AN AGE-FRIENDLY COMMUNITY:
Shaping the future for Waihi Beach.

AN AGE-FRIENDLY HEALTH IMPACT ASSESSMENT

Report prepared for:
Bay of Plenty District Health Board
Western Bay of Plenty District Council
2009

Carole Gordon
Suzan Van der Pas

When decision makers invest in outcomes that maximize resilience, social cohesion and the aspirations of people of all ages, then a community will become age-friendly.

Gordon and Van der Pas 2009
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Urban environments are an important factor mediating the experience and opportunities open to older citizens
Biggs 2007
Quality of life is a key indicator in evaluating growth management success.

SmartGrowth 2007

As people across the globe come to live increasingly longer lives, our entire human family has a stake in encouraging and easing a productive, active and healthy ageing process.

Kofi Annan, 2006
EXECUTIVE SUMMARY

Within the next decade the New Zealand population will begin a period of rapid structural ageing as the ‘baby-boom’ cohorts (1945-1965) reach retirement age. The Bay of Plenty District Health Board projections indicate that the number of people aged 65+ will increase 84.3%, 2006 and 2026. SmartGrowth projects a seven-fold increase in the number over 85 years of age (2002-2051) in the Western Bay of Plenty (NZ fourfold from 1.3% to 5.5%) creating unprecedented change within communities including ‘profound’ health service and expenditure challenges.

Global ageing is driving worldwide efforts to ensure that communities, cities and services become age friendly. The World Health Organisation (WHO) Global Age-Friendly Cities programme has developed indicators and toolkits to guide development of age-friendly urban built environments through policy change, community development, and advocacy to improve the lives of their ageing populations. Governments, states and local authorities are utilizing age-friendly principles to overcome environmental, attitudinal, physical and social and health care barriers to ensure optimal participation, connectivity and wellbeing of older people and their families.

This age-friendly health impact assessment report examines the extent to which within a context of urban intensification, the policies, services and structures of the Bay of Plenty District Health Board and Western Bay of Plenty District Council will reduce health inequalities and enable older people to age-in-place at Waihi Beach. Congruent with SmartGrowth goals, this report reviews a contemporary state of knowledge on planning for ageing populations to assess the dynamics within the urban-health relationship, it applies opportunity to a local policy agenda for developing kaitiakitanga, a sense of place and community wellbeing in an ageing community.

2 Boston, J. in Boston and Davey 2006
3 OECD produces numerous reports guiding governments. WHO Global Age-Friendly Cities Project
4 Similar to the Whanau Ora HIA process, the impact focus is population specific to policy impact.
5 SmartGrowth is a sub-regional strategy and plan to manage sustainable growth. Waihi Beach has been designated an urban intensification zone within the SmartGrowth plan to manage the projected high growth in the sub-region. NB.7.2.12 action 3.
Local Governments play a critical role in shaping the built environment through strategic planning, district plan land use and development processes, building codes of practice and infrastructure investment. They influence the urban landscape of live work and play environments through housing quality, density, public open space safety, parks reserves, walkways and cultural amenities.\(^6\)

Urban design plays a major role in enabling elders to age-in-place,\(^7\) to remain independent, actively engaged, living in their own home or community of interest. A safe environment, with easy access to shopping and community amenities, a mix of housing choices, transport and mobility options, nearby health centres, and recreational facilities are vital quality of life factors identified by local elders and commonly by older people world-wide. It is widely accepted that health and wellbeing is determined by a variety of influences that lie outside the capacity of health services.\(^8\) Despite increased longevity there are indications that elder wellbeing is now deteriorating and quality of life measures are being considered by some governments.\(^9\)

SmartGrowth efforts in the Western Bay of Plenty sub-region of the Bay of Plenty are seeking to improve the social infrastructure to meet dynamic future needs of people living where proposed intensification will take place, such as Waihi Beach. It is one of many ‘coastal’ communities in the Bay of Plenty region traditionally favoured as a ‘retirement and holiday’ destination. Currently 22% of Waihi Beach residents are over 65 years of age and approximately half of the total population is 45+. With continued high structural ageing of Waihi Beach (32% -2026)\(^10\) and populations in the region there is real relevance for outcomes from this project.

This Age-friendly Health Impact Assessment (AFHIA) utilized an integrated methodology. A Health Impact Assessment (HIA) process, linked to a health authority - the Bay of Plenty District Health Board, and local government through SmartGrowth and Western Bay of Plenty District Council policy and plans for Waihi Beach. Further an analytical matrix was developed and applied to quantify the policy delivery at Waihi Beach according to the World Health Organisation Age-Friendly Indicators. WHO promotes the importance of adapting and improving systems and services such as urban planning, or primary health care in order to better meet the social and economic challenges and needs of ageing populations. It undertook a global consultation to define a set of eight indicators and toolkits to enable governments and agencies to achieve age-friendly environments and services.

A number of key issues became evident through these processes. It is notable that initial engagement with residents, stakeholder agencies, Iwi and the Waihi Beach Community Board reflected a very real awareness of the challenges associated with areas for improvement. The project found that a range of identified health improvements drive an immediate need to resolve amenity planning within the town centre, transport options, primary health and community support care service delivery including responsibility to meet land and health service Treaty of Waitangi obligations to local Maori.

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\(^6\) NZ Local Government Act 2002 requires local Governments ensure environment, social, cultural and economic well being.
\(^7\) OECD 1994; Schofield et al 2006; Davey 2006; Dwyer etal,2000.
\(^8\) Ottawa Charter…
\(^9\) Institute for Public Policy Research (UK) 2008.p4
\(^10\) Statistics NZ projections .2009
It is a local perception that Waihi Beach suffers from service delivery inequalities as a result of a disjunction between various government authority boundaries and its extremity location within the Western Bay of Plenty sub-region. There are no government or service agencies located or providing outreach in the town. This view of 'being forgotten' was strongly evidenced in this project, despite a pro-active Community Board and high local body rate contribution by residents. It is possible to extrapolate that given the town’s reputation as a ‘retirement and holiday destination’ that a measure of structural ageism prevails. The following is one example of unrecognized inequality, further exacerbated by ongoing land and housing issues that need resolve within the scope of the Treaty of Waitangi principles.

Maori cancer nursing services funded by the BOPDHB, provided through a WBOPPHO contract are not available to Otawhiwhi people despite reported high incidence. While interventions to reduce morbidity and mortality are vitally necessary, the immediate issue is access to care and support services available to other Maori in the district. The people have attempted to improve access to health services by establishing their own one morning a week GP clinic. However, the wider issue is set in a complexity of entitlement as ‘patients’ belonging to a primary health care provider from outside the Bay of Plenty District Health Board region, and one of service contractual definition within primary health care, older peoples health, Maori health services, and the desirability of maintaining Iwi (tribe) and hapu (wider family) affiliations.

The research indicates that to achieve age-friendliness in identified critical areas such as transport, housing options and health care delivery, there is a need for continued collaborative agency negotiation and agreement to achieve improved outcomes. Given the transitioning of the demographic profile to over 31% reaching 65+ within the next 10 years and potential further increased settlement in holiday homes, the planned redevelopment of the Waihi Beach Town Centre provides a unique opportunity to maximize the achievement an age-friendly vision.

Congruent with the Town Centre plan objectives, it is highly desirable that the Community Board and WBOPDC choose best practice pedestrian focused environmental goals with a vision to meet the diverse amenity needs of a significant ageing resident population. The vision should ensure and encourage contemporary lifetime designed medium density housing and commercial development, spaces and living in close proximity to the Town Centre; an improved pedestrian and mobility scooter environment and linked cross-sector amenity planning thereby reducing traffic movements to facilitate business economic viability, social connectivity and improved access to essential services. Given ‘poor access to transport’ through a lack of public transport or taxi services, there is potential to develop local community transport solutions and Hopper Bus linkages to enable elder free Gold Card travel.

This proactive ‘preventative’ vision will impact on reducing demand for care and support to families and whanau, health services, rest home beds and hospital admissions.

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11 Lifetime Design is the NZ standard similar to universal design which ensures buildings are disability and age-friendly.
12 Waihi Beach Town Centre plan p. 16
The delivery of community and culturally appropriate focused multidisciplinary health care is vital, however there is a real willingness to examine the ownership, affiliations, building and land availability to enable improved provision. A possible relocation of primary health care services provides a real opportunity to integrate preventative and allied health service options with within the Town Centre to enable ageing-in-place. A BOPDHB review of home support contracts may offer expanded services such as transport options for those with an assessed need.

It is urgent that identifying locations and planning for amenities within the Town Centre is undertaken to maximize potential commercial investment and connectivity. The WBOPDC has indicated that social infrastructure planning is to be undertaken in communities zoned for intensification, and that developments will occur overtime. It is clear from this study, the demographic analysis and level of assessed inequality, that an urgent prioritisation for Waihi Beach Town Centre amenity plans should occur within the 2009 WBOPDC District Plan Review.

Local hapu, Te Whanau a Tauwhao, are yet to receive Maori (kaupapa) or kaumatua health services. Their expressed wellbeing concerns relate to unresolved land issues that limit their capacity for whanau support and quality housing. Improved dialogue, Iwi health plans, and proposed Council papakaiangi housing development policies have potential for improved wellbeing outcomes for Maori elders and their whanau.

Improving wellbeing and capacity to age-in-place at Waihi Beach and other SmartGrowth intensified communities, through an alignment of age-friendly indicators to policy actions in both Local Government and health services will depend on firstly a recognition of the demographic reality and an acceptance of the dynamics of population ageing and its influences overtime. Secondly it means visioning plans for a different future and embracing a willingness to change. It means investing in adjustments that make a difference, by moving from a generic positioning of people within policy frameworks, to celebrating a diverse community of more older people than children. Thirdly seizing the opportunity that planning and decision making offers, to optimise change with a knowledge that creating caring and supportive communities is vital for all. International research by organizations such as the OECD indicates that a denial of the demographic shift will result in costly short term solutions that will not be politically viable, socially or economically sustainable.

When decision makers invest in outcomes that maximize resilience, social cohesion and the aspirations of people of all ages, then a community will become age-friendly. This study, congruent with current international evidence, clearly indicates that the quality of urban environments will become increasingly important as the population ages and that creating climates of support and care are a necessary component of urban design and a critical adjunct to the provision of health services. Planning for sustainable communities will become more challenging.

The use of the Age-Friendly indicators as a guide to policy and service delivery change is valuable and highly relevant in efforts to ensure improvements in generational community health and wellbeing through the appropriate development of sustainable urban social infrastructure.¹⁴

¹³ Gordon 2009 Age-Friendly Analytical Matrix.
¹⁴ The Regional Policy Statement 2006 (Bay of Plenty Regional Council) is under review and should reflect the dynamics of population ageing within its urban design principles.
Recommendations

1  1.1 That the Regional Council / Environment Bay of Plenty, within its Regional Policy Statement review October 2009, proposed Change No 2, consider more fully the impact of structural demographic change, and ensure that within growth management land is allocated for development of age-friendly social infrastructure within pedestrian environments.

1.2 Insert new items in section 17.5 Key Principles- Sustainable Growth Management. Principle 1 – High Quality Urban Design:
new item: Provides age-friendly environments and social infrastructure
new item: Encourages Lifetime Design

2  2.1 That SmartGrowth proactively ensures the development of age-friendly capacity of urban and community centre environments, within intensification planning processes using the WHO Age-Friendly Cities guidelines and toolkits.

2.2 That Age-friendly measures are included in SmartGrowth reviews.

3  3.1 That the Bay of Plenty District Health Board continue to collaborate with Western Bay of Plenty District Council, Tauranga City Council and the Bay of Plenty Regional Council through SmartGrowth, to support a focus on age-friendly urban development, primary health care and social infrastructure as a component of planning, development and monitoring processes within Western Bay of Plenty sub-region communities.

3.2 That the Bay of Plenty District Health Board actively support the Waihi Community Board, and Western Bay of Plenty Primary Health Organization to resolve issues and barriers to improve primary health care delivery, particularly for Maori.

3.3 That the Bay of Plenty District Health Board and Primary Health organizations use the WHO Primary Health Care Guidelines and toolkits to guide policy, planning and improvements in primary health care services. That this focus becomes an independent and specific planning action within the scope of social infrastructure plans for ‘intensified zone’ communities.

4 That the Western Bay of Plenty District Council, given specific recommendations contained in section 5 of this report, advance the planned time-frames for social infrastructure development of the Waihi Beach Town Centre, to better meet the impact of structural ageing demand for amenity provision.

5 That BOPDHB and SmartGrowth hold regular training workshops to ensure quality provision of age-friendly outcomes to meet the needs of the regions ageing populations.

Age-friendliness will become community friendliness, encouraging intergenerational care and support.
Summary Policy Analysis

The table below shows the outcomes from using the Age-friendly Analytical Matrix (see page 25) used to assess the level of policy delivery at Waihi Beach, according to the eight Age-friendly indicators. Further detailed commentary is included in the body of the report. These sections include an overview of international and New Zealand research, local feedback, discussions on solutions with providers, findings for consideration and recommendations for improved outcomes.

AGE-FRIENDLY ANALYTICAL MATRIX OUTCOMES.

<table>
<thead>
<tr>
<th>Age-Friendly</th>
<th>Quadrant A</th>
<th>Quadrant B</th>
<th>Quadrant C</th>
<th>Quadrant D</th>
<th>Comment</th>
</tr>
</thead>
</table>

Table 1 showing Age-Friendly Analytical Matrix: policy, implementation and quality of delivery.

Bay of Plenty District Health Board and Western Bay of Plenty District Council
Health of Older People: Purchasing Intent, Primary Health Care and Maori Health Services.
Built Environment Strategy: Waihi Beach Town Centre Plan; Waihi Beach Defining Our Future.
**Summary of Outcomes:**

Meetings were held with representatives from WBOPDC and BOPDHB to discuss issues arising from the study. Key findings were outlined and evidence presented. As a result the Bay of Plenty District Health Board and Western Bay of Plenty District Council agreed on the following actions to improve age-friendly health impact outcomes:

**1 Town centre amenity planning to ensure age-friendly access to services**

The WBOPDC indicated that:

“A social infrastructure planning framework and guidelines are being developed for use by Western Bay of Plenty District Council and Tauranga City Council to enhance planning for the provision of social infrastructure such as, education, health, recreation and community services, particularly in growth areas. The needs of the older population in the sub-region are explicitly considered in the framework using the World Health Organisation Global Age Friendly Cities survey, as a guiding document to ensure provision of social infrastructure is ‘age friendly’.”
To improve the Councils capacity to consider the impact of Council projects and policies on cultural, social, environmental and economic wellbeing a screening tool is being developed by the Western Bay of Plenty District Council, Tauranga City Council, Bay of Plenty District Board and Toi Te Ora - Public Health. The tool is currently being trialed by the Councils and the District Health Board, the elderly are one population group that are explicitly identified for consideration of the impacts of a project or policy.”

While this statement positively gives action to improvement at a high policy level it does not indicate time-frames for implementation at Waihi Beach. This matter can however be addressed within the District Plan Review beginning in September 2009.

2 Improving access to primary health care and health services for Maori

The BOPDHB agreed to:

2.1 Review contract capacity to improve the scope of home support and care service delivery to Waihi Beach. Including use of rural transport by service providers.

2.2 Support efforts to facilitate efficient primary health care service delivery and health services to Maori at Waihi beach

The WBOPPHO agreed to:

2.3 Continue to facilitate efforts to resolve delivery of primary health care through BOPDHB contracts and general practice affiliation.

2.4 Progress with Iwi and DHB, improved access to Maori primary health care at Otawhiwhi.

Waihi Community Board plans to:

2.5 Continue efforts to attain agreement on WBOPDC land use for a Community Health Centre

2.6 Seek funding for Project Manager to facilitate commercial engagement in building a Health centre / Community Health Facilities.

3 Otawhiwhi Land Utilisation Issues:

WBOPDC. Improved dialogue is required to resolve long-standing land issues relating to a drain and the affordability of whanau housing. It is acknowledged that a SmartGrowth Papakainga project may have future relevance.

4 Improved Access to Transport Options:

WBOPDC agreed that:
3.1 The Community development team will assist the Waihi Beach community in applying for Community Initiative transport funding.

3.2 WBOPDC will advocate for improved transport connectivity for Waihi Beach residents within the Environment Bay of Plenty Regional Transport Policy review, and further ensure robust processes are in place for determining transport provision.

1 WHAT IS AN AGE-FRIENDLY COMMUNITY?

The World Health Organisation has developed indicators, guidelines and toolkits for assessing and improving the age-friendly capacity of cities, primary health care, consumer services and systems. Many countries and states and cities have contributed to the research programme resulting in a Global Age-Friendly Cities Guide (2007) to enable cities to inform development of strategies to improve the lives of their ageing populations. The Age-Friendly framework is a particularly relevant and useful policy application for New Zealand communities where there are or is projected to be a high ratio of older people.15

15 The Population Ageing Technical Advisory Group (PATAG) has adopted the model as a basis for its advisory role to BOPDHB and SmartGrowth.
What is an age-friendly Community?

An age-friendly city encourages active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age. In practical terms an age-friendly city adapts its structures and services to be more accessible to and inclusive of older people with varying needs and capabilities.

WHO 2007

An Age-friendly community/city:

- Benefits everyone: children, young and old
- Recognizes the great diversity among elders
- Promotes their inclusion in all areas of community life
- Respects their decisions and lifestyle choice and anticipates and responds flexibly to ageing-related needs and preferences.

Age-friendly Community Indicators

The WHO Age-Friendly Cities framework identifies these eight aspects as key indicators that influence of wellbeing for older people.¹⁶

Similar to the social, economic determinants of health they are a guide for Local Authorities to use in assessing community ‘friendliness’ for people of all ages and can lead to improvements in buildings, services, education, recreation, community development, and policy development change.

1 Outdoor spaces and buildings
- Does the natural and built environment help elders get around easily and safely in the community?

¹⁶ The global project produced a Guide with specific checklists for each of the indicators.
2 Transport
- Can elders travel wherever they want to go in the community conveniently and safely?

3 Housing
- Do elders have housing that is safe and affordable and which allows them to stay independent as their needs change?

4 Respect and Inclusion
- Are public services, media, commercial services, faiths and civic society respectful of the diversity of needs among elders and willing to accommodate elders in all aspects of society?

5 Social Participation
- Do elders have opportunities for developing and maintaining meaningful networks in their neighbourhoods?
- Are the needs and preferences of elders considered in planning by a diverse range of agencies and institutions?

6 Communication and Participation
- Are elders aware of the range of programmes and services available to them within their community?
- Is information readily available appropriately designed and easily accessible for elders?

7 Civic Participation and Employment.
- Do elders have opportunities to participate in community decision-making?
- Do elders have opportunity to contribute their knowledge and skills to the community in paid or unpaid work?

8 Health and Community Services.
- Do elders have access to the health and social and care services they need to stay healthy and independent?

Role of Local Government

There are real benefits to community wellbeing if local government leadership improves age-friendly efficiencies through policy change, review and monitoring processes and active efforts that result in a value for the contribution of elders. Older Maori play a vital leadership role in preserving knowledge, intergenerational relations and the cultural vitality of Maori and communities.17

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Increasing the capacity for ageing-in-place through age-friendly environments and the participation of elders benefits the family, whanau, community and the economy by expanding contribution of elders to community life. An age-friendly built environment has potential for significant influence on community wellbeing given structural ageing within the Western Bay Of Plenty:

- Meeting the wellbeing goals of the Local Government Act (2002)
- Achieving a quality of life for older people and future generations has a powerful impact on civic aspirations and the economy.\(^\text{18}\)
- Strengthening social and care systems
- Defining culture and the ‘space’ within which complex social developments and democracy take place.

**Urban ageing at Waihi Beach**

Low-density urban development is a characteristic of many New Zealand communities, including Waihi Beach. They show features of community pride, dispersed development patterns, vehicle dependency, a need for improved footpaths and public transport, community investment in recreation facilities, and improved access to amenities or health services. Increasingly there are more older people living alone. (27% of people living at Waihi Beach live alone) Best practice planning

\(^{18}\) Wilson and Rodway refer to the irreversible NZ private and public cost in Boston and Davey, 2006
to achieve quality outcomes requires a relatively small investment to achieve ‘life-
time’ sustainability age-friendliness\textsuperscript{19} and reduce ‘housing stress’\textsuperscript{20}.

The Age-Friendly framework of indicators and toolkits, provide a means of examining
policies through a population-ageing lens, to assess how they impact on the
determinants of health, because older people do have particular health needs,\textsuperscript{21} and
as elders contribute to whaungatanga, family and community wellbeing.

\textbf{It is structured to enable a detailed analysis of the strengths and barriers within proposed policies and planning proposals.}
The outcomes will inform the Western Bay of Plenty District Council and Bay of Plenty District Health Board policies for development of intensification planning at Waihi Beach. It will provide a reference for other ageing communities within the SmartGrowth sub-region.

\textit{Urban environments are an important factor mediating the experience and opportunities open to older citizens}
Biggs 2007
The Western Bay of Plenty sub-region is historically a popular retirement destination, with continuing high proportions of elders. It continues to attract migration of increasing numbers of mid-life people choosing work and lifestyle options. Population projections indicate high proportions of baby-boom generation people continuing to age in the region, with projected numbers of those over 80 years reaching over 35,000 by 2051.

\textsuperscript{19} Life-time design is the NZ term and trade-mark applied to planning/building/equipment to enable use by people of all ages and abilities. Formerly known as ‘universal design.’
\textsuperscript{20} Elders are vulnerable to stress in WBOP is noted in CRANZ housing affordability study
\textsuperscript{21} Nuffield Institute for Health report on Promoting Wellbeing: Developing a Preventative Approach with Older People...p 12. Also UK Inquiry into Inequalities in Health
To optimize population ageing, international agencies such as the OECD, WHO and UN urge decision makers to give urgent consideration to:

- Urban planning policy that promotes and maintains ‘healthy’ independence and community connection.  
- Ongoing efficiencies to ensure effective delivery of quality age-friendly community based primary health care and ‘ageing-in place’ support services.
- Cost-effective local interventions to compress morbidity reduce dependency and improve health inequalities.

Data indicates that Waihi Beach ward is an ideal location to study and develop a capacity for age-friendliness:

- Demographic data shows approximately 50% of the population is aged over 45 years, 22% are 65+ (NZ av. 12.7%).
- Socio-economic deprivation indicators rate Waihi Beach is a Decile 7 area, (NZ Dep.06) and health needs assessment indicators such as primary care utilisation, chronic disease management and cancer screening suggest that Māori experience lower levels of health service access and utilisation.  

Waihi Beach has a strong community spirit knitted through positive engagement with the Waihi Beach Community Board and Ngaiterangi Iwi, to achieve planning for, and implementation of, infrastructure and service improvements that reflect the character and identity that the community values.

Developing an age-friendly community:

To achieve optimum urban environments, WBOPDC can maximize opportunity through evidence from the Global Age-Friendly Cities Project.

Relevant issues include:

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22 Gleeson and Dodson 2009 in Urban Planning and Public Health: Re- Connecting Modernity’s Separated Twins. PHAC
23 Bay of Plenty District Health Board Health Needs Assessment Summary 2008
• Policies, programmes, services and infrastructure related to the physical environment are designed to enable older people to live in security, enjoy good health and participate in society in a meaningful way.
• The benefit for people of all ages is appreciated. Secure neighbourhoods are safe for children, youth, women and older adults.
• Families experience less worry and stress when their elders and kaumatua have the services and support they need.
• Barrier free buildings and streets enhance the mobility and independence of both younger and older people alike.
• The whole community benefits from the participation of elders in volunteer or paid work and civic activities.

When decision makers take a ‘life-course approach’ into account...
that is the biological, psychological, behavioural, economic, social, cultural and economic factors that operate over the course of a person’s life to determine health and wellbeing in later years, then everyone in the community, benefits progressively.

2 WAIHI BEACH PROJECT

Background
Waihi Beach is a traditional New Zealand retirement destination, with early settlement since 1870 linked to gold mining and beachside holidaymaking. Maori people of the area are associated to Ngaiteranginui Iwi, maintaining aspirations for their future, from their location at Otawhiwhi.24

Waihi Beach is a popular holiday destination located at the northern tip of the Tauranga Harbour, within the Western Bay of Plenty District Council (WBOPDC), the Bay of Plenty region and Bay of Plenty District Health Board (BOPDHB). The BOPDHB projections for the Western Bay of Plenty sub-region include an increase of 118% aged over 65 years by 2021. There is a wide recognition that health planning for ageing populations in the sub-region should be intrinsically linked to development planning in order to better enable independence and community wellbeing.25 A critical awareness of the links between the social and economic determinants of health and sustainable intensified urban planning and community wellbeing are a key element of this project.26

Funded through a grant from the Ministry of Health, the project outcomes are linked to BOPDHB services, specific Western Bay of Plenty District Council policy and planning processes including relevance to SmartGrowth implementation plans.

It is expected that the project outcomes will: contribute to age-friendly policy and planning processes that will improve wellbeing at Waihi Beach and enhance the community capacity to support and enable older people to age-in-place; provide opportunity for ‘learning’ that is applicable in other locations.

"The framing of relationships to place, via people of that place, is fundamental to understanding cultural landscapes and a Maori sense of place.”
Hosking. 2008

Policy context

The Western Bay of Plenty Local Governments: Bay of Plenty Regional Council, Tauranga City Council and Western Bay of Plenty District Council established

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24 Planning guidance is found in Te Aranga Maori Cultural Landscape Strategy 2006.
26 MOH. 2002 Reducing Inequalities in Health
WAIHI BEACH AGE-FRIENDLY HEALTH IMPACT ASSESSMENT
Developing age-friendly communities.

SmartGowth as a coordinating agency to provide for sustainable forward planning actions to manage the projected high growth in the sub-region. A 50year Strategy and plan defines forward actions. Waihi Beach is identified as an intensification zone to accommodate future population growth.\(^{27}\) SmartGrowth and the Bay of Plenty District Health Board collaborated to form a Population Ageing Technical Advisory Group (PATAG 2007) to provide advice on the impact of Population Ageing in the region. Councils are aware of the importance of improving the social infrastructure within communities to support increased intensification.

This project uses an evidenced based approach to an Age-Friendly Health Impact analysis of relevant (p.9 & p.21) Local Government and District Health Board policies, strategies and plans to identify the scope of influences on the wellbeing of present and future older people who live at Waihi Beach. It will provide a valuable link to policy decisions to ensure wellbeing (Local Government Act 2002) recognizing the significance of the social and economic determinants of health and inequality.\(^{28}\)

Western Bay of Plenty District Council planning processes affecting ongoing Waihi Beach development include:

- WBOPDC District Plan
- The Long Term Community Council Plan (Ten Year Plan)
- WBOPDC Built Environment Strategy
- Waihi Beach Defining Our Future Community Plan
- Waihi Beach Town Centre Plan
- Waihi Beach Reserves Management Plan.

Waihi Beach is situated at the far northern tip of the Western Bay of Plenty Primary Health Organization region within the BOPDHB. The project scope includes an analysis of wider primary health care and home care and support service delivery and relevance to:

- BOPDHB Strategic Plan - Healthy Independent and Dignified Ageing;
- BOPDHB District Annual Plan - Health of Older People Purchasing Intent;
- The Western Bay of Plenty Primary Health Organisation (WBOPPHO) and Nga Maatapuna Oranga delivery of accessible, affordable and appropriate primary health care, prevention and support services.

The DHB region acknowledges that the dominant feature of population trends in the Bay of Plenty is the structural ageing of the population with a relatively increasing proportion and number of the population being in older age groups. Specifically, the over 65 year old age group is the fastest growing demographic and will increase by more than 80% over the next 20 year period. The structural ageing of the population will have a significant impact on health services and is likely to drive significant change in health service delivery.

*The good health and wellbeing of the population is largely a product of the settings in which people live work and play*  
Public Health Advisory Committee 2007

3 RESEARCH PROCESS

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\(^{27}\) SmartGrowth 50year Strategy and Implementation plan, 2007  
\(^{28}\) Howden-Chapman P, Tobias M, 2000
The Waihi Beach Age-Friendly Health Impact (AFHIA) research process was conducted through a contract with the Bay of Plenty District Health Board. A critical appraisal of the WBOPDC and BOPDHB policy status was undertaken. It was agreed that planning process time frames allowed for a formal AFHIA reporting to be integrated into WBOPDC Waihi planning processes.

A number of influences later affected the policy and planning schedules. They arose after the period from the initial screening and followed the period from when funding was finally achieved six months later. It is to be expected that some mismatch can occur when funding is sought from national funding systems. The changes included a rationalization of planning projects within the overall scope of the Western Bay of Plenty District Council’s work to accommodate economic constraints given the global downturn.

However it was firmly indicated by Council that the Waihi Beach plans, while some aspects were being deferred, they would proceed over time and did need integration within the Long Term Community Council Plan and Built Environment Strategy. The Council’s Sustainable Communities Committee confirmed the value for receipt of the AFHIA reporting. The Waihi Beach Community Board was fully engaged from the outset and clearly indicated vital support and a value for the outcomes. Board members provided valuable stakeholder networking and community meeting advice and liaison.

Aim:
To undertake an HIA process that embodies an ageing—in-place focus at Waihi beach in collaboration with the Western Bay of Plenty District Council and Bay of Plenty District Health Board.

Objectives:
1. Engage an Age-Friendly Health Impact Assessment process within the policy-making actions of the Western Bay of Plenty District Council’s Built Environment Strategy and Town Centre Plan.
2. Develop and trial an ageing—in-place\textsuperscript{29} focused HIA model.
3. Inform age-friendly community outcomes through the PATAG collaboration between the BOPDHB and SmartGrowth.
4. Strengthen the community’s capacity for older people to maintain their independence in their own homes.
5. Increase awareness and knowledge within the DHB, SmartGrowth, WBOPDC and the community on planning for and with ageing communities.
6. Make recommendations that will reduce health inequalities, and improve timely access to health care services.
7. Develop learning from the AFHIA process that can be transported to other communities within the Western BOP sub-region and elsewhere in New Zealand.

\textsuperscript{29} An internationally recognized term. In NZ ageing in place is: an older person’s ability to make choices about where to live and to receive the support to do so. MSD.
WAIHI BEACH AGE-FRIENDLY HEALTH IMPACT ASSESSMENT
Developing age-friendly communities.

Enjoying life at Waihi Beach

Age-friendly Health Impact Assessment
Health Impact Assessment (HIA) is an approach that can help identify and consider the health and inequality impacts of a proposal on a given population. In New Zealand HIA is 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.

HIA is a formal process “to enhance the policy-making process” aimed at predicting the potential health effects of a policy outcomes

HIA has a “focus is on actual outcomes for people”
Waihi Beach was chosen as an ideal age-friendly health impact study area.

Congruent with SmartGrowth implementation plan actions, the WBOPDC policy development programme indicated that Waihi Beach was a suitable location to conduct a ‘learning by doing’ age-friendly HIA. The Council sought to integrate HIA processes as a means to strengthen appropriate social infrastructure development within its planning processes. The BOPDHB and SmartGrowth recognized the importance of learning more about infrastructure planning as an influence on the:

- Socio-economic determinants of health
- Community capacity building in regard to maintaining independence and access to health and community support services in other communities with high ageing populations.

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[31] PHAC 2005
Health Impact Assessment was considered a relevant methodology given its potential to address health and social inequalities through urban policy development. An age friendly analysis or lens at Waihi Beach provides the BOPDHB with an opportunity to:

- Examine efficient age-friendly primary health care service delivery and planning given the impact of increasing numbers of older people and increased incidence of chronic conditions and the current dislocation of service provision.
- Improve home care and support services in a relatively isolated retirement community.
- Improve appropriate services for Maori, pakeke, kaumatua and whanau.

The BOPDHB and WBOPDC representatives decided that the relevance of the policy stage of Waihi Beach planning processes provided a significant opportunity to refine and improve policy outcomes for communities with ageing populations.

The primary focus of HIA is on health and its determinants at a policy level. HIA is based on the recognition that the health status of people is greatly influenced by factors that lie outside the health sector. Given identified issues, cross sector collaboration can mitigate health risk, provide for policy development and change, community awareness and engagement to improve wellbeing. It is widely acknowledged that local government policy takes place in a complex changing environment of cost constraints, community driven priorities and political will.

HIA is conducted through a process that includes key stages:

1. **Screening**
2. **Scoping**
3. **Appraisal and reporting, including engagement with decision makers**
4. **Evaluation**

The Waihi Beach HIA followed the standard methodology outlined in the *Guide to Health Impact Assessment: A policy tool for New Zealand, 2005*. It is acknowledged that the *Whanau ora Health Impact Assessment 2007* process is more appropriately aligned to the needs of specific populations by respecting a whanau or family context for aspirations.

**Screening (Deciding whether to do HIA):**
It is acknowledged that the ‘parties’ involved in achieving funding for the project conducted screening and scoping processes within the context of both considering a funding application and further analysis of in the construct of an RFP proposal.

**Scoping (Deciding how to undertake HIA):**
The representatives decided that in the dynamic context of the *Built Environment Strategy* the HIA should focus specifically on the *Waihi Beach: Defining Our Future Community Plan* and *Waihi Beach Town Centre Plan*. It is recognized that time did permit a wider analysis that engaged a range of stakeholder agencies at this point. The success in achieving funds enabled a contract for the completion of the project to be undertaken. The Waihi Beach project HIA began in late 2008. Continuity and availability challenges presented given the Christmas and holiday period.

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34 WHO Age-Friendly Primary Health Care Centres Toolkit.2007
Two community meetings were held at the Waihi Beach Community Centre to determine the community view of ongoing barriers to ageing-in-place and possible solutions within the district. Meetings were also held with the Otawhiwhi Health Committee. Stakeholders were engaged to further define or clarify key issues.

- I had to go to Hamilton to get new dentures.
- We need safe walking links between areas.
- It would be good if WINZ and other agencies like IRD came to the Beach.
- There is not enough information on services, I have to ask the Doctor.
- Transport is such a big issue.

A multi purpose health centre could accommodate doctors, dentist, visiting optician, podiatrist, dietitian, alcohol and drug advisors, district nursing, visiting social services and information on clubs and volunteer groups.

We want planning that allows our whanau to be able come back and build homes that they can afford... this is what will ensure that our Elders are well looked after.

Korero at Otawhiwhi Marae.
Determining the degree to which BOPDHB policies WBOPDC Waihi Beach related built environment policies will improve age-friendliness for present and future cohorts of older people is complex. A matrix was developed because the analysis required is:

- Inclusive of two key agencies i.e. BOPDHB and WBOPDC, with wider potential outcomes relevant to sub-regional planning.
- Characterized by multiple policy processes that have planned implementation programmes over-time and as funds permit.
- An Integration of age-friendly indicators within an HIA methodology.\(^{35}\)

In order to analyze both the territorial authority WBOPDC and BOPDHB policy implementation processes for the Waihi Beach community ‘over-time’, a matrix was developed to assess the scale and scope of the current position and proposed policy implications against the eight age-friendy indicators (p. 9).

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\(^{35}\) While age-friendly community and city studies have been undertaken, and numerous types of HIA projects world wide, the researchers did not find a similar international example of an elder population focused HIA process that specifically uses the age-friendly indicators.

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Specialist services in social and public policy
specialist services in social and political gerontology
4 DEMOGRAPHIC PROFILE

Who lives at Waihi Beach?

Waihi Beach is a traditional New Zealand retirement destination, with early settlement linked gold mining. Fig 5 shows the age structure of the Waihi Beach Ward (of WBOPDC)\(^{36}\) compared to the Western Bay of Plenty District Council and New Zealand population profiles (Census 2006). Waihi Beach has a stable (usually resident) population of about 3,000 people, which includes a high relative proportion residents who are 65+ 21% (16% WBOPD, 12% NZ).

The age structure of Waihi Beach also shows that the 55-64 year old residents who will be reaching the age of 65 in ten years are also larger in the Waihi Beach Ward compared to WBOP and NZ. The population numbers peak at the 45-year age group. It is projected that the 65+ populations will increase to over 32% (32% indicates current resident transition) within 20 years (see table 2) This does not include further increase due to intensification and migration from other parts of New Zealand given structural ageing of the New Zealand population overall. In the younger age groups you can see that there are less Waihi Beach residents in comparison to WBOP and NZ particularly in the working age groups of 20-40 years of age.

![Age structure graph](image)

**Figure 5** Waihi Beach Ward population by age in five year cohorts (as %), Census 2006

<table>
<thead>
<tr>
<th>% 65+</th>
<th>2006</th>
<th>2016</th>
<th>2021</th>
<th>2026</th>
<th>2031</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waihi Beach Ward</td>
<td>22%</td>
<td>26%</td>
<td>28%</td>
<td>32%</td>
<td>34%</td>
</tr>
<tr>
<td>Western BOP District Council</td>
<td>16%</td>
<td>20%</td>
<td>23%</td>
<td>26%</td>
<td>29%</td>
</tr>
</tbody>
</table>

Table 2 showing projected percentage of people 65 years of age and over in Waihi Beach Ward and total Western bay of Plenty District Council district.

\(^{36}\) Comprising Waihi Beach, Athenree and Pio Shores area units.
Furthermore Waihi Beach has a:

- Low median household income relative to Western Bay of Plenty District
- Predominantly European NZ residents with increases in other ethnicities in 2006
- 27% of people with no qualification
- 41% of people are employed fulltime
- Average household size is 2.3 people (2.6 in WBOPD)
- 1242 households (68% in category one-family household, 27% one person household) (24% one person household in WBOPD)

**Education**

- 27% of Waihi Beach residents had no qualification
- 30% had a high school level qualification

**Ethnic groups**

- 78% of people in Waihi Beach reported that they belong to the European ethnic group,
- 14% reported that they belong to the Maori ethnic group

![Bar chart of Waihi Beach residents by ethnic group (total responses) (Census 1996, 2001, 2006)](image)

**Income and Employment**

The median income of Waihi Beach residents was $20,300, compared to $22,600 WBOP and $23,200 for NZ.

- Unemployment rate of 3% which is lower than national average
- 38% of Waihi Beach residents were not in the labour force.
Health

The Bay of Plenty District Health Board has the same leading causes of mortality for older people as those recorded nationally: ischaemic heart disease, stroke, chronic obstructive pulmonary disease, diabetes and lung cancer.

Ischaemic heart disease, chronic obstructive pulmonary disease, skin cancer and falls were the top four leading causes of hospitalization for older people in the Bay of Plenty, the same as New Zealand as a whole.37

- 9% of Waihi Beach residents helped someone who was ill or had a disability who does not live in own household
- 20% of Waihi Beach residents helped or did voluntary work for or through organizations, groups or marae (15% WBOPD, 14% NZ)

Transport

- 65% of people used the car as a means to travel to work.
- Only 0.2% used the bus to get to work93% of households in Waihi Beach had access to a motor vehicle, compared with 96% for WBOPD
- The number of transport movements in streets within the vicinity of Town Centre ranges from 6738, 5870, 5466 to 5232 movements daily (ADT) av. over 3yrs.

37 Ministry of Health 2008.
Households

- Average household size is 2.3 people (2.6 WBOPDC)
- **27% of Waihi Beach households are one-person households** (20% WBOPDC)
- 39% of Waihi Beach residents were living in the same residence 5 years ago, while 49% were living elsewhere in New Zealand
- 51% of households were (partly) owned by Waihi Beach residents, and 28% of households were not owned by residents (compared to 49% and 29% respectively for WBOPDC)
- 90% of rented properties were owned by a private person, trust or business.
- There were no state owned houses or Housing NZ houses (88% and 4.5% respectively for WBOPD)
- Mean weekly paid rent for Waihi Beach residents was $196 ($186 WBOPDC)
- 83% of households in Waihi Beach had access to a telephone, compared with 86% for WBOPDC
- 2% of households in Waihi Beach had no access to telecommunication systems, compared to 2% for WBOPDC.
5 Age-Friendly Indicator Commentaries

1 Outdoor Spaces and Buildings

The Western Bay of Plenty District Council is responding positively to the demand of growth in the Western Bay of Plenty sub-region. The *Built Environment Strategy* provides leadership in encouraging new responses to managing sustainable growth pressures. The strategy provides a pro-active guide to planning principles and practices to ensure healthy and safe lifestyles in neighbourhoods, rural environments, communities and towns within the district.

Improving the Town Centre at Waihi Beach is vital component of an active planning process in conjunction with the Waihi Community Board and members of the community. The *Waihi Beach Defining Our Future* community plan outlines the directions and values the community seeks to have implemented.

Given the high ratio of elders who ‘live work and play’ in ‘our paradise’ there is a necessity to ensure that change embodies an age-friendly approach to enhancing the environments within this naturally occurring retirement community. The Global Age-friendly cities project emphasized that when cities and communities make the improvements needed for older people to continue to live actively in their community the benefits are far reaching for people of all ages. Biggs notes that progressive policies toward social inclusion of older people and people with disabilities have radically influenced the all-important detail of everyday urban life. Studies also note that when there are minimum or depleted health and community services older people retreat Scaarf (2005) into what Phillipson (2004) refers to as ‘a self-imposed state of house arrest’. This positioning of older people leads to social abandonment and for those who are frail and living alone, a premature death.

One of the challenges facing WBOPDC, similar to other fast growing districts and cities, is balancing the cost of growth and infrastructure development with the capacity of ratepayer contributions. ‘Retired’ Waihi Beach residents including local Maori people have expressed an inability to meet increasing rate demands due to fixed and low incomes, and high property values. The decile rating for the Beach is NZ Dep7, quintile 5. When investment in amenity development is constrained, quality of life potentially diminished. Residents have little expectation of active progress. This issue is ‘live’ and very relevant for people living at Otawhiwhi. They seek to build on their land, maintain their cultural identity and progress housing and services for their whanau. They indicate barriers to progressing their aspirations because of unresolved drainage problems and unaffordable development fees.

Waihi Beach has an earlier history of investment in recreational amenities, including a Surf Club, tennis courts, cabaret, RSA and Community Centre. Some amenities such as Post Office and Bank were lost during the New Zealand period of social and economic disruption in the early nineties. Recent growth has raised the need for more suitable accommodation for the Fire Service, Police Station and medical facilities.

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38 Simon Biggs is a leading UK gerontologist. He undertook a study of London City to determine Age-friendly Guidelines.
The proposed redevelopment of the Town Centre is an opportunity to create an environment that will consolidate accessible retail, cultural, health and recreational opportunity, with higher density living in this zone. It will be enhanced by the creek reserve and walkway contributing to a strengthening of community identity, connection, business viability and wellbeing.

Considerations:

- Town Centre development is an ideal opportunity to integrate Age-friendly principles:
  - Pavement treatments
  - Enhanced pedestrian environments and safe crossing median barriers.
  - Shade
  - Mobility scooter friendly design
  - Disability parking
  - Enhanced access to parking
  - Accessible Bus stop
  - Seating
  - Toilet access
  - Information, advice and advocacy centre location
  - Locate essential amenities such as library or health facilities within a pedestrian environment.

- Enhancement of the Beach environment has been contentious. However Council investment in parking areas to enable access and maintain dunes is commendable. Further efforts to provide shade through intergenerational community tree planting should be encouraged.

- Time frames for Council investment should be clearly defined to benefit current ratepayers.

- Outdoor lifetime gym equipment has potential for community project within Two – mile Creek walkway enhancement plan

- There is some difficulty in achieving health service facility enhancement due to service delivery boundary issues and constrained Council activity on land sales and purchase to centralize parking amenity.

- It appears that Waihi Beach while maintaining a big sense of local pride is regarded by government agencies, health providers and local government as regionally fringe and all too easily forgotten.

- The question of whether this is structural ageism given the ‘retirement community status’ is an issue to be confronted, openly discussed and ethically addressed.

Recommendations:

That WBOPDC:

1. Incorporate Life-Time design principles in public and private building codes.
2. Incorporate planned space for future community amenities (see section 6 & 8 recommendations) in Town Centre Plan.

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39 In UK all new homes will meet Lifetime Design standards by 2013, all social housing 1011.
2 Transport

Access to transport options is widely considered a key factor in maintaining independence and wellbeing (Age Concern1990, OECD 2001). International studies and New Zealand evidence (Dwyer et al 1999; Davey 2006) reflect the significance of a profound impact on the lifestyle of older people given the loss of private transport. Consultation with older New Zealanders showed that public transport or taxi options do not adequately compensate for the convenience, autonomy and choice that the car offers particularly for frail or moderately disabled elders who are likely to be the most transport-disadvantaged (Davey and Nimmo 2003).

*Independence is one of the keys to wellbeing, and that independence is to a large extent determined by access to one’s own transport or alternatively public transport services.*

(Age Concern NZ.1990)

The literature on linkages between elder wellbeing and lack of transport options is comprehensive and conclusive. It highlights the decline in living aspirations and capability to manage basic living needs without assistance. Social isolation literature defines access to transport as a key pivot to reduce depression, suicide and health service demand. According to Davey, NZ research indicates that a lack of transport options curtails the activities of older people, their choices diminished, enjoyment of life impaired, with possible negative affects on their health and wellbeing.
Elder dissatisfaction with public transport is common in New Zealand due to lack of appropriate connection points and flexibility 41(Davey and Nimmo 2003). The LTSA 1999 noted that the ability of older people to walk safely and comfortably in ‘their’ streets is linked to wellbeing and continuing mobility. The onset of chronic conditions in later years is a key factor influencing mobility and a need for transport options. Recent studies indicate a direct link between chronic conditions, depression and social isolation among older people (Clarke and Currie, 2009). Numerous studies in New Zealand (Davey & Nimmo) have found that:

- Older women use public transport more than men
- People prefer to use their own car.
- Taxi services are too costly,
- Public transport is not always accessible, convenient or secure.
- Community transport options are limited.
- Requests to family or friends are made only in emergencies.

At Waihi Beach there are no regular public transport services available and no taxi service. There is an Intercity daily link Auckland to Tauranga. The RSA currently owns two vans that operate for patrons.42 A once weekly free RSA shopping service to Waihi is available. The Otawhiwhi Marae operates a limited service to specialist medical appointments.43 Many older people at Waihi Beach were unaware of Gold Card free bus travel in off-peak hours.

Transport is a big issue. Currently many elders are reliant on other ageing friends who maintain cars and licensing, to meet vital transport needs. Local shopping is considered to be a costly exercise. There is anxiety associated with access to medical appointments. A matter of high concern is access to specialist and health services only available in Tauranga. SmartGrowth envisages that urban intensification will bring “fundamental shifts ...to provide for accessibility ... for people to meet most of their daily needs within their own local community”.44

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41 The Social Advisory Council Report The Extra Years: Some implications for New Society of an Ageing Population (1982) noted that accessible and flexible door-to-door services and expansion of the Total Mobility scheme were necessary.
42 The RSA management is considering selling the vans.
43 The Marae Health Committee indicated ongoing transport viability concerns.
44 SmartGrowth – Enhanced Lifestyles.(p70)
Consultation with elder residents and service providers indicated need for urgency to find solutions to transport options.
Although the district is flat, and main roads have footpaths, walking and motor-scooter use is constrained by:
- Lack of footpaths in residential streets.
- No neighborhood shopping facilities
- Distances to Town Centre.

*I am really scared driving my car - I am frightened that I might run over holiday people because they walk all over the roads ...there are not enough footpaths.*

Waihi Beach elder residents have expressed concern in regard to limited transport options, and their inability to do ‘affordable’ local shopping. Care providers endorsed the primacy of the transport issue indicating elder clients in “sad situations”, with an inability to respond. Care providers also indicated transport as the most significant barrier in the provision of care and support services to Waihi Beach. The reason being that contracts do not provide travel costs to first appointments.

Otawhiwhi people seek to continue to operate and expand the ‘safety’ of their ‘door to door’ specialist appointment service for Kaumatua. Links could be made to Go Bus services from Katikati to Tauranga. This service is currently in overload and under review by EBOP. There is potential for RSA and Otawhiwhi or Community Trust to expand of local services through access to resource funding through Community Transport Fund (EBOP Regional Transport Committee) for organizations providing community services in high decile communities.

The Town Centre plan requires more detailed planning to improve community access and reduce traffic movements by location and consolidation of amenities e.g. Information/Library and Pharmacy/Medical Centre/ Government Agency and community health related services. Planning for a common parking amenity is most desirable.  Given Waihi Beach transport difficulties and a drive within Government to ensure primary health care is affordable, appropriate and accessible, and that there is collaboration between Government services, it is essential that an ageing population has confidence in being able to access timely service delivery within their own community.

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45 BOP DHB boundary and WDHB service provision of enrolled primary care limits access to wider service delivery.
46 There is an urgent need to scope a ‘Heartland’ service model for elders at Waihi Beach to enhance connectivity.
Congruent with the *New Zealand Positive Ageing Strategy* Goal 4, there is a need to expand the elder capacity for independence and choice. Transport is the critical link to:

- Specialist services in Tauranga and at Beach.
- Access emergency services
- Access support and social care services in their own community
- Undertake essential shopping
- Engage in community affairs, education, recreation, and volunteer services.
- Safety and security - two out of three NZ people 85+ live alone.

Considerations:

1. Ensure Bus Stop space is incorporated into Town Plan
2. Ensure pavement redevelopment has low curbs and mobility scooter access and parking facility.
3. Introduce and enforce Town Centre pavement safety guidelines to protect disabled people from risk. (Commercial invasion of pedestrian access)
4. Continue to monitor and construct pedestrian safety refuges and crossings as Town Centre evolves.
5. Ensure that Civil Defence planning incorporates elder transport plan.
6. Value older people, and the importance of transport, through provision of accessible off-street parking and carport shelter for cars at the Elder (Pensioner) Housing Complex.47

**Recommendations:**

That the WBOPDC and Waihi Beach Community Board:

1. Negotiate with EBOP to achieve a Go Bus service linked to Katikati / Omokoroa services to Tauranga
2. Facilitate a (commercial/volunteer) community bus/taxi service
3. Ensure that Town Centre development of pavements provides maximum pedestrian and mobility scooter access.

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*Ageing of the population will be an increasing influence on the development of transport infrastructure and systems...there is potential to increase the use of public transport, which will bring with it a range of social, economic and environmental benefits.*

SmartGrowth 2007

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47 NB the word ‘pension’ is outmoded and not applicable. Recommend that WBOPDC change title / policy.
3 Housing

Waihi Beach Community has a unique character in that the population consists of permanent residents, semi-permanent residents and holidaymakers. As areas become more desirable the possibility of increased housing prices and rents increases. Those who do not own their own home may need to leave the area to find affordable accommodation, increasing elder social isolation and exclusion from the community. Displacement of housing is a significant predictor of wellbeing, where security and length of tenancy are related to multiple health outcomes.

Housing plays an important part in the wellbeing of older people. Older New Zealanders have a strong attachment to their homes, driven by both comfort and practicality (Davey, 2006; Wiles et al., 2009). A study of older people’s experiences in a rural location in New Zealand showed that the strong attachment that older people had to their town and the unavailability of alternative housing were influential motivators for people to remain in a community (Joseph & Chalmers, 1995; Chalmers & Joseph, 1998).

The policy of ‘ageing in place’ in New Zealand is where people are encouraged to remain in their homes and communities (Pastalan, 1990). This focus on ‘ageing in place’ is also found in the New Zealand Positive Ageing Strategy where ageing in place is defined as the ability of people to “make choices in later life about where to live, and receive the support to do so” (Dalziel, 2001). New Zealand research clearly shows that services supporting ageing in place reduced the risk of mortality and risk of entry into residential care compared with usual services (Ministry of Health, 2006).

Older people differ in their living arrangements from the general population. The majority of people aged 65+ in New Zealand live in one of two broad living arrangement types: partner in a couple without children household (most of whom will have had children who have left the parental home); and, a one-person household (Statistics New Zealand, 2008). The number of one-person households continues to rise in the Western Bay of Plenty and throughout New Zealand.

Two out of three people in New Zealand over 85 years of age live alone.

For those who become more physically dependent there may be no other option than to move into residential care. However, institutional care has been criticised for isolating older people from their social networks, and is considered to be more costly than continued living in the home and community. Rest home care is available at Athenree. It is a licensed hospital and provides some respite care beds, and a secure unit for dementia and Alzheimer's care.

Waihi Beach elder residents have expressed concern in regards to affordable accommodation. There seems to be some support through WINZ with respect to home and garden maintenance; however residents indicate it is not enough.

*Salvation Army can help with cleaning vacuuming etc – they are very busy though.*
Clearly linked to conversations about affordable housing, elder residents also indicated that there is a need for a retirement village at Waihi Beach.\textsuperscript{48} Care providers indicated that there is a need for advice regarding housing options in the area. Moreover, they also emphasized the risk of isolation at Waihi Beach due to the number of empty houses.

\textit{There is a need for a retirement village of some sorts.}

\textit{The cost of rates is driving elderly folk from the beach.}

\textit{Need a lifestyle type village so that older people can move out of big family homes, but stay in area. Needs to be affordable.}

Otawhiwhi people seek affordable housing options, particularly in relation to the high building costs. They wish to see future generations returning to the area. They have concerns regarding the affordability of building homes on their land due to building compliance costs. It is their desire to have whanau nearby to care for kaumatua.

Considerations

- Encourage mixed-use housing options to facilitate an older person to move into smaller/ apartment style housing enabling retention of social networks
- Incorporate elder housing within mixed use housing developments
- Ensure adequate area and appropriate quality of outdoor social amenity spaces are provided.
- Support is given to early accommodation of the residential zoning to allow for medium density ‘apartment style living’ within the specified zone adjacent to the Town Centre (WBTC p. 16, 26, 37)

Recommendations:

That the WBOPDC / Waihi Beach Community Board:

1. Provide for a range of housing options through the District Plan (WBDOF pg 15, action 20; p 26, 37 WBTC)
2. Review bylaw regarding permanent camping tenancy to ensure that compliance standards protect older people living in camps and parks.
3. Further acknowledge pensioner housing as a valuable resource through assessment of future needs indicated by Seaford Park (Council camps) demand.
4. Improve dialogue with Otawhiwhi people.

That the DHB:

1. Consider the Waihi Beach locality and social environmental issues in home care contracts to enable provision of improved home services to enable people to ‘age in place’.
2. Actively support regional transfer of PHO capacity to provide community based primary health care and Maori Health services through affiliation to BOPDHB services, and social care agencies.

\textit{Age-friendliness will become community friendliness, encouraging intergenerational care and support.}

\textsuperscript{48} This point is noted in the absence of other housing options and information.
4 Respect and Inclusion

Older persons want to be able to contribute to, and benefit from, community life. Active and involved older people are less likely to experience social isolation and more likely to feel connected to their communities. These connections are particularly important, given the strong linkages between social isolation and health.

*The major problems faced by the elderly are the ones we create for them.*
Estes 1979

While social isolation tends to increase as people age, communities that promote social participation and inclusion are better able protect the health of their residents, including those who are socially isolated. Research also shows that one of the factors associated with feelings of loneliness is a feeling of lack of respect. Like social isolation, loneliness can have a negative impact on health. It is widely understood that these issues are socially constructed, and that the experience of old age and health in later life is largely influenced by the reaction of others, that social and cultural meanings are important. 49

*Lack of curiosity from younger people*

There is a common view of ageing and of older people that links old age with illness and in a youth centric, no-wrinkles culture; age is seen as pathological and abnormal. This shapes attitudes towards older people and their view of themselves (Estes, 2001). Many contemporary international studies have examined the issue of identity in older people, the loss of self-esteem, efficacy, and personal sense of control resulting in behaviours of social withdrawal and reduction of activity.

These factors diminish the capacity of many older people to undertake ‘the role of an elder’ within family, groups, community and wider democratic processes. A greater awareness of the bio-medical influences on elder lives is a basis for maximizing a New Zealand learning from Maori cultural practices of inclusion and respect for the mediating wisdom sharing role of elders and this connection to ensuring a culture of intergenerational care.

Planning for age-friendliness includes understanding the complex political, social and environmental factors that structure and modify the process of old age and ageing on multiple levels. Estes, Wallace, Linkins and Binney note that old age, ageing, and policies (health care) designed for elders are profoundly shaped by four social processes: the biomedicalisation and commodification of ageing; the privatization and rationalisation of old age policy.

- Perceptions exist that older people are stereotyped or treated less respectfully
- Need to improve public awareness of disabilities
- Health or mobility issues that lead to isolation of older adults
- Older persons not always heard or seen

49 Evidenced in the work of Estes, Gubrium & Holstein, Walker, Phillipson and others.
Waihi Beach elder residents indicate that older people are not always heard or seen. The perception exists that older people are stereotyped or treated less respectfully. Elders commented that there is a need for respect, kindness and courtesy across generations. Older people want to feel included, consulted and part of the community.

*People do not credit you with much intelligence*

Stakeholders indicated that there is no specific effort to include older people in health services planning. This makes it difficult to give people different options with respect to health and care services. Health and mobility issues may lead to isolation of older adults. There is a need to improve public awareness of disabilities and ageing in general.

Considerations

- To ensure safety and avoid elder abuse and neglect, the BOPDHB consider monitoring quality and appropriate home care and support service delivery through independent engagement with service recipients.

- The Community Board has a high level of community participation. However Maori engagement could be fostered by establishing liaison through 2 representatives at Board meetings.

- That the Waihi Beach Community Board:  
  Improve customer service to better meet needs of older people through relocation of information services to Waihi Beach Town Centre  
  Encourage the community to provide opportunities for intergenerational activities and events—don’t isolate older people. Involve older people in primary schools to regain respect

**Recommendation:**

1 That WBOPDC, Ministry of Social Development and BOPDHB collaborate to provide an integrated Community Health / Resource Centre.

2 That the BOPDHB and Councils hold regular training workshops to overcome structural ageism thereby ensuring quality provision of age-friendly outcomes to meet the needs of the regions demographic transition, community social and economic wellbeing.
5 Social Participation

When people enter old age, social participation changes because of life cycle transitions (e.g., retirement, empty nest), and in later years it can be expected to change again because of declining individual capacities (physical and mental health). Social participation involves being connected with others. Social connectedness refers to “the relationships people have with others”, and as a process can require considerable time, energy and commitment (Ministry of Social Development, 2008:110). As part of this social connectedness, individuals rely on family, friends, neighbours and colleagues for support in a whole range of human activities. International research has clearly established that social connectedness is beneficial to quality of life or wellbeing (Berkman, Glass, Brisette, & Seeman, 2000).

*Social interaction is important and we need to have more group activities for single older people to stop them feeling isolated.*

The social contacts of older people can be affected in a number of ways. Particularly, widowhood and declining health can reduce social contacts. Research indicates that loneliness is common in the years following the death of a spouse (van Baarsen, 2002). Moreover, the number of chronic conditions increases with age (Penninx, et al., 1997), resulting in functional limitations which impact on the ability to maintain social contacts.

In the Positive Ageing Indicators Report (2007) by the Ministry, reference is made to the Quality of Life Survey (TNS, 2007) which showed that people aged 65 years and over was more likely to feel a sense of community than younger people (18-64). Around seven out of ten older people reported that they felt a sense of community with others in their local community. More than three quarters of older people indicated that it is important for them to feel a sense of community with others (2007: 109).

The connection between social participation and wellbeing has been illustrated in successive editions of the Ministry of Social Development's Social Reports (2001-2007). By using the indicators of: satisfaction with leisure time, participation in physical activity and participation in cultural and arts activities, it is suggested that the higher the measure, the greater the level of Wellbeing. The “desired outcome statement” is that: “Everybody is satisfied with their participation in leisure and recreation activities. They have sufficient time to do what they want to do and can access an adequate range of opportunities for leisure and recreation.” (2007: 84).

Waihi Beach elder residents indicated that there were activities available, whether it was more active activities or more sedentary activities such as the women’s coffee club at the RSA. However there are no activities available that develop resilience such walking groups, TaiChi or dancing. People indicated that that there was a need for someone to organize groups. In this respect, care providers stated that people were not well connected.

*Waihi beach is a 'do it yourself volunteer Waihi Beach*
There is a desire for a promotion of social interaction and the physical recreation assets to facilitate social participation. Accessibility is seen as a greater barrier than affordability to social participation by older persons/caregivers and service providers

Considerations

- Ensure that older people’s needs for the provision of public open or social space within development plans is receiving attention
- Provide incentives for development to include outdoor gathering places accessible for older people to promote social gathering opportunities
- Support local, self-supporting, community based groups of older people to provide social and recreational activities for older people, for example special events, and walking groups.

Recommendations:

That the WBOPDC and Community Board:

1. Acknowledge vital importance of connectedness through actions on location and access to health and community amenities in Town Centre Plan.
2. Urgently considers timely action on sale of council sections to facilitate redevelopment and relocation of services (pg 37 WBTC)
3. Support improvement to community and public transport
4. Strengthens its relationship with local hapu, Te Puni Kokeri and Ngaiterangi Iwi social services to improve community connectivity.
6 Communication and Information.

A widely held belief among older people is that they ‘do not wish to be a burden’ on family, neighbours, or even community and health services. This desire for autonomy is linked to the home and local environment. It is often access to ‘that little bit of information or help’ that maintains the dignity and independence elders desire.

Information and the degree to which it is relevant and accessible, the availability of advice and advocacy when needed, constitute the ‘low-level’ support needed to maintain as full and active life as long possible.

Major policy efforts in the UK through Better Government for Older People programme and Social Inclusion reports have resulted in the establishment of Link-Age centres by local Authorities. These ‘one-stop-shop’ facilities broker connection to ‘joined-up elder government and community support services such as warm homes initiatives or social care services through information, advice, and advocacy. Evidence indicates greater collaboration of services at community level and high utilization by elders by enabling opportunity and choice.

Consistent with international and New Zealand research findings, various local consultation processes with older people and agencies providing services have highlighted the need for improved information services. There is a well informed body of evidence that indicates an economic and community development imperative for collaborative approaches to improved information through joined-up services.

Waihi Beach currently has an ‘unmanned’ Information Centre within the Town centre. It is located in part of a shop, is well signposted and mainly serves tourism, holiday populations and provides a base for the community to access Council documentation. The Library provides further opportunity for access to community information. Given the limited opening hours and location the Library cannot serve as a type of Citizens Advice Bureau, nor does the Information Centre. The Community is well served by volunteers (approx 100 people) who provide valuable support to agencies such as Police, Fire Brigade and Opportunity Shop. They are a valuable resource. A colourful ‘holiday makers’ local business and services directory is produced annually listing community links. A Resource Centre is located at Waihi, but has little connection to the Beach Community at this point of time.

Proposed solutions to improving primary health care and secondary service connectivity should include capacity for preventative and active ageing developments. With increased violation of elders elder whether physical or as most recently financial, the unexpected urgency for care or emergency services the integration of information, advice and advocacy services become essential elements of a comprehensive health service to this community given the high aged population and limited transport options.

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50 Link –Age Cntre are supported and facilitated by Work and Pensions in association with local government and community agencies.
51 Identified in MOH 2007 consultation on care and support services.
52 Dwer, M, Gray, A. Renwick, M. 2000. Factors Affecting the Ability of Older People to Live Independently.
53 Dept Prime Minister and Cabinet 2004. Wellington
In a recent study\textsuperscript{54} engagement with elders and agencies identified four barriers to accessing information:

1. Awareness. Finding out what is available.
2. Access. Knowing where to go for comprehensive and independent advice.
3. Confidence. Having someone to talk to about taking next steps, and finding solutions.
4. Repetition. Service collaboration can avoid repeated personal detailed story telling and form filling.

Considerations:

Given:

- The demographic structure the Beach community i.e. a rapid increase of older people over next decade and beyond and a youthful sector.
- A constrained commercial/community facilities environment with significant traffic flow and safety issues.
- Sub-regional intensification plans.
- That the current Waihi Beach Town Centre Plan does not adequately reflect community amenity planning for current or future populations.

An integrated highly strategic 'big picture' planning vision is required at this time, not decision-making constrained by costly short-term expediency.

- Consideration should be given to a vision that integrates the Library as the key source "one-stop-shop for all information services.
- To ensure accessibility and reduce traffic movements this should be located within the Town Centre environment. This allows for a longer term economic investment to meet wider needs and has potential to create and maximize an informed community through links and efforts of the existing elder volunteer networks.
- Collaborative integration with a Community Health Centre Complex would ensure commercial viability.
- The Community Board efforts to relocate the Health Center and attain integrated accommodation for the provision of allied and community health information and social care services are commendable and desirable.

Recommendation:

1 That the Waihi Beach Town Centre Plan include scope to relocate the Library to the Town Centre with provision for wider information services CAB, tourism, community information, advice and advocacy.

\textsuperscript{54} Gordon, C. 2008. ElderLink: Enabling Ageing In Place. A feasibility study conducted for BOPDHB.
7 Civic Participation and Employment

Democratic countries throughout the world have not experienced an economic and political situation before in human history where older people will make up the greater number of voters and where the labour force will be depend on the young. The demographic trends will provide fiscal implications for the generational sustainability of retirement incomes, health care, housing and paid and unpaid work.

There is considerable evidence in New Zealand on the civic participation of older generations. Vowles has found that 90% of people over 65 years exercise their right to vote compared to 75% of those under 30 years. It is clear that this pattern will be a significant influence on future governance. However, evidence suggests that there is a wide divergence of voting preferences and that to date loyalties have been strong, with older voters displaying greater allegiance to parties or political ideas.

Participation of elders in local politics is very evident within the Western Bay of Plenty. Much local and professional knowledge is brought to the table through consultative processes. The active engagement of Waihi Beach residents in Community Board decision-making and WBOPDC processes is a unique and notable feature of this community. Together with significant volunteer ‘gifts’ it reflects commendable self-reliance, mutual obligation, social responsibility and active citizenship. It is not known whether the Baby-boom generation and their 1991 ‘echo’ will continue these traditions.

The New Zealand workforce is ageing and labour force participation among older New Zealanders is projected to rise between now and 2021 (Statistics New Zealand, 2008). As such, work in later life is recognised as a key element in the New Zealand Positive Ageing Strategy, with employment forming one of the ten goals of the Strategy (Dalziel, 2001).

The numbers of people 65 years or over who continue to work in the labour market varies considerably. The SHARE study found that men had higher rates of labour market participation and retirement than women, which they assumed was largely because many women who identified as ‘homemaker’ had not participated in the official labour market (Brugiavini et al., 2005). The UK longitudinal study ELSA (English Longitudinal Study of Ageing) demonstrated results between these two major studies. For people over the state pension age, they found that 9.5 percent of men and 12.3 percent of women were active in full-time or part-time paid employment (Banks and Tetlow, 2008).

Many factors have been found to influence the individual’s decision to retire. These may include financial conditions, health service provision, and individual factors such as good health and income, that allow the individual to work productively for longer (Rix, 2004; Samorodov, 1999). The Equal Employment Opportunity Trust [EEOT] (2006) identified finance and health as the main factors that working people in New Zealand thought would affect their decision to retire.

The opportunity for casual labour is limited. Up until now there has been seasonal work in the kiwifruit industry.

55 Boston and Davey p 364)
8 Health and Community Services

The increasing life expectancy of older people raises public policy issues that are relevant at global, national, regional and community levels. International efforts are focused on improving key issues such as: fiscal challenges; access to primary health care to compress morbidity and manage chronic conditions, including depression and dementia; workforce implications; carer support, elder abuse and neglect; and readily available access to information, advice and advocacy to maintain independence, as many older people live with preventable anxiety, depression loneliness and social isolation.

There are no neighbours, most of the houses near me are empty most of the time.

There are two significant implications for WBOPDC and BOPDHB policy. These include the challenge of maintaining elder autonomy, participation and independence as a means to delay or prevent onset of chronic conditions and associated cost of care and hospitalization. Firstly the compression of morbidity, even in a community such as Waihi Beach, is regarded as a vital health service strategy for efficient management of future health service demand and associated fiscal burden. Further, maintaining the health workforce needed to provide health care is part of a major global national dynamic that has potential local multidisciplinary implications.

The New Zealand Primary Health Care Strategy identifies the importance of timely interventions through improved access to affordable, accessible and appropriate multidisciplinary (age-friendly) community based primary health services. It is widely recognized in New Zealand that improving the ‘quality of life’ or wellbeing of citizens is largely reflected in the socio-economic positioning of people and their communities. This emphasis is reflected in the Local Government Act 2001 that requires local authorities to meet social, economic, cultural and environmental goals for improving the wellbeing of communities.

There is a very real opportunity to maximize improvements in the ‘living environment’ and joined-up thinking for the delivery of health care at Waihi Beach.

Older people in New Zealand have expressed their wish to maintain independence and remain living in their own homes as long as possible (Dwyer et.2000). This fact drives an impetus and economic imperative to achieve quality community based health and social and elder care services that efficiently meets the diversity of family, whanau and elder care needs including those for Maori (Cunningham, 2000; Durie, 2001) and other ethnicities.

We established this clinic, here at the Marae, so that the doctor can come because want to look after the health of our Kaumatua.

Participant at Otawhiwhi.
In the Bay of Plenty District Health Board, apart from injuries due to falls, chronic diseases and their conditions and symptoms are the key health issues for the over 65 year old population. In this age group the leading causes of mortality are ischaemic heart disease, strokes, chronic obstructive pulmonary disease, diabetes and lung cancer while leading causes of hospitalisation are ischaemic heart disease, skin cancers, chronic obstructive pulmonary disease and arthrosis (joint conditions).  

The Waihi Beach community is serviced by one Medical Centre and one Pharmacy. The Medical Centre provides a weekly outreach service to Otawhiwhi Marae clinic. Waihi Beach is located within the BOPDHB and WBOPPHO district. Medical services are provided through Pinnacle a private business linked to contracts through the Waikato District Health Board. Ministry of Social development services in Waihi operate through the Hauraki region. Elder home care and support is provided through BOPDHB contracts operating from Paeroa, Mt Maunganui and Tauranga.

The disconnect across boundaries is of concern to providers of services and the community itself. The Medical Centre indicated that much time and effort is invested in making appropriate patient care linkages. It currently seeks to relocate to larger premises to enable broader primary health service provision. Logistical difficulties are encountered by Tauranga hospital social workers, health and home care services alike. They indicate pressures regarding appropriate referrals and a complexity of connection relating to travel funding and contract parameters.

**Should the services come to the people, or is it reasonable to expect older people to travel to the services?**

Older people have multiple medical and social needs, however it is often difficult for elders, carers, family or whanau to know where to go either for help or to know the range of services provided, criteria or charges. The Resource Centre in Waihi is an option if they can travel there.

Timely access to services is essential for older people particularly carers, the spouse providing care, the frail, or those suffering chronic conditions. Beach residents have

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61 BOPDHB Health Needs Assessment Summary 2008
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BOPDHB regional entitlement in regard to primary care and services such cancer nursing support, however these services cannot be locally accessed. The medical practice is owned by a Waikato based company, to which patients are enrolled. This limits access to vital local services and connection to relevant support agencies. Alzheimer’s Society is one of the few Western Bay of Plenty support agencies operating in the area. There is a significant gap in preventative services e.g. ACC funded Tai Chi, stroke rehabilitation or Sports Bay of Plenty initiatives for older people.

Pro-active discussions with WBOPPHO and Ngaiterangi Iwi have furthered potential options for a transfer of primary health care ownership if the community and commercial interests engage with the current provider. The related relocation of premises issue is under consideration by the Community Board and related parties. The timing of WBOPDC land sale issues will be crucial to maximizing efficient outcomes for the community and business interests. Access to wider allied services should be given high consideration in Medical Centre location decisions. It is most desirable that this location is within the Town Centre.

A range of housing options in a community is vital to achieve aging-in-place, (WBDOF actions: 20,21,22,24) in the climate of population ageing and increasing healthy longevity. Older New Zealanders have traditionally utilized equity in housing to manage living and increased lifestyle and health and care costs through a process of downsizing. In recent decades smaller units located in Retirement Villages have added a ‘lifestyle’ option without the security of increased capital and family equity gain. It can be argued that public investment in the longer-term ‘public and private good’ is more sustainable if focused on supporting people to live in their own home.

Considerations:

The Western Bay of Plenty District Council’s Waihi Beach Community plan Defining Our Future contains a relevant action:

NO 23: Develop policy to support ageing in place.

To meet this goal there are two prime areas of responsibility:

1 The Role of the Bay of Plenty District Health Board in ensuring delivery of a range of quality services for prevention, primary health and home care and support services.

2 The Western Bay of Plenty District Council in ‘livable communities’ planning to maximize community wellbeing and accesses to services through effective planning for infrastructure given the social and economic determinants of health, and to maximise the community capacity for family, and whanau and neighbourhood social care.

Given the policy goal, all aspects of this report are highly relevant, however in this section the focus is on health and community services. Congruent with the prime request from the Waihi Beach Community Board, this study has critically examined:

The regional disjunction within the delivery of primary health care services, and access to specialist and support services.
To maximize service efficiency and elder care opportunity, client travel connection and integration of contracted personal and home care and community social support services it is desirable that primary health care service delivery is facilitated within the Western Bay of Plenty sub-region through the Bay of Plenty District Health Board, the Primary Health Organization, Iwi and Hauora structures.

Home care and support contract reviews should focus on local providers networked to facilitate local client connection with capacity for transport / shopping and restorative strength-based options.

Community connectivity is essential to overcome social isolation. Evidence shows that anxiety depression and dementia are exacerbated by chronic conditions.

Accommodating expanded health services at Waihi Beach is a logistical challenge dependent on the timing of WBOPDC Built Environment Strategy; Waihi Beach Town Centre Final Plan redevelopment and land sales. It is highly desirable that health services be located within the pedestrian scope of the town environment. It is vital that older people can access a range of essential services such as library, pharmacy GP's, physiotherapy, dentist, eye checks etc within a one stop environment particularly given the lack of public transport systems.

The number of people living with Alzheimer’s disease in the Bay of Plenty is likely to approximately double in the next 20 years.
BOPDHB 2008

Opportunity for active-ageing is a ‘lifestyle dream’ at Waihi Beach. It is a prime holiday, beach walking, swimming, harbour and ocean boating and fishing location. Additionally many elder residents enjoy meals and social connection at the RSA which is a major community facility offering transport. The RSA Bowling Club is active and well supported. At Bowentown the Boat and Fishing Club serves a similar popular service. Few other activities are generated by older people themselves. There is scope for more interest groups e.g. Senior–net, educational opportunity such as U3A, genealogy, gardening, book clubs and fitness/ exercise and neighborhood walking groups. Leadership appears to be a critical factor. The RSA has
potential to ‘house’ and facilitate a wider set of active ageing activities. Active Ageing is a wider and more comprehensive vision than healthy ageing. It embraces the right to have autonomy and choice as a full participant in society.

“Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age.”

WHO 2000.

Engagement of elders in volunteer intergenerational community development projects is critical to enabling community connection and ensuring respect as a protection against crime, elder abuse and neglect, social isolation and loneliness.

Newly developed Council parking areas support access to valued beach recreational activity. Utilisation of this amenity and community wellbeing can be enhanced through a reserves and coastal planting plan that includes shade planting and regular maintenance of beach access ways to facilitate safe elder access. There is scope to mobilize elder led intergenerational care groups to plant, manage and care for community planting (WBDOF p79).
The Waihi Beach Town Plan includes development of Two Mile Creek, this area has potential for improving elder social and recreational opportunity. Community consultation indicated a desire for “outdoor gym” equipment\(^63\) to be established as an integral part of the proposed reserve and walkway.

"If ageing is to be a positive experience, longer life must be accompanied by improvements in the quality of life for those who reach old age."
WHO 2004

Key Health Issues for Waihi Beach:

1 Primary Health Care Accessibility:

- Medical Centre access/relocation to Town Center
- Allied health service accommodation-dentist, podiatrist, psychology, counselling, and advocacy.
- Transport options
- Specialist services links

\(^63\) International and NZ models of outdoor fitness ‘playgrounds for all ages’ are popular examples of investment responses to active ageing and social connectivity.
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- Otawhiwi clinic viability
- Access to Kaupapa services
- Connectivity with social support agencies
- Home Care Contracts – capacity for service provider travel, shopping and rehabilitation options.

2 Integration with BOPDHB service structures:

- WBOPPHO links, services.
- Service Information, advice and advocacy.
- Professional Liaison
- Hospital specialist services
- Community based support services.

3 Maori Whanau Ora provision:

- Otawhiwi clinic sustainability
- Links to BOPDHB Maori Health and Kaupapa services.
- Transport viability
- Hauora funding and management support.
- Kaumatua programme development
- Resolve of land/ drainage issues.
- Housing development/ Papakaianga

4 Elder Engagement and Participation:

- Service development
- Elder recreation activity, walking groups
- Intergenerational projects.

Recommendations:

1 That BOPDHB and WBOPPHO provide an integrated primary health care service, including Maori health services, to Waihi Beach through negotiations with Pinnacle Health.

2 That WBOPDC urgently instigate land purchases to facilitate:

- Development of proposed parking facility (Town Centre Plan p.35)
- Integration of commercially viable medical, allied health and Government agency service facilities within the Town Centre Plan in close proximity to the Pharmacy.

3 That WBOPDC define more clearly specific actions it will undertake within the current LTCCP to meet DOF goal to support ageing-in-place, in co-operation with the Waihi Beach Community Board.

4 That Environment Bay of Plenty Coast Care programme work with Waihi Beach Care group and Community Board to improve / maintain beach access and tree planting through intergenerational care groups linked to schools.
4 That the Community Board facilitate solutions to:
   - Community transport options to enable access to local and specialist
     health and hospital services in Tauranga with the Bay of Plenty Regional
     Council and private service providers (e.g. RSA)
   - Cross sector joined-up government service provision with MSD.
   - Establishing an outdoor gym as part of Two Mile Creek redevelopment.

5 That BOPDHB provide home support contracts that:
   - Include a ‘restorative’ component to enable broader care components to
     facilitate shopping and social connectivity.
   - Consider ‘localised’ contract provision to ensure elder safety from neglect,
     community connection, quality provision, community ‘monitoring’ and
     mobilization of local care networks.

6 That the WBOPDC prioritise community development resources to Waihi Beach to:
   Facilitate elder leadership and intergenerational participation in association with
   relevant community agencies including:
   - Sport Bay of Plenty,
   - Environment Bay of Plenty Coast Care / Waihi Beach Coast Care group.
   - Civil Defence Emergency planning for elders.
   - Community visitors scheme, carer respite, elder day-care, ‘safe’ trades-
     people networks.
Conclusion

An Age-friendly Health Impact Assessment (AFHIA) was utilized to examine the extent to which, within a context of policies for urban intensification, provision for the ‘ageing-in-place’ health and wellbeing of ageing populations at Waihi Beach could be improved. The integration of an Age-Friendly analysis within a Health Impact Assessment was challenging for all parties. This ‘new ground’ project has tilled pastures for future development, as population ageing has not occurred before in our human history, or within our New Zealand communities.

Waihi Beach (Waihi Beach ward) is a high ageing community of around 3,000 usually resident people, of which 21% are 65 years and older. Within the current age structure of the Waihi Beach population the percentage of residents 65 years and older will increase to around 30% in the next ten years and 39% in the next 20 years (given migration variables).

Using the WHO Global Age-friendly Cities eight key indicators that influence the wellbeing of older people, an analytical matrix was developed and applied to quantify the impact of policy and implementation in Waihi Beach, particularly in regard to the proposed Town Centre Plan. Engagement with residents, stakeholder agencies and the Waihi Beach Community Board, provided further identification of local issues. Many of the improvements identified are noted in each of the indicator commentary notes as considerations, along with relevant recommendations to be taken into account in operational planning processes. Recent New Zealand and international research, together with various world-wide governments’ policy initiatives provided a valuable evidence-based ‘backdrop’ for the project.

High-level policy issues that affect widest impact were discussed with the District Health Board and Western Bay of Plenty Council in order to achieve understanding and agreement on steps forward. That issues were recognized and agreement reached on further action to be undertaken, is highly commendable. That commitment was given to progressing policy development and investment in improved service delivery outcomes is most rewarding. An age-friendly framework will be integrated into SmartGrowth local government policies and planning in the Western Bay of Plenty sub-region, with particular emphasis in intensification zones.

The outcomes from this project demonstrate that an Age-friendly Health Impact Assessment is a powerful instrument for, recognising the challenges created by new ways of thinking, for achieving deliberate collaboration to improve health and wellbeing outcomes. The link between the Health Impact Assessment instrument and the Age-Friendly Communities’ Indicator analysis provides a building block for social cohesion, for building a community for all ages. The AFHIA process also showed the importance of local advocacy for older people through a democratic connection with the Waihi Beach Community Board. Giving voice to older people through local processes is a major factor to increasing elder contribution and improved wellbeing.

One clear message that we as researchers wish to share is that the work to create age-friendliness is about creating friendliness for people of all ages. Older people are valued members of families, are a valuable resource for communities and as treasured taonga enrich the fabric of all of society. Planning for sustainable inclusive communities is planning for the wellbeing of everyone across generations.
References

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Specialist services in social and public policy
specialist services in social and political gerontology
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Towards Lifetime Neighbourhoods: Designing Sustainable Communities for all.
www.jrf.org.uk/and habinteg.org.uk
APPENDIX I

Map showing decile rating within the Bay of Plenty District Health Board region
The Waihi Beach Ward is located at the top left boundary as a northern entrance to Tauranga Harbour.