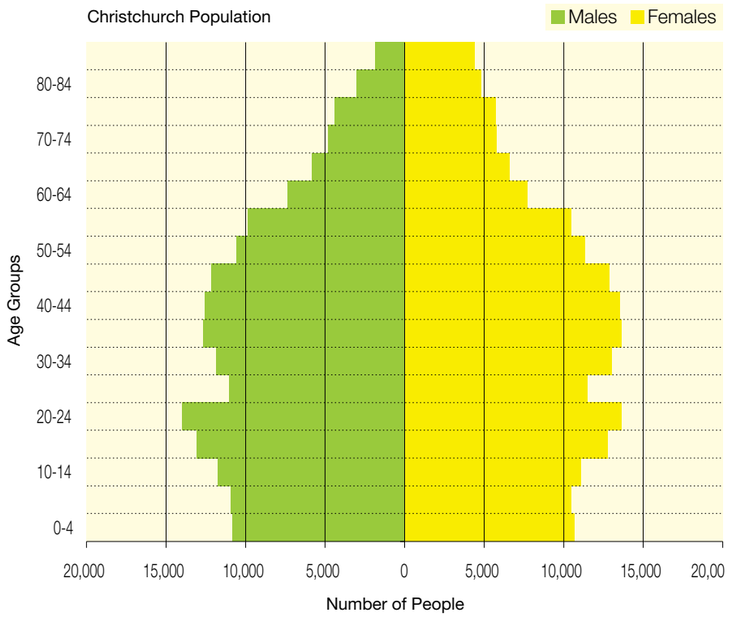
Christchurch's population is slightly older than the national average: Statistics NZ have provisionally estimated the median age in June 2011 to be 38, projected to rise to 42.3 by 2026. People over 65 made up 14.4% of the population in Christchurch, while 17.5% of Christchurch people were under 15. Christchurch residents in the working age group of 15 to 64 years accounted for 68% of the total population.

Even though older people are remaining healthier in general, the number of very old people is growing both in absolute numbers and as a proportion of the total population over the age of 65, and will continue to increase. The graph on the following page shows the 2006 population of Christchurch broken down by gender and five-year age groups. There is a large bulge in the 40-44 year age range. This group currently supports the much smaller group in the age range 60 and above. In twenty years time there will be a smaller group of middle aged people supporting a much larger group of elderly people. This alone is a good enough reason for us all to think hard about how to keep our population healthy for as long as possible!

"I am happy that my rates continue to provide equitable services for all, and includes the provision of extra support for low-income families and the disabled."

The 2006 population of Christchurch broken down by gender and five-year age groups.

Source: Statistics New Zealand



CHRISTCHURCH HAS A HIGHER PROPORTION OF SINGLE PERSON HOUSE-HOLDS THAN THE NATIONAL AVERAGE, REFLECTING THE LARGER NUMBER OF ELDERLY PEOPLE LIVING HERE

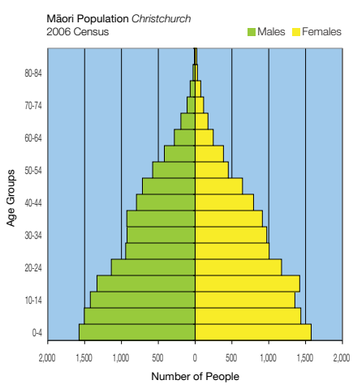
Equivalent graphs for European, Māori, Pacific and Asian residents reveal that the European population, which accounts for 75.4% of Christchurch residents, unsurprisingly mirrors the above chart reasonably closely. Māori and Pacific population graphs are more pyramid-shaped, reflecting the larger percentages of young people in these communities and greater symmetry between males and females.

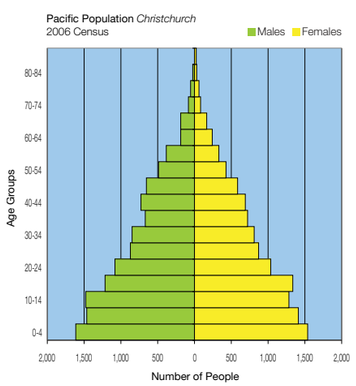
In particular,

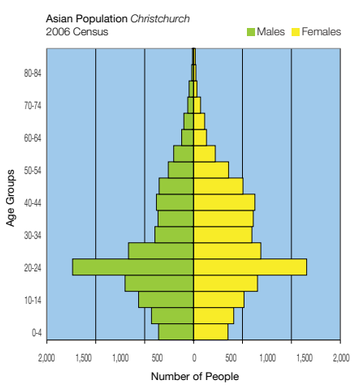
- 34% of Māori and 37% of Pacific people are aged under 15 compared to 18% of Europeans;
- 20% of Māori and Pacific people are aged 15 to 24 compared to 14% of Europeans;
- only 3% of Māori and 2% of Pacific people are aged 65 and over compared with 15% of Europeans.

The age profile of the Asian population in Christchurch is a similar shape to that of the wider population, with the exception of a large group aged 20 to 24 who make up 18% of the Asian population, reflecting the numbers of students from overseas.

There are more females than males in all age groups.

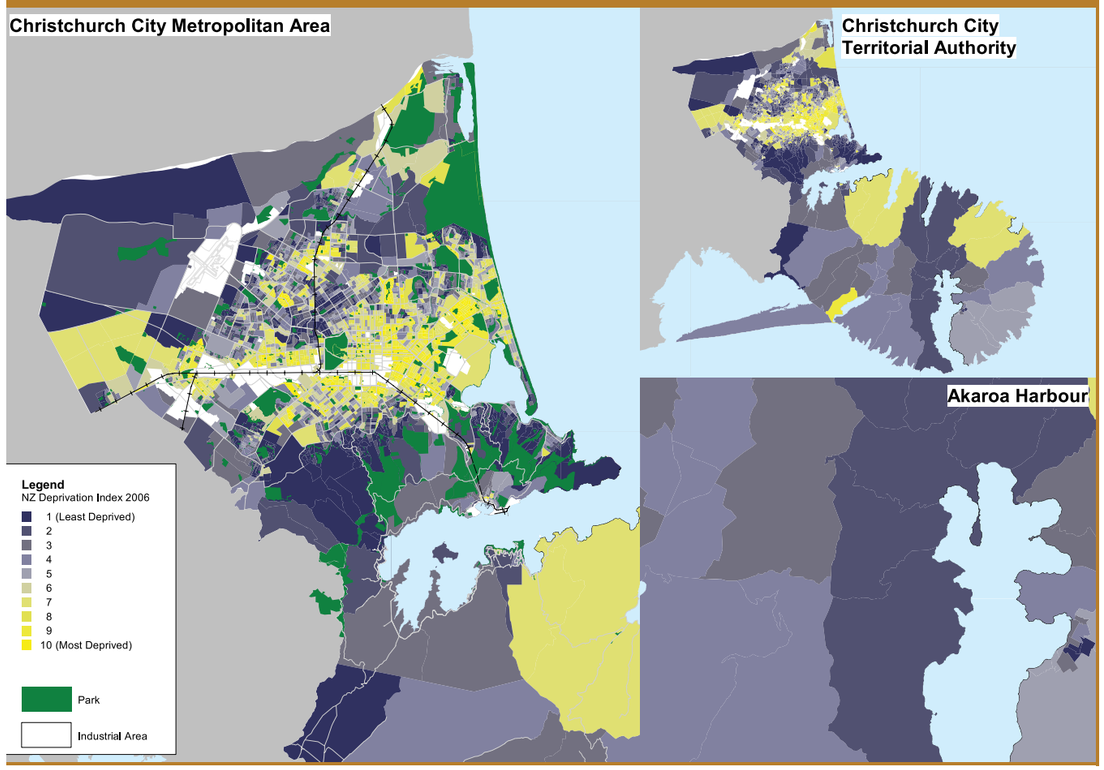






Source: Statistics New Zealand

NZ Deprivation Index 2006: Population Distribution By Meshblock



Key Points:

- The NZ Deprivation Index reflects the aspects of social and material deprivation by area. The index provides a deprivation score for each meshblock in New Zealand. Meshblocks are geographical units defined by Statistics New Zealand, containing a median of approximately 87 people in 2006. Census data regarding a number of factors is combined for the NZ Deprivation Index.
- In 2006, a total of 55,383 people (15.9% of the City's population) lived in areas of high deprivation (deciles 9 and 10). These areas of high deprivation include parts of Hornby, Riccarton, Addington, Sydenham, Linwood, Bromley, Aranui and New Brighton.
- In the north-west sector of Christchurch, which is widely regarded as an affluent part of the City, there are pockets of deprivation in areas such as Jellie Park, Northcote, Casebrook and Harewood.
- In 2006, a total of 76,017 people (21.8%) lived in areas of low deprivation (deciles 1 and 2). This includes much of the Port Hills, and areas in the NW sector of the City, including parts of Fendalton, Deans Bush, Holmwood, and Strowan.
- Banks Peninsula overall tends to be an area of low deprivation, but has pockets of high deprivation within Lyttelton and in Birdlings Flat.

Source: Department of Public Health, University of Otago, Wellington and Christchurch City Council.

Impact of the earthquakes

Prior to the 2010 and 2011 earthquakes, Christchurch's population had been projected to increase to 453,000 by 2041. The 2011 census has been postponed until March 2013 and there is currently no means of exactly assessing the longer term impact of the earthquakes on the population of the city.

KEY HEALTH CHALLENGES

If our community were to get a check up at the local doctor...

Life expectancy at birth

Life expectancy at birth is used internationally as a measure of how well our public health systems are working so our General Practitioner (GP) would be quite impressed to know that on average life expectancy (in years) for both men (79.0) and women (82.4) in Christchurch is slightly higher than the national figures of 78.0 and 82.2 respectively. We know that life expectancy is affected by socio-economic deprivation: in 2005-2007 males in the least deprived 10th of small areas in New Zealand could expect to live 8.8 years longer than males in the most deprived 10th (82.1 versus 73.3). For females the difference was smaller but still substantial (84.6 versus 78.7). There are also marked ethnic differences in life expectancy. In 2005-07 male life expectancy at birth was 79.0 for non-Māori, but for Māori it was 70.4. Female life expectancy at birth was 83.0 years for non-Māori and 75.1 for Māori.

Did you know?

MĀORI MEN, ON AVERAGE, LIVE 8.5 YEARS LESS THAN NON-MĀORI MEN

Obesity

Our GP would be less impressed at how overweight we are. A healthy body size is increasingly recognised as important for good health and wellbeing. A way of measuring whether someone is overweight is the body mass index (BMI). BMI is calculated by dividing weight in kilograms by height in metres squared (kg/m2). The normal BMI range is 18.5–24.9 kg m2. Adults with a BMI of 25.0–29.9 are overweight and adults with a BMI of 30 or greater are obese.

Obesity in adults is associated with a long list of adult health conditions, including cardiovascular disease, some cancers, type 2 diabetes, kidney disease, and psychological and social problems. Overweight and obese children are more likely to be obese into adulthood, and childhood obesity may increase early mortality (death) in adult life. The rapid increase in obesity rates in recent years has occurred too quickly to be explained by genetic changes, and most experts believe it is due to living in an increasingly 'obesogenic' environment that promotes over-consumption of food and drink and limits opportunities for physical activity.

Is your workplace 'obesogenic'? Do you spend most of your day sitting at a desk? Do you know where the stairs are in your office building? Do you feel safe using them? Does your vending machines have healthy food options? Does your cafeteria serve high quality nutritional food? Can you easily walk, cycle or take public transport to get to work and back home?

Since the late 1980s, adult obesity has increased in New Zealand, rising from 10% of the population in 1989 to 26.5% in 2006-7. In 2006, one in five children were overweight, and 8.3% were obese. Since 2002 the prevalence of obesity in children and young people has remained stable; but adult obesity has increased, though the rate of increase has slowed somewhat. Overweight and obesity disproportionately affect Māori and Pacific children and young people. In 2006/07, 25% of Māori children and young people were overweight and 13% were obese, compared with 20% and 8% of children and young people overall. In Pacific children and young people 31% were overweight and 26% obese.

"Publicise the cost of obesity, diabetes, asthma and other diet, alcohol abuse, lifestyle, lack of exercise and environmental diseases in HealthFirst."

Diabetes

Diabetes is the body's inability to control blood sugars (glucose). Type 1 diabetes is usually an inherited condition diagnosed in childhood. Type 2 diabetes is normally an adult disease, but is increasingly being found in children. Obesity increases the risk of developing type 2 diabetes, although a family history of diabetes is also a major risk factor. Diabetes can have potentially serious complications including high blood pressure, gout, and high cholesterol. It is estimated that 4.4% of people in the Canterbury District Health Board (CDHB) area have diabetes, and that more than 200,000 people have been diagnosed with diabetes (mainly type 2) in New Zealand.

Māori, Pacific and Asian people have higher rates of diabetes than other New Zealanders, and hospitalisation and death rates are also higher. Diabetes is also associated with socioeconomic deprivation, with people from the most deprived areas being more than twice as likely to be diagnosed with diabetes than those from wealthier areas. The number of people who will develop and die from type 2 diabetes is expected to increase over the next 20 years (along with pre-diabetes, insulin resistance, and obesity). Worldwide it is estimated that up to 80% of type 2 diabetes would be preventable by healthy lifestyle changes.

Did you know?

IN 2011/12 THE CDHB ESTIMATES IT WILL SPEND MORE THAN $100 MILLION ON MANAGEMENT OF DIABETES AND ITS COMPLICATIONS.

Cardiovascular disease

Cardiovascular disease (CVD) is a general term for diseases of the heart and circulatory (blood vessels) system. CVD is the leading cause of death in New Zealand causing around 40% of all deaths. There is good evidence that cigarette smokers are up to three times more likely to suffer from CVD than people who do not smoke. Other important risk factors for CVD are high alcohol intake, diabetes, obesity, poor nutrition, and a sedentary lifestyle. Māori, Pacific people and people of Indian descent are more likely to develop CVD at younger ages and then to die from CVD than the general population. Death rates for coronary heart disease are also higher among all people from lower socioeconomic groups.

Mental illness

A number of consistent themes emerge when social, economic and wider environmental factors are examined in relation to mental health. Trends indicate that social isolation and loneliness, unemployment, and psychological distress all tend to increase the risk of mental illness. Lack of family support and disruptive personal relationships, poor housing, overcrowding and housing affordability also influence mental health. Factors that are positive or protective for mental health are social integration and connectedness and education.

Did you know?

30 MINUTES OF EXERCISE A DAY HAS BEEN SHOWN TO BE AS EFFECTIVE AS MEDICATION IN TREATING MILD TO MODERATE DEPRESSION

Chronic lung diseases

Emphysema and chronic bronchitis are serious, irreversible, lung diseases that are estimated to affect 15% of the adult population over the age of 45 years. More than 85% of chronic lung disease is caused by tobacco smoking; other causes include cannabis smoking and occupational (work) exposure to dust. As the disease progresses it affects quality of life, as sufferers are often isolated at home because of shortness of breath which can lead to anxiety or depression.

In Canterbury, women have higher rates of chronic lung disease (8.5%) than the rest of New Zealand (7.4%), but the rate of hospitalisations is significantly lower than the national rate. Māori had a significantly higher hospitalisation rate than all other groups.

Asthma causes reversible restriction of air flow to the lungs. New Zealand has one of the highest rates in the world – between 15%-20% of children and adults have asthma. Māori and Pacific people are most affected with higher rates of hospital admissions than New Zealand European children. In Canterbury, the prevalence of adult asthma is similar to the national rate (11.2% - 11.4%). People living in warmer homes require fewer GP visits, hospital admissions and sick days off work and school. Evidence is growing that asthma can be aggravated or triggered by poor indoor environments such as cold homes, damp and mould, and pollutants.

Cancer

Nearly I in 3 deaths in New Zealand are due to cancer. In Canterbury the most common forms of cancer are bowel, prostate, lung, breast and melanoma (skin cancer) but different cancers are more likely to affect different population groups. Lung cancer is the most common cause of cancer death overall. Cancer diagnoses and deaths from cancer were significantly higher for Māori than for non-Māori during 1997-2007, and were also significantly higher for the poorest people in our communities. Reducing the incidence and impact of cancer in New Zealand will require a planned, systematic and co-ordinated approach, addressing prevention, early detection, and treatment.

Child and adolescent oral health

Oral health is known to have an impact on growth, the ability to chew, speak and taste food, on mental and social wellbeing, and general quality of life. All children under the age of 18 in the CDHB area are eligible for free dental care. In 2009, approximately 67% of adolescents in Canterbury were using oral health services. This is slightly above the average of 65.4% for all DHBs. In 2009, almost 65% of five-year-olds in the Canterbury DHB area had healthy teeth, compared to just over 55% of New Zealand children overall. Māori and Pacific children, however, had significantly higher rates of tooth decay than other children: only 37.5% and 26.75% respectively had healthy teeth in 2009.

"Good drinking water but there is no fluoride for my kids' teeth."

"I like the fact we do not have fluoride in the water."

So our community doctor said...

Good on you for coming in for a check up! Looks like you're doing well but there's room for improvement. Let's examine you in a bit more detail...

FACTORS THAT AFFECT OUR HEALTH & WELLBEING

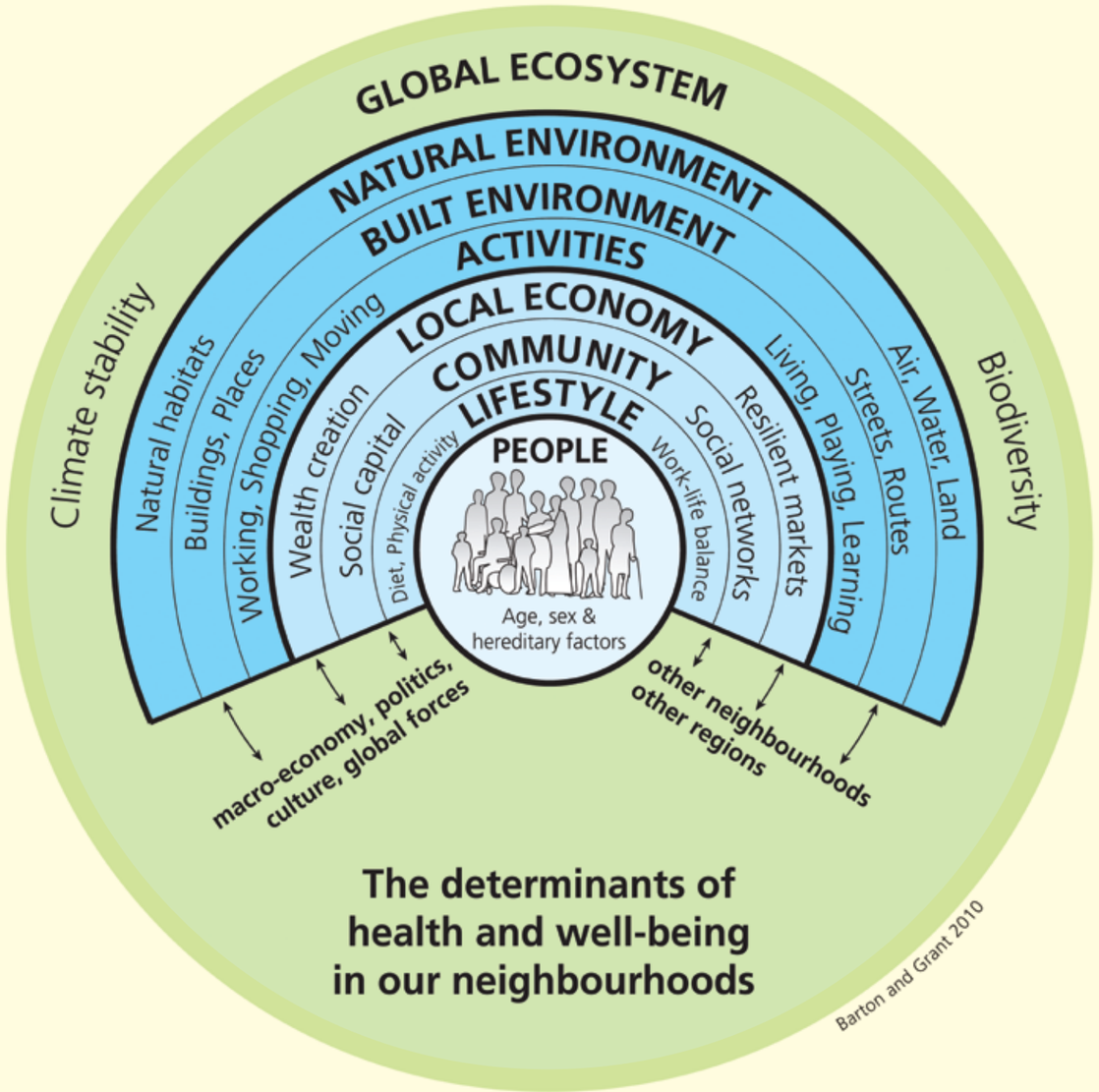
Many factors affect people's health and wellbeing. These include age, lifestyle factors (like smoking), transport, the natural enviroment (air and water), and the built environment (housing quality). One diagram by Barton and Grant (right) helps illustrate this. In this Profile the factors that affect our health and wellbeing (sometimes called "determinants" of health) have been organised according to the Te Pae Mahutonga health promotion framework. Feedback from the consultation has also been assigned to the appropriate Te Pae Mahutonga area. Because many of the hui involved group discussion many people provided input on issues across multiple Te Pae Mahutonga headings; we have allocated those responses to the right headings for clarity and to simplify the discussion that follows. Of course, many issues identified could fit under more than one heading e.g. better insulated housing could be considered under Toiora - healthy lifestyles (warmer homes help people stay healthy) or Waiora - environmental protection (reduced energy usage benefits the environment). In general we have tried to discuss an issue primarily under one heading and referenced it to other areas as appropriate.

Once all the feedback was collated it filled almost five hundred pages. The extent of agreement amongst people of all ages and ethnicities about what was working well and what they would like to see in Christchurch was striking. Much of the feedback was very consistent with other consultation processes that have taken place in the last decade (e.g. the feedback from almost 3500 people on the Greater Christchurch Urban Development Strategy in 2005) and more recently (e.g. the Christchurch City Council (CCC)'s 'Share an Idea' process for the Central City Masterplan). Where a particular group held strong views, however, these are specifically identified.

Barton, H. and Grant, M. (2006) A health map for the local human habitat. The Journal of the Royal Society for the Promotion of Health, 126(6), pp252-253.

http://www.bne.uwe.ac.uk/who/healthmap/default.asp

Factors that affect our health and wellbeing



TE PAE MAHUTONGA

An indigenous framework for health promotion

This consultation was undertaken in partnership with local Māori. The partnership agreed to use the health promotion model known as Te Pae Mahutonga as a framework for the consultation and for reporting back to the wider community. This model encompasses the elements needed for strong community development which include healthy lifestyles, healthy environments and culturally appropriate leadership.

Te Pae Mahutonga uses the imagery of the celestial body Te Pae Mahutonga or the New Zealand icon of the Southern Cross.

Please refer to page 56 for the Te Pae Mahutonga Implementation Planning guide.
For further information see *www.healthychristchurch.co.nz/media/22388/te_pae_mahutonga.pdf*

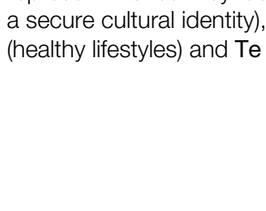
Source: Durie M. 1999. Te Pae Mahutonga: A model for Māori health promotion. Health Promotion Forum of New Zealand Newsletter 49. 2–5 December 1999.

The four stars of the Southern Cross represent the four key tasks of health promotion: Mauriora (access to a secure cultural identity), Waiora (environmental protection), Toiora (healthy lifestyles) and Te Oranga (participation in society).

The two 'pointer' stars in the constellation represent the two key requirements for achieving these health promotion goals: Ngā Manukura (leadership) and Te Mana Whakahaere (autonomy).

Mauriora

Among indigenous peoples cultural identity is considered to be a critical pre-requisite for good health. For Māori a secure cultural identity requires meaningful contact with Māori language, customs and inheritance. This requires endorsement of and cultural expression within the wider society's institutions. It is important that Māori cultural, social and economic resources are shared among all Māori. Using this model has enabled other cultures to reflect on the importance of this issue for their own wellbeing.



Toiora

Individual health outcomes are often strongly linked to personal behaviour choices and healthy lifestyles. Some choices (such as smoking) have well known and largely preventable outcomes. Not everyone has the same degree of choice to avoid risks – there is strong evidence linking risky lifestyles to poverty. Whole of society solutions to poverty traps are likely to be more successful than individual targeted solutions.

Waiora

The human condition is intimately connected with the domains of Rangi and Papa. Protection of the environment is critical for human health.

Te Oranga

Good health and wellbeing is also about services (e.g. schools, good health services, recreational opportunities) and the level of decision making and ownership that they can have in relation to those services. Increasing the extent of Māori participa- tion in society is critical to increasing health and wellbeing. This is also true for other groups in society who are excluded from societal goods such as education and employment.

Ngā Manukura

Leadership for health promotion will be more effective if there is recognition that no single group or individual can encompass all the skills and linkages necessary for effecting change. Institutions should not work in isolation. Health promotion leaders should understand the value of working closely with a range of community and professional leaders. The importance of 'language' to convey messages across cultural and socioeconomic barriers must be understood and addressed.

Te Mana Whakahaere

No matter how excellent a health promotion program is, if it is undertaken in a legislative or policy environment that is not supportive of good health, or it is imposed without community engagement, it will make little headway. Autonomy reflects how communities' unique aspirations are supported and the control people have over the programmes undertaken in their communities.

Te Oranga

Participation in society

It is now well recognised that health cannot be separated from socioeconomic circumstances. Good health depends on the extent to which people feel part of, and able to participate in, society. This participation includes the goods and services people can rely on and the confidence with which they can access those goods and services, a good income and employment, education, or sport and recreation.

Community views:
kaha ake – what's working well?

In general people of all ages and ethnicities had a positive sense of being able to participate in society if they chose. All age groups spoke of their love for the city, having access to open green spaces, great walking tracks, clean beaches, parks, dog parks, and free cultural, sporting and festival events, all of which made it easy to get out and about to participate. People also identified having employment, and access to public transport, healthcare services, schools and early education centres, as very important in enabling them to participate in society. Many appreciated the free dental treatment till 18 years and cheaper doctor visits for the under 6 year olds and thought that health services were generally good. A strong not-for-profit/voluntary sector was also identified as significant in supporting people to participate.

The majority of people felt that they were socially connected, had a sense of belonging, and that they had plenty of opportunities to be involved. The following were mentioned as key factors contributing to this sense of connection:

- The high quality of Christchurch City Council (CCC) facilities, with a variety of leisure centres and swimming pools as well as opportunities for sport and walking in natural areas – although there were a few comments about the cost of entry to pools, swimming lessons, and leisure centre classes.
- Libraries were seen by people of all ages as a key community hub: not only a place to borrow books, but also a place to connect with people, for example through knitting and young mothers clubs; to find out about what was going on, and about CCC services.
- Community initiatives featured very strongly: those most frequently nominated were neighbourhood support programmes, community gardens, the time bank in Lyttelton, river clean-ups, non-governmental organisations and community organisations providing free or low cost services, and church activities.
- Adult education classes in local schools, second language courses, and WEA night school were identified as working well, as were night schools at the CPIT and the University of Canterbury.
- Having children and getting involved in school activities helped to link people to the wider community.
- Older people felt that taking part in democratic processes helped to connect them to their community.
- People who lived in retirement villages also spoke highly of how such a self-made community provided them with opportunities to get out and also provided social events, keeping residents connected in a secure safe environment.

The community boards were seen as working well, especially the drop-in message boards, community newsletters and having a say in elections. Council was mostly seen as doing a good job, communicating well and trying to keep the community informed. Individual communities promoting local activities were largely seen to be working well. Generally people felt they had a voice with good community ownership and a secure environment.

Te Oranga

Key themes from consultation:

- Libraries were highly valued.
- Community swimming pools were appreciated, although for some, the cost of entry was a barrier.
- Greater council support for neighbourhood activities (such as community gardens) was wanted.
- People liked having public transport, but felt there should be more options and it should be cheaper.
- Having the ability to cycle safely was considered very important.
- English as a Second Language night classes were important to migrants.

Community views:
ngā take – what would you like to see?

Many people stated what a great job CCC was doing, but wanted more opportunities for people to access the things they liked. Subsidised access to swimming pools, sport, and recreation facilities and free exercise classes were advocated so more people, particularly the young or those on low incomes, could use the excellent services available. Other suggestions included fun activities such as low cost dance and theatre performance spaces, additional support for Māori sport and cultural activities including waka ama (outrigger canoe) and kapa haka (Māori performance and cultural groups) and more physical activity opportunities for the elderly.

Many respondents wanted more local shopping in community hubs which they felt provided more opportunities to develop relationships with retailers and others in the community.

A key theme was the need for safe environmentally-friendly transport. Although there was general praise for the bus service, in particular the Orbiter route, many felt that more needs to be spent on public transport with more frequent bus services, a safer bus exchange – particularly at night – and cross city transport exchanges, not just one central one. A large proportion of people across all age groups strongly voiced the need for better infrastructure to encourage walking and cycling (see Toiora – Healthy Lifestyles).

Feeling safe on the streets was an issue for both adults and youth. There was significant common ground on factors that contributed to feeling unsafe. All groups felt unsafe travelling on buses at night. All, including youth, would like to see:

- antisocial behaviour, noisy cars, under-age drinking and smoking tackled
- a safer city centre and night life within the city with activities that are not just around drinking
- a reduction in graffiti across the city

Many stated the need for better lit streets, more permanent community police and better noise control in the suburbs. Older people feared a lack of respect and felt intimidated by youth. Some were afraid to go out at night, but also expressed the desire to be more involved with youth. Others wanted to see more youth directed social activities and mixing of age groups.

More funding for initiatives to help youth into employment (including apprenticeships) was suggested.

Education received some comments. Schools could cater better for all, improving access to cultural activities and providing more kinaesthetic stimulation for Māori.

Community gardens were viewed as providing not only access to fresh fruit and vegetables but also an opportunity for exercise and social interaction, strengthening people's connectedness to their community. People wanted to see more opportunities to grow their own fruit and vegetables through community gardens. It was suggested that more unused Council-owned land could be used for community gardens.

The health care system was regarded highly but visits to the dentist and the doctor were seen as expensive and it was felt that this would be a barrier to low income earners.

Asian participants asked for more information in other languages and guidance around the health services available. Some ethnicities found that language barriers and cultural differences prevented them having access to the care they needed. Asian respondents thought greater bilingual resources and information were required to fully participate, with community newsletters being identified as particularly valuable. Some respondents from the Asian community identified the need for more information on how to access resources, when problems arose they were unsure about who to approach.

Language was specifically noted as a barrier for Chinese people, and especially for their elderly, in getting involved in the community. Access to opportunities to learn English was felt to be essential for participation in society.

Although many participants felt positive about opportunities to be involved in decision-making, others wanted more consultation and more transparent discussions about community-owned assets. Young people in particular felt that politicians did not care what they thought. About half of the older people, however, felt that people have a say, although older participants wanted a say on what services were available within their areas. All age groups expressed disappointment at the loss of ECan Councillors.

Te Oranga – *Participation in society*

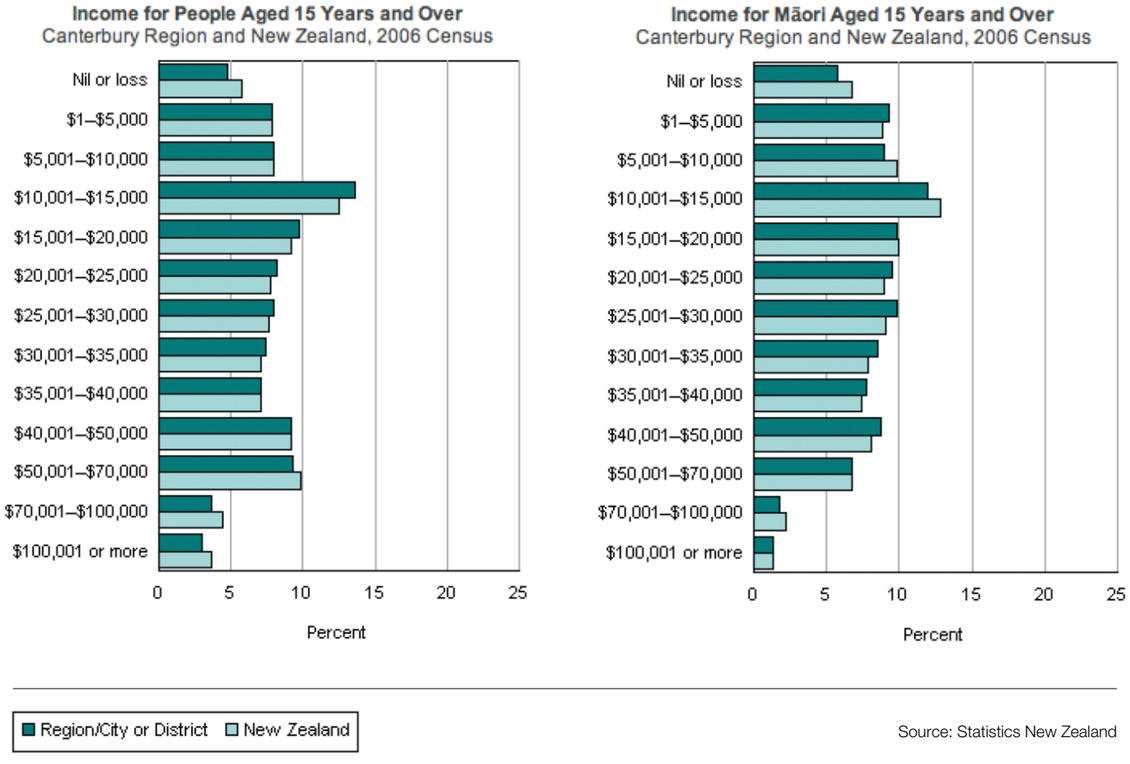
The following issues are discussed in much more detail on the website:
www.healthychristchurch.org.nz/city-health-profile

Income

Low income is associated with poor outcomes in many areas including greater unemployment, lower educational achievement, inadequate housing, fewer opportunities to participate in leisure and recreational activities, greater exposure to air pollution, poorer nutrition, lower life expectancy, and more chronic illnesses (including mental illness). Differences in income show a consistent pattern across the population. A child growing up in poverty is three times more likely to be sick than other children with Māori and Pasifika children most at risk from insufficient income, substandard housing, inadequate nutritious food and unequal access to health care.

Quote:

"There is a great range of facilities especially sports but all these cost and when you have a number of children the costs really do add up."



Source: Statistics New Zealand

Did you know?

THE JUNE 2011 HOUSEHOLD LABOUR FORCE SURVEY FOUND UNEMPLOYMENT IN WOMEN LIVING IN CANTERBURY HAD INCREASED FROM 6,600 TO 11,700

Employment

Employment plays an important role in wellbeing. For most people, income from paid work determines how they can afford to live (their material standard of living). Income saved during working life contributes to the standard of living of many retired people. Unemployment causes poor health, and poor health increases the chance of unemployment. A 2003 research project found that unemployment was associated with developing mental health problems, suicidal tendencies and committing crime.

Unemployment rates in Canterbury have varied over the last twenty years, from a high of 10.2% in 1991 to a low of 2.8% in 2006. In the June 2011 quarter, overall unemployment in Christchurch was 5.7% (19,800 people). Female unemployment rose from 6,600 to 11,700 people (8.1% of the female labour force) and male unemployment fell from 10,200 to 8,100 people (4.5% of the male labour force). Māori, Pacific people, young people and those with no qualifications were more likely to be unemployed.

Education

There is a well-known link between education and health, and a strong connection between qualifications, income and employment. Research conducted as part of the Christchurch Health and Development Study found that socioeconomic status at birth (parents' wealth) was linked to educational achievement. This may result in a vicious cycle in which children in poorer households are less likely to gain qualifications, and as a result, are more likely to be unemployed or poor. The same study found that those who did not gain qualifications were more likely to commit a criminal offence.

In 2006, around one-third of Christchurch residents had a bachelors or higher degree, or some other post-school qualifications. Approximately one in five Christchurch residents had no formal qualifications, although this figure had been declining over the preceeding twenty years.

Quotes:

"The key for me is having employment. When I was a solo mother with two pre-schoolers there was no way I could afford, have time or inclination to access sport, health and education and participation in the community could take a downward spiral, perpetuating loss of quality of life. With the work I am doing now I feel more aware of community consultation and participate more fully in that now."

"The area that concerns my family currently is access to employment for unqualified youth."

Quotes:

"As the parent of an international student, the quality of the education is satisfying but the fees for education (especially universities) is the number one priority for us to concern. Compared to our homeland, Korea, the costs have an extreme difference"

"Restore funding for Adult Community Education–enhance participation for marginalised people e.g. elderly, immigrants, health and disability."

Housing affordability

Access to safe and healthy accommodation is one of the most basic human needs. Where warm, dry, housing is unavailable or unaffordable, people are more likely to experience poor health. Home ownership can also contribute to positive economic and social outcomes for individuals and communities. Home ownership serves as an investment vehicle, with anticipated growth of equity over time, and high home ownership rates are associated with better neighbourhood connections.

In 2006, 54.7% of Christchurch dwellings were owned by the usual residents, slightly higher than the national average of 51.2%. Housing is considered to be affordable when no more than 30% of gross household income is spent on housing costs (including rent, mortgage, rates and building insurance). The number of households able to afford a house at lower quartile house prices declined between 1991 and 2001. Lower income households were more likely to be living in rental accommodation. In the year ending June 2010, one third of renting households were in accommodation defined as unaffordable. Rented accommodation is less likely to meet current standards for insulation and weather-tightness, so lower income households can struggle to heat their homes effectively. This can lead to damp and mould, which can trigger or worsen respiratory conditions llike asthma.

Māori and Pacific families were most likely to live in inadequate, overcrowded, and unhealthy housing.

Quotes:

"Housing is in short supply for some whānau due to cost."

"More community housing."

"Address backlog of people without homes by building more state housing."

"The extreme cold stops us from getting out and about as much as we would like. The cost of heating the house is exorbitant when on a pension and will obviously get worse, especially when the GST rises in October! It is a worry."

Household overcrowding

The number of people sharing a home is often influenced by available income and can have a significant impact on people's health and wellbeing. National and international studies show an association between crowding and the prevalence of certain infectious diseases, hospitalisation rates, poor educational attainment and psychological distress.

In 2006, 10% of New Zealand residents lived in households requiring one or more additional bedrooms to adequately accommodate household members. Māori and Pacific households were more likely to suffer from overcrowding.

Of unemployed people, 20% were likely to be living in crowded households compared to 7% of people in full-time employment. Of people who received income support, 17% were living in crowded households in 2006, up slightly from 16% in 2001.

Access to primary health care

Having good access to healthcare means people are able to get affordable care when they need it. Healthier populations tend to have strong primary health care, usually through General Practice services. The World Health Organization Report 2008 encourages all countries to orient their health care systems towards primary care. There is a relationship between the use of after-hours health care and age, gender and house-hold income.

In 2008, the level of unmet need for a GP was significantly lower in Canterbury - at 4.7% for women and 3.4% for men - than in New Zealand as a whole (7.8% and 5.7% for women and men respectively). Māori women in Canterbury were more likely to experi- ence an unmet need for a GP than other women.

Quotes:

"I would like more easy access to the Korean interpreting services whenever I use the medical facilities/services and the process of getting the interpreting service more simplified."

"We go to A&E even though we're told to go to afterhours. We can't even afford our regular doctors fee, let alone afterhours. We need care for our children so we go to A&E."

Access to a motor vehicle

A private motor vehicle gives individuals and families flexibility and self-sufficiency. This is especially useful where city areas have been planned around the availability of cars, in rural areas where it is impractical to walk or cycle to most destinations, or where there is no public transport.

In 2006, the majority of households in Christchurch (more than 90%) had access to at least one motor vehicle. People over 65, and especially those over 85, were less likely to have access to a motor vehicle than other residents.

Public transport

The availability of safe, affordable and convenient public transport allows more people – especially those on low incomes or who are unable to drive, cycle, or walk long distances – to travel to work, to access services, and to participate in social and leisure activities. Public transport also has the potential to reduce accidents, pollution, and traffic congestion.

Bus patronage in Christchurch rose from 7,178,996 trips in 1992-3, to 17,209,745 trips in 2009-10. Due to the earthquakes, it fell to 12,983,838 trips during 2010-11. In 2007-08, Environment Canterbury reported that 91.8% of households in Christchurch city lived within 500 metres of a bus route.

Quotes:

"The Orbiter - could be cheaper though. With the two hour limit on public transport generally its simply not enough time and isolates people."

"The more that we use public transport the more all save in all those hidden costs."

"Bus discount excellent. As a volunteer there's a cost of parking as well as a time limit, so the bus use is now helping this."

Social connectedness

Close and supportive relationships with others – family, whānau, friends, neighbours, work colleagues and those we meet through sport and leisure activities, voluntary work and community service – have been associated with better health and wellbeing, lower crime, higher educational achievement and greater economic growth. Fears about crime and personal safety can keep people indoors and reduce community participation.

In 2010, the majority of Christchurch residents reported that they had never or rarely felt isolated or lonely over the past twelve months. Less than 2% said they were lonely most or all of the time. Some groups felt lonelier: older people (65+), women and Māori were more likely to feel isolated.

Quote:

"I really like the magazine that comes out about 'our city' with an update from the mayor and I like the deals we get in our rates demands. I love the annual passes lots of companies offer, we take them all up!"

Age friendly city

Christchurch has an ageing population and this is set to rise. Many ageing people need help with their activities of daily living, such as shopping and showering. Improvements in health care, lifestyle, education, and nutrition have meant those entering their 80s are less impaired than in the past. Ensuring age friendly urban design would help the elderly to participate in society.

Quotes:

"Provide opportunities for older and young people to integrate."

"A group for elderly in a nice venue – not a cold hall."

Disability friendly city

In the 2006 NZ Disability Survey, 17% of people reported having a disability of some kind – physical, sensory, or 'other' e.g. difficulty speaking, learning, remembering or doing everyday activities. 10% of children aged under 15 had some kind of disability, and over one-third of people over 65 were disabled. Māori had a higher disability rate than other ethnic groups.

Disabled people face barriers in achieving things other people take for granted. Society tends to assume that everyone can see signs, hear announcements, read directions, and open heavy doors. Sometimes even small changes in the environment can dramatically increase disabled people's ability to participate in the ordinary community life.

Quotes:

"We are restricted from accessing a lot of places and events due to my child being in a wheelchair. We only go where I am able to toilet him."

"I'm concerned about widespread problems for these with hearing impairment - use of 'Loop system' in public buildings."

Library use

Many people surveyed in this Profile commented that they appreciated Christchurch's libraries. Library services have been greatly reduced by the earthquakes.

Quotes:

"The library is of fundamental importance to this community, not just books, also wireless access, pay rates at service centre, info gathering books, course/ research."

"I'm unemployed at the moment – funds are short – libraries are great."

"Libraries are brilliant. Where else do you see people queuing to get into libraries before they open!"

Access to telephone/internet

Lack of access to telecommunications can adversely affect the ability to use core public, social and commercial services, including emergency and medical services. It can also reduce opportunities for participation in society as more and more information moves from paper to electronic form.

In 2006, Christchurch households were similar to the national averages for access to telephones, the internet and mobile phones.

Quote:

"No broadband that is affordable."

Democratic participation

Citizen participation in public decision making and problem solving gives people a way of contributing to the communities they live in. This is an important aspect of people's wellbeing; it can influence decisions, opportunities to connect with others in the community, and help people feel valued by others.

The proportion of enrolled Christchurch electors who voted in local body elections is low and has declined steadily over the last seven elections, from 60% in 1989 to 42% in 2007. The 2010 Christchurch mayoral election, held a few weeks after the September earthquake, drew just over 50% of eligible voters.

Quotes:

"More effort to encourage participation in civic life – community boards, council's board of trustees. Better education to do this."

"I would like to see more Māori employed in Government and Local Body Departments across the city and a fairer representation on the council."

Migrant social support

Effective resettlement of new migrants is important both for the migrant and host communities. It increases social ties and helps migrants to achieve their full potential. The availability of interpreter services and ESOL classes for non-English speakers is vital. Refugees and asylum seekers who have already experienced considerable trauma need support to ensure positive resettlement. Provision of interpreter services, especially for refugee communities, has improved significantly in Christchurch over the past 10 years.

Quotes:

"I would like to feel more involved in the community but the language barrier prevents this and so if there were more Korean translated services it would be a lot more easier to get involved."

"The Asian population is increasing in NZ. There should be more proper information and opportunities for the other races to understand NZ culture. These should not be for showing off in the eyes or to survey but to genuinely help the other to understand NZ culture."

Racism

Racial discrimination is associated with poorer mental and physical health, smoking and cardiovascular disease.

"Being a Pacific Islander I notice a number of uncomfortable staring and even looks of disgust when I have used certain services…"

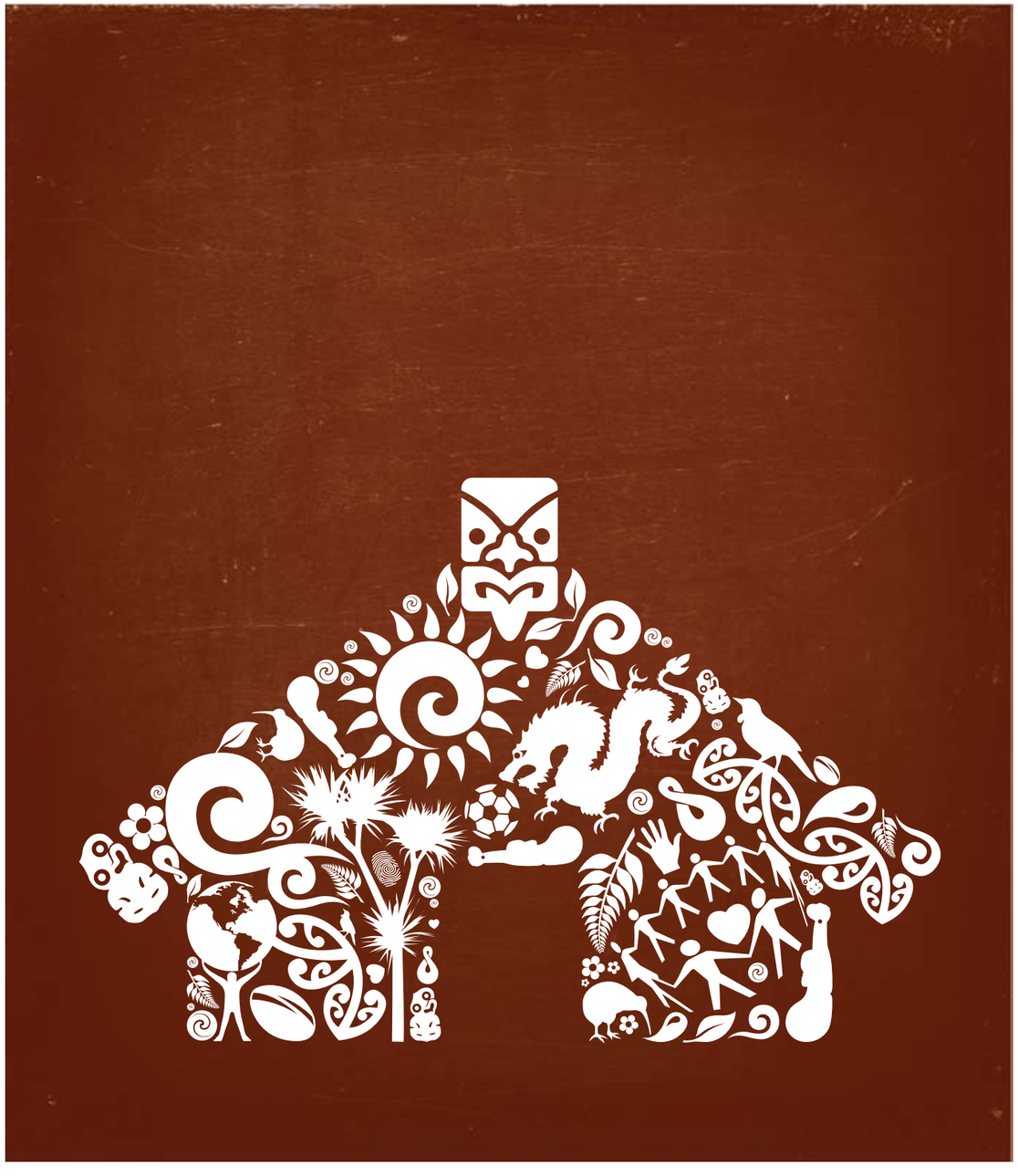
"More racial tolerance in the city and in the people employed to deliver services in the city – I've seen some really bad behaviour by bus drivers – treating young international students in a very patronising, demeaning way."

"Footpaths etc need to be more user friendly for elderly disabled etc – reduced obstacles and uneven surfaces."

"I loved the idea of a playground for older people!"

Mauriora

Connection to community and culture



In the original Te Pae Mahutonga framework, Mauriora refers to access to te ao Māori – to Māori language, knowledge, culture, economic and social resources, and to societal domains where being Māori is facilitated rather than hindered. In the context of this City Health Profile, Mauriora also encompasses other ethnic groups having a secure sense of cultural identity founded in meaningful contact with their language, customs and cultural inheritance.

Community views:
kaha ake – what's working well?

Māori of all ages felt that there was a good range of Māori services in the community and that some activities were working very well in supporting a positive sense of Māori cultural identity, especially kapa haka and Māori leadership in schools. Pasifika responses were similar, although they felt their identity was supported through the Pacific churches and/or childcare services. Churches and community groups provided important opportunities for Pasifika to use their own languages.

Christchurch was seen as being generally welcoming to new people. Migrants felt they could retain their cultural identity and celebrate their cultural events, and this contributed to feeling safe in Christchurch. Asian people recognised the support given within the Chinese community, and many had a sense of belonging in Christchurch. However some commented on racist taunts and feeling fearful at night.

New Zealand Europeans (Pakeha) were generally positive about the increasing diversity of New Zealand and about how this diversity makes up New Zealand's cultural identity, although they struggled to put into words their relationship to their own cultural identity. Many said that their relationship with their culture centred on their ability to access the mountains and the coast, but that Pakeha do not have a describable culture in the way that Māori do.

Residents stated they valued events and festivals and community facilities such as libraries and pools where community could interact. Identity was also connected with landscape and other natural values, local history, and the culture of tangata whenua.

Mauriora

Key themes from consultation:

- Māori felt there was a good range of Māori services in the community.
- Churches, community groups and childcare services were important in supporting Pacific culture.
- Most new migrants felt welcome in Christchurch.
- Some New Zealand Europeans had difficulty defining their culture, but felt very connected to the land.
- Some New Zealand Europeans wished to have better access to, and develop a better understanding of, Māori culture.
- Older people wanted more contact with young people.

Community views:
ngā take – what would you like to see?

This question gathered a variety of responses. People wanted more multicultural events, help with understanding other cultures better, more consideration to be given to other cultures, greater respect for New Zealand's unique cultural make-up, and better support to meet neighbours. Concern was raised about some areas of the city becoming racially exclusive and about growing racism against all groups - although this latter point was made most strongly by the Asian participants.

For Māori a common theme to emerge was a desire for more people (Pakeha and Māori) to speak (generally and in the home), and have better pronunciation of Te Reo Māori and for more radio programmes and street signs in Te Reo Māori. Responses also wished for more visibility of Māori people on Community Boards or the Council, and better liaison between Ngai Tahu and the Christchurch City Council.

New Zealand Europeans many wished for more education about Māori culture and interaction with Māori.

Mauriora – *Connection to community and culture*

The following issues are discussed in much more detail on the website:
www.healthychristchurch.org.nz/city-health-profile

Māori culture and Marae

Access to marae is essential for Māori culture and is important for Māori to maintain their culture, pride and tribal identity.

As tangata whenua (indigenous peoples) for 80% of the South Island, Ngai Tahu's relationship with the natural environment is fundamental to its culture and identity. Ngai Tahu has a strong commitment to protecting the natural environment while maintaining tikanga (cultural) and mahinga kai (traditional food gathering) practices. The maintenance of customary use rights for current and future generations is a key reason for the existence of Te Runanga o Ngai Tahu.

Te Reo - Māori language

One of the three official languages of New Zealand – the others are English and New Zealand Sign Language – Te Reo Māori is an essential expression of Māori culture and important for maintaining Māori pride and identity. In 2006, 18% of Māori in Christchurch could speak Te Reo.

Art and culture

Increasing recognition is given to the importance of art and culture in the daily lives of New Zealanders. Our sense of who we are is partly dependent on our experiences of our culture and heritage. Local identity is becoming more important in a world that is becoming more international. An appreciation of the unique aspects of New Zealand's culture, including Māori culture, contributes to economic growth, social connectedness, the encouragement of cultural diversity, creative thinking and a nation's self-confidence.

In the 2010 Quality of Life Survey, 79% of residents agreed that Christchurch had a rich and diverse art scene.

Heritage

Christchurch's past or heritage can be seen in different types of building constructed over the years (like New Regent Street), churches/spiritual places and items which commemorate past events (such as the statues in Cathedral Square). Heritage helps to create a unique sense of community and connects people to neighbourhoods.

The earthquakes have damaged and destroyed many of the city's heritage buildings. By October 2011, 160 listed heritage buildings had been demolished. They have also damaged other landmarks, such as Shag Rock in Sumner, which were familiar and important to the city's 'identity'. Although there is grief for what has been lost, the earthquakes allow Christchurch to make big changes to the built environment.

Quotes:

"Matariki at the national marae is an excellent opportunity offered city-wide."

"What is working well? Kura Kaupapa Māori. Services that they offer to our tamariki Māori organisations, serving the people. Waka ama, kapa haka, mean for our people to be able to thrive in what they are passionate about."

Quote:

"It is difficult living in an area where the numbers and visibility of Māori is low, as is the use of Te Reo as an everyday language of communication."

Quotes:

"Fantastic libraries and museums, art galleries and public parks."

"A variety of cultural events organised by CCC – great."

Quotes:

"I moved back to NZ because I needed to be part of the landscape and being able to walk the Port Hills satisfies me in a cultural/spiritual way."

"Lots of access to 'Cantabrian' activities e.g. hiking and skiing."

"I feel quite proud when I take visitors up to the Port Hills visitors centre."

"Key Māori sites need to be recognised i.e. the Square – Pa site – historical identity."

Toiora

Healthy lifestyles

Toiora is concerned with personal behaviour and the type of lifestyle we choose to live. Major changes in the way we work, how we get around, and how we spend our leisure time mean that many of us are not moving around (are sedentary) for much of the time, even though physical activity should be a part of everyday life. Other aspects of our lifestyles also have a significant effect on health and wellbeing, including nutrition (food), smoking, alcohol and drugs, work-life balance, crime, and gambling.

Risky behaviours are highest where poverty is greatest, in youthful populations and where risk-taking behaviour is considered normal within a community or whānau. A shift from harmful lifestyles to healthy lifestyles requires positive actions at all levels of society.

Community views:
kaha ake – what's working well?

Most people felt that Christchurch provided opportunities to live a healthy lifestyle. The younger participants in particular were very clear that if you had motivation and 'weren't lazy' then you could be healthy. Most said there was a good range of recreation facilities available, including sports centres, pools and sports clubs, parks, outdoor activities, and a great range of free walking tracks. People liked having access to community gardens and farmers markets for local food. The elderly were especially keen on community keep fit classes.

Many described how it was easy to be active and healthy living in Christchurch, given the easy access to the outdoors, good Council facilities, especially pools and play-grounds, and safe food. There was recognition that access to some facilities for low income earners was difficult. Other things people liked were smoke-free information and smoke-free areas (particularly parks and bars), healthy food messages, fresh produce, and public transport.

Toiora

Key themes from consultation:

- Better access to fresh fruits and vegetables, local markets and more community gardens were requested.
- Some survey participants were concerned at the cost of Christchurch City Council owned recreation centres (particularly larger families).
- There were calls for workplace health programmes.
- Smokefree legislation was seen as a success, and many people supported the Christchurch City Council's smokefree parks initiative.
- Harmful use of alcohol was a concern for a number of people and stronger action to address this was requested.

Community views:
ngā take – what would you like to see?

People had a lot to say about what they would like for healthy lifestyles in Christchurch. There was general agreement across all age and ethnic groups. Young people wanted to see exactly the same sorts of actions as other age groups to deal with alcohol, smoking and drug issues. The young felt pressured by peers to indulge in unhealthy lifestyle activities, and wanted guidance with this. Statements from young people included: teach youth about alcohol, have youth groups, make more resources about alcohol and drugs available, make alcohol producers more responsible, youth need role models. Parents were also requested to help make teenagers aware of dangers of poor lifestyle choices. Many felt that party buses were a problem.

People recognised the benefits of warmer drier homes, with better insulation and heat pumps. A large number of comments reflected concerns about home heating, especially for the elderly and those on low incomes. Many acknowledged that more had to be done with landlords to improve rental housing for the low income earners including changes to the Residential Tenancy Act requiring landlords to improve their properties. Some asked for incentives for landlords to install double glazing on the windows.

Food security was mentioned often with people wanting to see GST taken off basic goods. They felt healthy produce, particularly fruit and vegetables, should be cheaper than fast food. There were calls for fast food shops to be removed especially in poorer areas of Christchurch. People wanted more community gardens, workshops on how to learn to grow produce, and community stalls selling fresh produce.

Older people wanted home help reinstated. They were concerned depression was not being recognised and wanted more resources for counselling. They also raised the need for transport to access healthy food. This linked with discussion about how walking could be made easier and more pleasant across the city. Urban villages could allow access to shops and services, and help with people feeling part of the community. Many people across all age groups called for more recreational bike routes and safe cycle lanes. Some said they would cycle to work if it was safer. They asked for cycle lanes to be separated from cars so children could bike to school. Safer access for pedestrians was also wanted. Older participants asked for flatter, safer footpaths.

Many people suggested that subsidised access to recreation facilities would make these more affordable particularly for those on low incomes. More swimming pools in suburbs were also requested. Some elderly asked for warmer pools to help manage ageing joints. Community fitness classes for the elderly and children's play areas were also seen as important.

Toiora – *Healthy lifestyles*

The following issues are discussed in much more detail on the website:
www.healthychristchurch.org.nz/city-health-profile

Activity levels/exercise

Physical activity protects against heart disease, type 2 diabetes, and colon, breast, and uterine cancers. Regular physical activity can also reduce the risk and impact of high blood pressure, obesity, stroke, depression, osteoporosis, osteoarthritis, and some lung conditions. The Ministry of Health recommends that adults do at least 30 minutes of moderate-intensity physical activity (e.g. brisk walking) on most if not all days of the week.

The 2006/07 New Zealand Health Survey found that 49.9% of adults in the Canterbury DHB area achieved the national physical activity guideline compared with 50.5% of all New Zealand adults. Nationally, older adults and women were significantly less likely than men to get at least 30 minutes of physical activity daily in all age groups.

Quotes:

- *"Develop a perimeter walkway around the city."*
- *"Bicycles are better for the environment and they keep people fit and healthy too."*

Active transport

Walking and cycling for trips that meet our everyday needs provide physical activity and social connectedness, and improves safety by acting as "eyes on the street". Walking and cycling are low-impact forms of exercise which most people can manage. Public transport is also 'active transport' as there is usually some walking involved.

In 2006, 5.1% of Christchurch commuters travelled to work by bike, down from 8.9% in 1991. 4.5% of commuters walked or jogged to work (similar to 1991), and 4.1% of commuters travelled by bus (4.3% in 1991). The percentage of children cycling to school declined by 15% between 2002 and 2008. Parents' perceptions of danger from traffic and from children being unaccompanied has been found to lead to fewer children cycling and walking.

Safety concerns, lack of skills and confidence, and poor cycling facilities all contribute to fewer adults cycling.

Quotes:

- *"Better street design and retrofitting to encourage cyclists and pedestrians. People who walk or cycle in their local streets and parks are more likely to get to know neighbours and take care of their open spaces by reporting crime and picking up rubbish etc."*
- *"More integrated planning for sports facilities as it is time consuming taking one child to one sport-field and another child somewhere else."*

Work-life balance

Work-life balance is about managing to find a good balance between paid work and other activities that are important to us, such as spending time with family, taking part in sport and recreation, volunteering or study. If such a balance is not found, people may suffer from stress or anxiety.

In the most recent Quality of Life Survey (2010), 77% of Christchurch residents in paid employment were either satisfied or very satisfied with the balance between work and other aspects of their life. There were no significant differences by age, gender, income or ethnicity. Part-time employees across the income scale had high levels of satisfaction with their work-life balance.

Quote:

- *"Personal time constraints are the only preventative to being healthy."*

Satisfaction with leisure time

Leisure is time when people can do what they want, away from work and other commitments. It provides an opportunity to rest and regain balance in life, and allows growth and development on both the personal and social levels.

The 2008 Quality of Life Survey found that over 70% of Christchurch people were either satisfied or very satisfied with their leisure time. Māori were significantly more likely to report that they were dissatisfied or very dissatisfied with their leisure time than the Christchurch population as a whole (19.2% compared to 7.7%). Nationally, people aged 25-34 and 35-44 years were slightly less satisfied with their leisure time than New Zealanders overall which may be due to larger work and family commitments.

Quote:

"There is a local sports centre and pool close by and any number of community activities at local community centres. Spoiled for choice really, wish I had more time in my day to do more."

Food security

Food security in developed countries like New Zealand can be defined as reliable access to nutritionally adequate, safe, and personally acceptable foods. People who rely on cheap 'filler' foods lacking in nutrients and high in fat and salt are at increased risk of obesity, cardiovascular disease, diabetes and some cancers. Poor nutrition in children is particularly damaging as it can affect children's development.

Food insecurity affects households on low incomes, those with high accommodation costs and those where there has been sudden illness or loss of employment. The 2008/2009 New Zealand Adult Nutrition Survey found that 13.5% of people lived in households where food sometimes or often ran out because of lack of money. In the last few years, the food price index has increased at a greater rate than median household income which may mean that food is becoming less affordable.

International studies have found low income areas tend to have fewer supermarkets, more corner stores with higher prices and a smaller variety of fresh foods. Fast food outlets are more common in poorer suburbs.

Quotes:

"It is easy for me because I have a reasonable earning capacity and knowledge, we eat out of our garden almost exclusively, vegetables, berries and fruits etc."

"I do feel a little uneasy about the way the large supermarket chains are able to monopolise and manipulate the supply and price of foodstuffs."

Home heating/fuel poverty

A household is considered to be in fuel poverty when the cost of fuel to adequately heat the home is more than 10% of the household income. When heating costs are too high, homes cannot be adequately heated which leads to poorer quality of life and poorer health. Cold, damp houses are associated with respiratory illnesses, many of which are caused by mould. More vulnerable members of the population are at greater risk of experiencing adverse health effects as a consequence of inadequate home heating. It is estimated that between 22,000 and 30,000 households in Christchurch suffer from fuel poverty.

Quotes:

"The subsidies available for insulation and keeping warm are good. Alternative methods of heat to lower the city smog levels."

"It is very hard to get through winter season. I use the gym because of cold house condition however; sometimes I have difficulties due to language."

Safety

Safety includes the safety of motorists, cyclists, and pedestrians from motor vehicle crashes, as well as personal safety from harassment or attack in outdoor spaces. A perception of feeling unsafe stops people using public transport, walking or biking, and reduces social connectedness. It can prolong the dependence of children on their parents for travel to and from school; this can lead to weight gain and obesity. Older people may feel intimidated by traffic or may feel afraid, and may stop going outdoors. This can lead to a lack of fitness and a loss of independence. Although the perception of safety and the actual numbers of reported 'unsafe' incidents are often very different, people's fears drive their behaviour.

Quote:

"We try to cycle but feel unsafe due to the ignorance of Christchurch vehicle drivers. I am anxious sending my children to school on their bikes. Christchurch could be a world-known 'Cycle City' so easily and it would be fantastic if council could see this and how it could be such a draw-card for tourism."

Breastfeeding

Breastmilk is the best food for infants. Breastfed infants have a reduced risk of disease and sudden infant death syndrome (SIDS), and a lower risk of being overweight during childhood and adulthood. Breastfeeding rates for Māori and Pacific people, young mothers, and low income families are lower than for other New Zealanders.

Smoking

Cigarette smoking is the single biggest cause of preventable disease and death in New Zealand. It leads to the early deaths of 4,500 to 5,000 New Zealanders every year. Around 10% of these are in the Canterbury area. Smoking has been linked with a variety of poor health outcomes including lung problems and cancers.

In 2006, 19% of Christchurch residents aged 15 years and over were regular cigarette smokers – down from 22% ten years earlier. The proportion of adult smokers in Christchurch was lower than for the country as a whole (21% in 2006, down from 24% in 1996). More Māori and Pacific people smoked, 45.4% and 31.4% respectively. Adults in lower socio-economic groups also had higher smoking rates. Smoking contributes significantly to the gap in life expectancy between Māori and non-Māori, and between those living in the most-deprived and the least-deprived areas. Anecdotally, smoking rates appear to have increased following the quakes.

Quote:

"I love going out and having indoor venues smoke free. I am asthmatic and this has really made a change to how many times I accept an invitation to go out. A real shock when visiting Australia and assuming that accommodation and resturants would be smoke free."

Alcohol

Alcohol is the most commonly used recreational drug in New Zealand. The Alcohol Advisory Council (ALAC) emphasises the importance of both the pattern of drinking and the volume of alcohol consumed. New Zealanders now spend an estimated $85 million a week on alcohol. The direct costs to the taxpayer of alcohol-related harm in New Zealand have been estimated to be as high as $1,200 million per annum. Alcohol-related death rates are highest among the young, males and Māori.

The impact of alcohol on motor vehicle crashes is well accepted with 27% of fatal crashes recorded as having alcohol as a factor.

Quote:

"The glass on the roads in the mornings is testament to how much stupidity there is about binge drinking and the resulting property damage and vandalism cost us all in city maintenance, but also in a feeling of disappointment and lack of civic pride."

Antisocial behaviour

There is no precise definition of antisocial behaviour; in general it describes persistent behaviour that causes or is likely to cause harm or distress to people in the surrounding area. Antisocial behaviour can cause people to feel unsafe outside their homes, leading to greater social isolation.

In Christchurch, common forms of antisocial behaviour that cause concern include dangerous driving, graffiti, vandalism, littering, drug and alcohol-fuelled behaviour, and the activities of 'boy racers'. The 2010 Quality of Life Survey found that 77% of residents saw dangerous driving as a problem in their area. Other issues identified were graffiti (73%), alcohol and drug problems (66%), car theft or damage to cars (60%), vandalism (51%) and the presence of unsafe people (47%).

Quotes:

"Graffiti and binge drinking is a community issue and not just young people – we need to accept it less."

"Getting to the bottom of why graffiti is on the rise. What is the community missing for these kids and how can we help them. More community services? More support, kids groups, community groups or safe supervised hangouts for kids."

Gambling

Christchurch had the greatest number of gambling venues and gambling machines of any of the major centres (as of 2008) and more gambling options per thousand people. Gambling can lead to serious psychological disturbance, relationship break-ups, financial ruin, criminal offending, imprisonment and suicide.

The consequences of problem gambling can be devastating for the person concerned and others in their lives.

Quote:

"Less pokies (or no pokies). Currently have excessive availability/commercialism of alcohol, gambling – stop this. Give community power to say no to pokies."

Waiora

Environmental protection

Waiora refers to the external world and the connection between people and the environment. As well as sustaining life in a physical sense, the environment is essential to cultural wellbeing for many people by providing a sense of place; for Māori this is expressed through the concept of turangawaewae, a place to stand. Waiora includes protecting the environment so water, land and air are clean and biodiversity is preserved and enhanced, and opportunities for people to experience the natural environment are improved.

Community views:
kaha ake – what's working well?

Of all areas of the Te Pae Mahutonga framework, Waiora received the most consistent comments across all age and ethnic groups. All participants commented on Christchurch's amazing drinking water and expressed the need to protect it. Dairy farming was considered the greatest challenge to water. The new wheelie bin system was praised, as were efforts to clean up graffiti - although a few youth felt graffiti was a form of expression. Another very strong theme was the positive attitude to new subsidies for insulation and heat pump replacement schemes to help improve air quality. People felt Christchurch was a beautiful city to live in with a well-deserved reputation as the garden city. They spoke about easy access to the outdoor environment, parks, rivers, coast and bike and walking tracks which give them the opportunity to connect with the land. Off-road bike areas for recreation were rated highly. Native tree planting schemes were seen as enhancing the natural environment, and the school environmental programmes were working well to increase environmental awareness.

Waiora

Key themes from consultation:

- Survey participants recognised the high quality of Christchurch's water and wanted clean and safe drinking water to be a high priority.
- Some requested that recreational water (like rivers and lakes) be cleaned up so everyone could enjoy them.
- The Christchurch City Council's three wheelie-bin system for rubbish collection and recycling was positively commented on by many.
- Green spaces and parks were highly valued.

Community views:
ngā take – what would you like to see?

More people commented on what they would like to see change in environmental protection than on any other area of the Te Pae Mahutonga framework. Improvements to and protection of the environment, and taking a long view of how to achieve this, were common threads. There were comments about wanting Environment Canterbury councillors reinstated, to give more confidence in managing dairying across Canterbury. Comments and suggestions included providing limited quantities of water free to the user, that water should remain in public ownership, and that rivers should be as clean as they were 25 years ago.

A large number of people said they recognised the value of the open fire bans and reducing air pollution, and wanted this to continue until winter air was clean. Others wanted more natural and environmentally-beneficial ways to deal with sewage and stormwater, including less run-off into the river systems. Others called for greater use of solar energy, fruit trees in schools and streets, and more planting of native bush to attract native birds.

Waiora – *Connection to the environment*

The following issues are discussed in much more detail on the website:
www.healthychristchurch.org.nz/city-health-profile

Drinking water

The management of drinking water quality is crucial to prevent waterborne diseases and chemical contamination. Most of metropolitan Christchurch's drinking water is 'aged water' from underground aquifers or stores, and as such does not generally need to be treated to make it safe for human consumption. After the February 2011 earthquake, however, the water supply was chlorinated for a time to control the risk of contamination from damaged sewerage and damaged pipes.

In the long term, Christchurch needs to manage demand for water in order to ensure an ongoing supply.

Quotes:

"I can drink the water straight from the tap and it's as good as any bottled spring water!"

"Our drinking water is a treasure and we need to fight to keep it that way."

Recreational water quality

Good quality water is an essential part of natural ecosystems. Recreational water quality can also affect the health of recreational water users if high levels of harmful organisms such as viruses, algae, bacteria and protozoa are present.

Samples taken from the Avon and Heathcote Rivers since 2003 have consistently exceeded national guidelines for microbiological water quality.

Contamination from human sewage and liquefaction after the February 2011 earthquake had a significant impact on recreational water quality between Lyttelton Harbour and Spencerville.

Quotes:

"I would like to see more protection of our water resources, and not have our rivers treated as commercial commodities."

"Good to see wet-land areas and walkways created – would like to see more."

Air quality

High levels of air pollution have been shown to increase deaths, hospital admissions and emergency department visits. People aged over 65 years, infants and preschool children, and people with respiratory problems and chronic diseases are particularly at risk.

During winter, Christchurch experiences poor air quality due to geographical and climatic conditions which trap air pollution at low altitude above the city. An estimated 80% of this pollution in recent years has come from open fires and older solid fuel burners, although these are gradually being phased out and many have been replaced with clean heat sources since the September 2010 and February 2011 earthquakes.

One Christchurch study found that more socially deprived neighbourhoods had higher levels of traffic-related pollution than wealthier areas.

Quotes:

"Well done for all the working groups addressing air quality. Gone are the brown nights of my youth."

"Christchurch is futuristic in terms of its commitment to reducing the smog and minimising its open fires and assisting families to install heating into their homes."

Noise

Noise pollution is difficult to define because, outside occupational areas, one person's noise may be another person's enjoyment. Noise pollution is considered under the Resource Management Act 1991 to be excessive noise under human control that unreasonably interferes with the peace, comfort and convenience of other people. Long-term exposure to noise has been associated with stress and with increased risk of heart attacks, poor educational and work performance, absenteeism, aggression and depression. Children are particularly sensitive to all types of noise.

Between 1991 and 2009, the number of noise complaints (excluding barking dogs) received by the Christchurch City Council increased from 4,115 to 13,344 per year, with residential complaints making up 92% of complaints in 2009.

Contaminated land

People can be exposed to hazardous substances on contaminated land through direct contact with contaminated soil, swallowing food or water from contaminated environments, and breathing vapours or contaminated dust. Exposure to hazardous substances can have significant adverse effects on health and on soil, surface water, groundwater, and ecosystems.

As of September 2009, Environment Canterbury had identified 3,369 sites in Canterbury that were potentially contaminated due to their current or former use. There may be additional contaminated sites that have not yet been identified, especially where past land-use information is unavailable. There are also likely to be many thousands of older residential properties in Christchurch with some degree of contamination from lead-based paint, asbestos, gardening/pesticide use, and home business/hobby activities. This may become more of an issue if many of these older homes are demolished due to quake damage and red zoning.

Open and green spaces

Parks and open spaces can support people's health through providing tranquillity, allowing family time, exercise and sport. Parks can also protect cultural and heritage sites that reflect the history of the area. Large local and regional parks play a role in keeping air and water clean and are refuges for threatened species and buffers against the effects of climate change.

In 2009, Christchurch had just under 11,000 hectares of public open space, or around 25 hectares per 1,000 residents, ranging from small neighbourhood parks to large regional parks on the urban fringe and Banks Peninsula. These parks were spread across the city, with one study finding that access to recreational facilities – although not necessarily the amenity value of those facilities – was actually better in disadvantaged areas. However not all population groups' needs may be being met. Another Christchurch study found that older adults' recreational needs were not well catered for especially in disadvantaged areas.

Quotes:

"I really like the councils attempts to create wildernesses and protect bird friendly environments."

"Make use of empty spaces and car parks for pocket parks, edicble landscapes, green (i.e. living, planted) roofs and walls."

Urban design and planning

The design of urban environments influences health and wellbeing and the sustainability of communities. Good design can promote healthy behaviours, social connectedness, and an active lifestyle. A recent survey of planners undertaken for the Public Health Advisory Committee (PHAC) found that although planners were aware of the links between planning and health outcomes, only 45% said they 'always' or 'frequently' considered health and wellbeing-related issues in their daily work, and 69% said that health and wellbeing considerations had minor or no impact on final planning decisions.

Quotes:

"Paths since the earthquake not good for my scooter, gutters make it hard for scooters."

"I'd like to have somewhere to garden communally in my neighbourhood. Either a community garden or an allotment system. Also other opportunities to meet local neighbourhood even if incidentally, e.g. local business like a dairy would facilitate this interaction rather than more cafes which is a pastime for the rich."

"I think Christchurch makes a huge effort to make the environment a better place and I say keep up the good work. I'd rather have to make a few changes now than see my kids suffer later."

"As Ngai Tahu say 'For us, our children and those after us' This should be our motto as we are far too short sighted."

Te Mana Whakahaere

Community ownership and autonomy

Communities – whether they be based on hapū, marae, iwi, whānau or places of worship, interest or residence – must ultimately be able to demonstrate a level of autonomy and self-determination in promoting their own health and wellbeing. Te Mana Whakahaere addresses the extent to which communities themselves take ownership of, and have a degree of autonomy over, improving their own health and wellbeing.

Most comments referred to consultation processes, leadership and representation, the level of activity of residents groups, and people's understanding of their local communities.

Community views:
kaha ake – what's working well?

Many felt that grass-roots organisations enabled them to get involved and have their say in their community; the organisations referred to included churches, schools and community groups. Several Māori participants stated they felt community initiatives such as community gardens, time banks and community events enabled people to come together and develop a sense of community.

Te Mana Whakahaere

Key themes from consultation:

- Survey participants strongly valued community events and facilities, for example, the existing community gardens, and the time bank in Lyttelton.

Community views:
ngā take – what would you like to see?

People recognised the need to become more involved in their communities, but talked about being too busy and too shy to participate. Many wanted more information about what was happening, and some wanted help to build up their communities.

There were frequent comments on the need for more spaces for communities to get together, and for ways to involve people with 'quiet voices' who were shy or humble.

Te Mana Whakahaere – *Community ownership and autonomy*

The following issues are discussed in much more detail on the website:
www.healthychristchurch.org.nz/city-health-profile

Community initiatives

Community initiatives – those that are driven by communities themselves – are an important part of increasing people's connections to their community, raising awareness of issues, and increasing communities' sense of ownership of solutions to challenges they face.

Christchurch has a variety of formal and informal community organisations. Some of these have an explicit focus on enabling communities themselves to improve their health and wellbeing: for example, the 12 community gardens, Project Lyttelton, and Aranui Community Trust Incorporated Society (ACTIS). Farmers' markets are another example of an initiative aimed at increasing community wellbeing and sustainability.

"Community decision making in conjunction with Treaty based framework (mana whenua)."

"The channels for sharing community concerns and ideas, and influencing the powers that be are limited. I'd like to see the Council, DHB and other big players being bolder, and more collaborative and inclusive. They need to reflect their communities even more than they do."

"Transparency is crucial…meetings must be open to the public."

Quotes:

"Community development groups are very good, Te Whare Roimata being one local one to me, but aware of many others like Delta in Richmond, and a St Albans group."

"What would I like to see? I think this survey is a good way to do it. Many people are so pressured financially at this time that they have little energy to put into the community. I would like us to develop a more collective approach again, rather than each family struggling on its own. This is the result of an unjust economic system which exhausts and divides people. We need to focus on community development again so it's not just each for themselves."

"More people involved. Only a small handful who understand the system are engaged with such issues and these tend to be self-serving. Forums that engage with the community more broadly and foster a community spirit. Schools and churches taking more of an active community role."

Ngā Manukura

Leadership

Leadership for the promotion of health and wellbeing in our communities needs to occur at a range of levels from leadership for the community through community role models and among peer groups. Communication, collaboration and alliances between all social leaders and groups are important.

Ngā Manukura – *Leadership*

Check www.healthychristchurch.org.nz for more information on this issue.

Community views:
kaha ake – what's working well?

Leadership was identified as coming from a range of places, not just political organisations. Teachers, church leaders, police, professional athletes and employers were identified as being important leaders and role models, especially by youth. NZ Europeans desired more Māori role models. Some requested more youth workers and youth leaders. It was noted that more Māori taking education seriously offered good role models for the future.

The community and volunteer sector were also seen as making a significant difference to people's lives, providing leadership and positive role models.

Ngā Manukura

Key themes from consultation:

- A greater diversity of role models was requested, not just sports stars.
- Young people in particular wanted more positive role models.
- All age groups and ethnicities thought youth needed greater community support.
- Both the young and the elderly asked for 'safe' places to engage between generations.

Community views:
ngā take – what would you like to see?

Many respondents wanted political leaders to be more available, to listen more, to explain what was happening, to ask the community for their ideas and input. Some stated they want interaction directly with leaders, and that they currently had no connection with the leaders of the city. Respondents also noted that they wanted leaders to be accountable, transparent and to be more action-based rather than just talking.

Some respondents felt that the people they considered leaders had very little influence in the wider community and felt these leaders should be listened to more. Some who participated (such as those in the Asian consultation) stated that there was little leadership in their community or that they did not know any leaders.

Many residents wanted broader and more diverse representation – more representative leaders from a range of ethnicities. Many Māori respondents wanted Māori leaders on community boards and in other positions of responsibility, and wanted to see female Māori leaders. Several Māori respondents stated that they wanted more positive reactions towards Māori from people in positions of power.

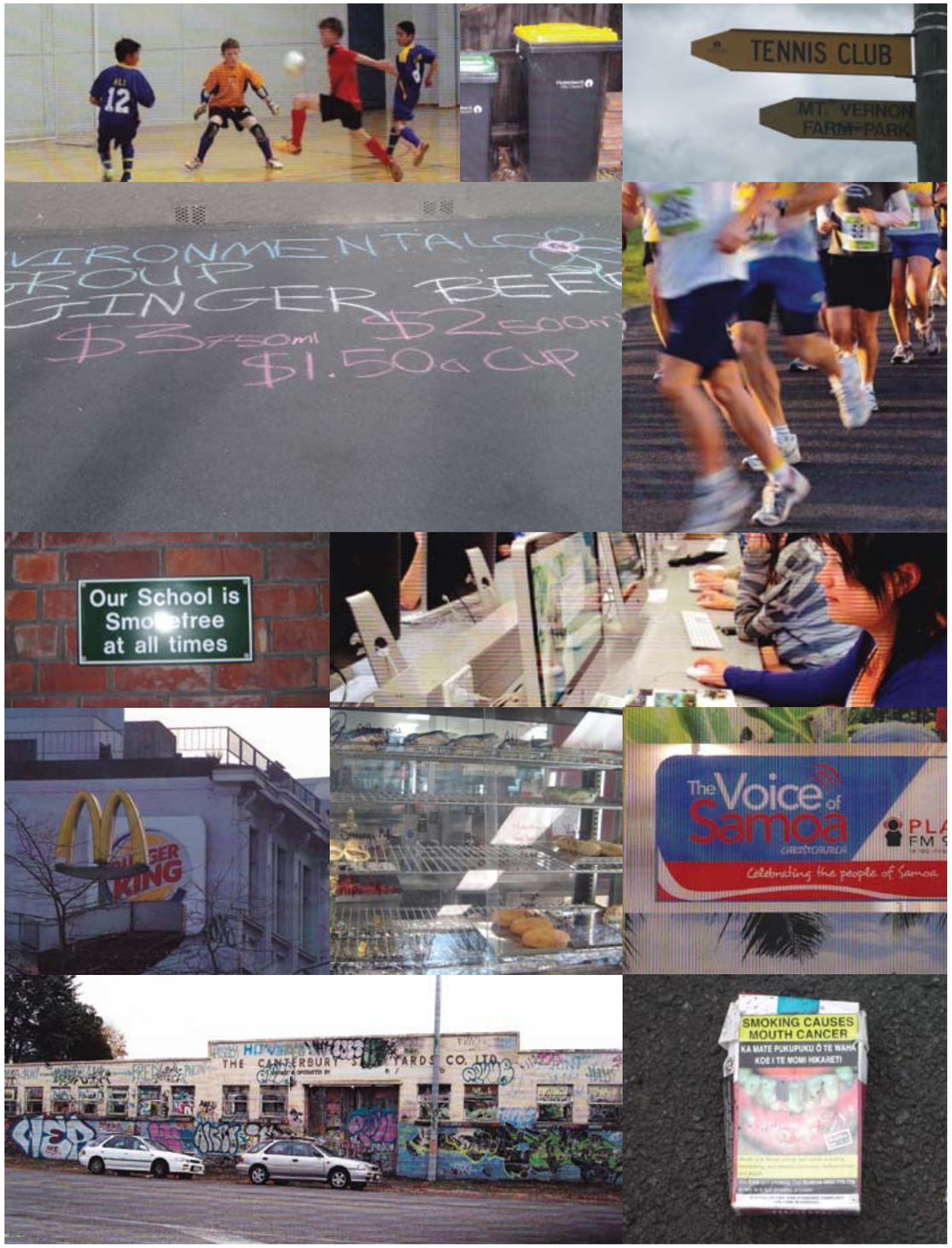
Q

> ***"Run more local Māori hero campaigns."***
>
> ***"More support for communities. Strengthening programmes. Initiatives in schools to encourage children to 'step up' and role model for others."***
>
> ***"There are natural role models in the community. Most are volunteers.***
>
> ***I would like to see more recognition given to the volunteers. Currently the recognition is adhoc."***

Photovoice survey

Instead of writing in this consultation students from schools all over the city took photos of what they loved and what they were concerned about in Christchurch.

More photos can be seen on the website www.healthychristchurch.org.nz



So what does it all mean?

Good health is widely acknowledged as a marker of a successful society. The level of health (both good and bad) that our country has is strongly linked to the environment people live in. The recent earthquakes in Canterbury have reaffirmed to all of us the importance of basic infrastructure such as sewerage and piped water for good health. The strong links between health and other aspects of our infrastructure, such as transport networks, are less widely known – but just as important.

Health is more than simply meeting the basic requirements of life. The World Health Organisation's definition of health says that it is 'more than the absence of disease'; it is 'a state of complete physical, social and mental wellbeing'. This is also recognised by the New Zealand Treasury who have recently produced a 'Living standards framework'. This work acknowledges that 'wealth and material comfort (the traditional definition of living standards) are important to living standards. However there are numerous other factors that matter to New Zealanders' standards of living – for example health, education, a clean environment and freedom.

This understanding of health and wellbeing has been explored and validated in many disciplines. The Te Pae Mahutonga health promotion framework incorporates the idea of health as a resource for living a productive life. The use of the Te Pae Mahutonga framework in this consultation enabled respondents to consider health and wellbeing in a holistic way rather than focusing on disease. The feedback revealed what Christchurch residents felt about life in the city and what they felt needed to be improved.

It was significant that the bulk of the consultation feedback related to Toiora (healthy lifestyles) and Waiora (the environment). Non-Māori struggled with the concept of Mauriora, a strong cultural identity, as it related to themselves. Similarly the concept of Te Mana Whakahaere (community autonomy) did not seem to be well understood by many respondents. In responding to this heading many asked for more support for community decision-making and for more attention to be paid to 'the quiet voices' in their communities. At this time we have not been able to develop measures of Ngā Manukura (leadership) but it was clear that respondents felt leadership needed to be exercised at all levels of society. They wanted more attention to be paid to positive role models – not all of whom were sports stars!

Respondents were very clear that some aspects of a healthy life are a matter of individual choice, and took responsibility for those. Equally they understood that many of the most significant impacts on health were beyond their control. There was recognition that the determinants (influences or causes) of health were influenced by factors outside the health sector. Respondents noted how important smokefree legislation had been in helping them to quit smoking and recognised the importance of environmental (family, culture, social, legislative) factors on good and bad health.

One of the key developments in policy circles over the last five years has been a strong emphasis on the importance of intersectoral working to achieve good health, wellbeing and sustainability standards. The World Health Organisation worked with the South Australian government to produce the 'Adelaide Statement on Health in all Polices' which

HEALTH IS MORE THAN SIMPLY MEETING THE BASIC REQUIREMENTS OF LIFE

notes that 'the interface between health, wellbeing and economic development has been propelled up the political agenda of all countries. Increasingly, communities, employers and industries are expecting and demanding strong coordinated government action to tackle the determinants of health and wellbeing and avoid duplication and fragmentation of actions'.

The release of the final report from the International Commission on Social Determinants of Health in 2008 helped people realise that inequities in the social determinants of health are unjust, unnecessary, avoidable and economically costly to our society. It also brought a stronger policy focus on health inequities and led to calls that other sectors should acknowledge the impact of work on their health and wellbeing.

The consultation for this Profile and other consultations by other agencies have been very much in agreement. This means we can be very confident of our community's backing for government agencies to work together in improving the social determinants of health and achieving better health and wellbeing outcomes. As just one example when Christchurch citizens were asked in June 2010 by the Canterbury District Health Board to respond to questions on managing illness and disease their answers identified the top risks as poverty (11.5%), the need for better role models/parenting/societal norms (9.4%), prioritising family (8.2%), the need for self responsibility (7.2%), environmental issues (6.6%) and social isolation or lack of community spirit (5.3%). Also mentioned were housing, violence, road safety and lack of education. Over a quarter of all respondents were concerned about specific issues such as alcohol and drugs, nutrition/diet and obesity.

It is significant that the strongest themes in this consultation closely match the recommendations made in a recent report[1] on spatial planning for health. With a specific focus on health inequities the Marmot team in the United Kingdom recommended that local government focus on

- Improving active travel
- Improving good quality open and green spaces
- Improving the quality of food in local areas
- Improving the energy efficiency of housing
- Removing barriers to community participation and action
- Reducing social isolation

Much of what has been reported in this document is not new. The organisations, agencies, legislation, policies and plans involved in urban management are vast and complex. It is essential that all agencies at all levels understand the impact of their work on health and wellbeing and that we work to integrate our planning processes in such a way that we can leverage off each other for maximal benefits.

The foundation of what has been discussed in this project is already adopted through various local strategies in particular the Urban Development Strategy, Regional Land Transport Strategy, and the Christchurch City Council Strengthening Communities Strategy. It is essential that the lessons learned from these and other projects such as the Healthy Christchurch initiative and the health impact assessment project are utilised to develop the intersectoral projects required by the Canterbury Earthquake Recovery Authority (CERA).

Working intersectorally for better health outcomes has begun in Christchurch. To achieve the level of change the community is seeking we will need to *'step it up'*. To squander the opportunity offered by the earthquakes over the last year would be yet another blow to the people of Canterbury.

[1]Source: the Marmot team is Ilaria Geddes, Jessica Allen, Matilda Allen, Lucy Morrisey. The Marmot review: Implications for Spatial Planning. Available at http://www.nice.org.uk/nicemedia/live/12111/53895/53895.pdf

Where to from here?

Use the Healthy Christchurch website and let us know when it needs updating

Individuals and community groups are encouraged to use this Profile and the Healthy Christchurch website *www.healthychristchurch.org.nz* to stay informed. Use it for your own planning and let others know about it. Please tell us when information on the website needs updating, by contacting:

Healthy Christchurch, Community and Public Health,
PO Box 1475, Christchurch or email: healthychristchurch@cdhb.govt.nz

We are all responsible for the health and wellbeing of future generations in Christchurch.

Decide on some key health indicators for Christchurch's post-earthquake recovery

Undoubtedly, the relative health and wellbeing of the Canterbury population a decade after the 2010 earthquake will be a good measure of how well recovery has taken place. The next step is deciding on some measurable health indicators which can be compared to the rest of New Zealand. These indicators may include a reduction of health inequities - in other words, fewer preventable health differences between people in Christchurch. The Canterbury District Health Board has begun work on this.

Actively endorsing a 'health in all policies' model

Organisations need to consider the potential impacts of their work on health outcomes. A Health Impact Assessment (HIA) project role funded initially by Environment Canterbury, Christchurch City Council, Partnership Health and the Canterbury District Health Board (CDHB) has achieved significant results to date. Evaluation of the project has shown that a collaborative intersectoral way of working has been effective. The CDHB has extended funding of the HIA project and is keen to work with other groups to ensure health and wellbeing outcomes are explicitly considered in planning and policy processes.

INEQUITIES IN HEALTH ARE REAL. THEY AFFECT US ALL. THEY ARE REVERSIBLE IF WE HAVE THE WILL TO WORK TOWARDS THAT GOAL.

Formalising the Urban Development Strategy Health Group

Environment Canterbury, the Christchurch City Council, Selwyn and Waimakariri District Councils and the New Zealand Transport Agency together drew up the Urban Development Strategy (UDS) Action Plan 2010 -2013 for the greater Christchurch region. This was adopted in September 2010, and included establishment of an UDS Health Group to link agencies and monitor health issues. The success of the UDS will depend on the quality of the working relationships between the partners and communities (including the CDHB).

Integrate the key themes from the consultation into earthquake recovery planning

The consultation done for this Profile reflected significant community engagement, with strong buy-in from Māori as well as New Zealand Europeans (Pakeha). The themes highlighted in this consultation have been made more relevant by the recent earthquakes. The rebuilding of Christchurch will take many years. The next step is to develop a City Health Plan. This would help to ensure health and wellbeing outcomes are explicitly addressed in recovery planning throughout the city. There are also opportunities to identify specific priority issues to focus on in collaboration with central government and the private sector – such as housing, addressing alcohol misuse and improving active transport options. These are areas where significant health and wellbeing gains can be made, often with benefits to the environment as well. It is very likely that by concentrating on issues that directly affect children and young people we will be able to make the greatest gains in health and wellbeing outcomes for the whole community.

Glossary

Christchurch Health and Development Study
For more than 30 years researchers have followed a cohort of 1,265 children born in Christchurch in 1977. Their health, education and life progress has been assessed throughout infancy, childhood, adolescence and early adulthood. More than 380 scientific publications have resulted so far from this study.
See *http://www.otago.ac.nz/christchurch/research/healthdevelopment/*

Deprivation
The New Zealand Deprivation Index assesses deprivation by area rather than by individuals or household units. Eight dimensions contribute to this index – income, home ownership, support (single parent families), employment, qualifications, living space (overcrowding), communication and transport. A score of 1 implies a low deprivation area.
See *http://www.otago.ac.nz/wellington/research/hirp/projects/otago020194.html*

Greater Christchurch Urban Development Strategy (UDS)
Is a collaborative plan that provides the strategic direction for the Greater Christchurch area including the location of future housing, development of social and retail activity centres, areas for new employment and integration with transport networks. It also establishes a basis for all organisations, not just the Strategy partners, and the community to work collaboratively to manage growth. The Strategy partners are Environment Canterbury, the Christchurch City Council, Selwyn and Waimakariri District Councils and the New Zealand Transport Agency (formerly Transit New Zealand).
See *www.greaterchristchurch.org*

Health
The World Health Organisation defines health as 'a state of complete physical, social and mental wellbeing, and not merely the absence of disease or infirmity.' More recently, a new definition is being considered which incorporates an individual's ability to adapt and self manage in the life circumstances they find themselves in.

Health inequalities
These are differences in health between different population groups' e.g. ethnicities, age groups, neighbourhoods. In general, individuals who experience deprivation tend to have poorer health outcomes than those who have less deprived life courses. For example, people who live in low quality housing tend to have more respiratory illness than those who live in high quality housing.

Health inequities
Refers to differences in health outcomes between population groups which are considered to be avoidable and preventable.
See *http://www.who.int/social_determinants/thecommission/finalreport/en/index.html*

Healthy Christchurch
Is an intersectoral initiative based on the World Health Organisation's Healthy Cities model. The key idea is that all sectors and groups have a role to play in creating a healthy city, whether their specific focus is recreation, employment, youth, environmental enhancement, transport, housing or any other aspect of city life. This intersectoral initiative aims to foster collaboration between the almost 200 organisations who have signed The Healthy Christchurch Charter.
See *www.healthychristchurch.org*

Health Impact Assessment
Defined as a combination of procedures, methods and tools by which a policy may be assessed and judged for its potential effects on the health of the population, and the distribution of those effects within the population.

Health in all Policies (HiaP)
Is an approach which explicitly acknowledges that health and wellbeing are largely influenced by policy decisions and practice in sectors outside of 'health' such as education, agriculture, housing and transport. HiaP explores policy options that contribute to the goals of non-health sectors and will improve population health outcomes while reducing the economic burden of poor health.
See *www.cph.co.nz/About%2DUsHealth%2Din%2Dall%2DPolicies/*

Social determinants of health
Refers to the circumstances in which people are born, grow up, live, work and age, such as housing, education, air quality, transport and employment. They include the societal systems put in place to deal with illness. From a population perspective the availability and distribution of the social determinants of health are the strongest influence on whether individuals stay healthy or become ill and on their ability to adapt in positive ways to the environments they find themselves in (resiliency).

Papers

Issues papers current list:
Papers available on Healthy Christchurch website, each paper is 4-5 pages long and provides a simple summary of the issue.

Key Health Challenges:
- Asthma
- Cancer
- Cardiovascular disease
- Child and Adolescent Oral Health
- Chronic Obstructive Pulmonary Disease or COPD
- Obesity
- Diabetes
- Life expectancy at birth

Te Oranga – Participation in Society

- Access to afterhours through primary health care
- Age Friendly
- Democratic participation
- Education
- Employment
- ESOL
- Household overcrowding
- Household affordability
- Income
- Library usage
- Public Transport
- Racism
- Religious organisations, social and sports clubs
- Social connectedness
- Telephone and internet access

Ngā Manukura – Leadership

Mauriora - Connection to Community and Culture

- Art and Culture
- Heritage
- Te Reo - Māori Language

Te Mana Whakahaere - Autonomy

- Community Initiatives

Toiora - Healthy Lifestyles

- Active Transport
- Activity levels and exercise
- Alcohol
- Anti-social behaviour
- Breastfeeding
- Food Security
- Fuel poverty and home heating
- Green Prescription
- Immunisation
- Mental Health
- Problem Gambling
- Satisfaction with leisure time
- Smoking
- Work-Life Balance

Waiora – Environmental Protection

- Air Quality
- Contaminated Land
- Drinking Water
- Noise
- Open and Green spaces
- Recreational water
- Urban design and planning

Te Pae Mahutonga Implementation Planning Guide:

36 Points for Māori Health Promotion

Te Oranga – participation in society

Participation in: the economy / education / employment / the knowledge society / decision making

- How do your health promotion activities foster inclusion and participation in the wider society?
- How will the benefits of this inclusion be measured and manifested?
- How will your health promotion activities encourage participation in employment, recreation and education?
- Do your programmes offer volunteers and participants opportunities to grown and develop skills?
- What benefits are offered to community supporters of the programme?
- How will your health promotion activities improve housing and living conditions for people?
- How will your health promotion activities encourage participation in decision making and the mechanism of government?

Mauriora – access to te ao Māori

Access to: language & knowledge / culture & cultural institutions / Māori economic resources / social resources / societal domains

- How do your health promotion activities facilitate access to te ao Māori; the Māori world?
- How do your health promotion activities help to promote and develop secure cultural identity for Māori?
- Do your health promotion activities encourage people to access their own language, customs or culture?
- How do your health promotion activities facilitate cultural expression and cultural endorsement?

Toiora – healthy lifestyles

Harm minimisation / targeted interventions / risk management / cultural relevance / positive development

- Have you consulted with the communities whose lifestyles you are seeking to change?
- How does your health promotion programme identify health risk?
- Are you looking at an individual level, or at the wider determinants of health that affect an individual?
- Are your health promotion activities focused on micro, or macro, solutions to identified risk?
- What strategies have you identified to address risk at a macro level in the communities in which you are working?
- How will you encourage change?
- Have you considered behaviour change theories in the development of your programmes?
- How will you prepare people so they are ready to work towards change?

Waiora – environmental protection

Clean water / clean air / earth abundant in vegetation / healthy noise levels / opportunities to experience the natural environment

- How do your health promotion activities encourage balance between development and environmental protection?
- What environmental values are being expressed in your health promotion activities?
- How are you using the resources available to you? Are you conscious of conservation, recycling and reducing waste?

Te Mana Whakahaere – automony

Control / recognition of group aspirations / relevant processes / sensible measures and indicators / capacity for self government

- Do the health promoters in the organisations understand the principles of community development?
  These principles include:
  - Allowing the community to identify issues, prioritise issues and develop strategies to address the issues.
  - Working to facilitate progress, not leading it.
  - Encouraging the community to take ownership of projects.
  - Acting as a resource person for the community.
- How will you celebrate successes with the communities with which you are working?

Ngā Manukura – leadership

Community leadership / health leadership / communication / tribal leadership / alliances

- Whose agenda are you working to: the needs of the community or the needs of your organisation?
- Have you identified the leaders in the community with whom you will be working?
- How will you build trust and engender co-operation with these people?
- Have you identified the groups and organisations that will be useful allies in the work you want to achieve?
- How will you bring these people together to create proactive alliances?
- Does the health promoter in the organisation have the necessary skills, attitudes and knowledge for the work they are required to do?

Notes

| Christchurch City ***Health and Wellbeing Profile*** - 2012(update) |