APPENDIX ONE: FRAMEWORKS

Several frameworks have been considered in the development and analysis of this project, including the following:

- Treaty of Waitangi
- The Ottawa Charter
- Te Pae Mahutonga
- 9 Domains of Empowerment

These are discussed below.

Treaty of Waitangi
This HIA will support the Healthy Cities programme's contribution to the goals of the Treaty of Waitangi, with particular regard to the principles of partnership, participation and protection.

This HIA is based on building partnerships, and empowering communities through participation to achieve positive health outcomes. It is hoped that this HIA will help address inequities between Maori and non-Maori by ensuring that Maori are a vital part of the planning process for Wiri.

This approach will help Maori to drive programmes involving their communities and will help to empower them to modify behaviour and lifestyle factors.

Ottawa Charter
The Ottawa Charter identified five key areas for action in health promotion; (WHO, 1986).
- Building healthy public policy
- Creating supportive environments
- Strengthening community action
- Developing personal skills
- Reorienting health services

This HIA aims to change how New Zealanders think and act and increase awareness of health when it comes to urban planning, as well as encouraging the coordination of interest groups, government and non-government departments, voluntary organisations and community members.

It encompasses and uses community action, empowerment, the health professional's obligation to advocate and mediate, help to build new healthy public policy, create supportive environments and move in a positive direction for the future.

Te Pai Mahutonga
The Maori “Southern Cross” model of health promotion is applied to this project. The two prerequisites or “pointers” are Nga Manukura (leadership) and Te Mana Whakahaere (autonomy) both central to community empowerment. The 4 central stars symbolise key tasks and goals in health promotion and include:
- Mauriora (access to te Te Ao Maori)
- Waiora (environmental protection)
- Toiora (healthy lifestyles)
- Te Oranga/Whaioranga (participation in society)

9 Domains of Empowerment
There are nine domains for community empowerment that were followed throughout this HIA. The nine domains of community empowerment encompass vital themes that are required within health promotion to empower and develop communities.

The nine domains that are overarching this process include:
- Improving participation of community members and organisations
- Help to develop local leadership
- Build empowering organisational structures
- Increase problems assessment capacities - enhances the abilities of the community to ask why
- Increase critical awareness
- Improves resource mobilization
- Strengthen links to other organisations and people
- Creates a equitable relationship with outside agents
- Increase control over programme management

# APPENDIX TWO: PARTICIPANTS IN THE HIA

## Scoping workshop participants
- Jessica Maihi, MCC
- Raewyn Cook, MCC
- Greg Freeman, HNZC
- Lyn Blaker, MCC
- Janine Mitchell, MCC
- Lee-Cherie King, MCC
- Yu Yi, MCC
- Richard Knott, MCC
- Diane Maloney, MCC
- Rex Hewitt, MCC
- Nirvana Marsden, CMDHB
- Lynda Smardon, MSD
- Rouruina Brown, MCC
- Alan Shearer, NZ Police
- Kim Arcus, Synergia
- Adrian Field, Synergia
- Paul Stephenson, Synergia

**Apologies:** Kevin Third, Housing NZ

## Appraisal workshop participants
- Helen Fa'amoe, ARTA
- Colleen Gallagher, CYFS
- Mary Falamaka, Family Start
- Leainnen, Family Start
- Laurayne Tafa, Homai School
- Nareesh Goordeen, Housing NZ
- Jill, Manukau Central Kindergarten
- Alison Searie, MCC
- Janine Mitchell, MCC
- Yu Yi, MCC
- Richard Knott, MCC
- Diane Maloney, MCC
- Rex Hewitt, MCC
- Rouruina Brown, MCC - Community Advisor
- Martine Abel, MCC - Disability Issues
- Sonny Rauwhero, MCC - Maori advisor
- Lynda Smardon, MSD - Work and Income
- Rev Kini, New Samoan Pre-school
- Margaret Martin and Anne Hurley, Sisters of Mercy
- Tracey Rewiri, South Auckland Family Violence Prevention Network
- Kim Arcus, Synergia
- Paul Stephenson, Synergia
- Sharon Brodie, Toddlers Turf Childcare Centre
- Lee-Cherie King, ToOoM
- Suella Quinn, Wiri Primary
- Angela Drake, Work and Income
- Chan Lee

**Apologies:** Frank Booth (ARPHS); Jude Woolston, Greg Simpson, Nirvana Marsden, Greer Hawley (CMDHB); Kevin Third, Greg Freeman, John Coffee (Housing New Zealand); Graham Hitch, Johan Ferreira, Kit Maclean, Manu Pihama (MCC); Alan Shearer, Stephen Kehoe (NZ Police); John Smith (Te Ara o Puhinui); Richard Jeffrey (Telstra Clear Pacific Centre); Audrey Williams (Wiri Business Improvement Association); Liz Kiriona, Lyn Mehana (RaWiri Residents Association)

## WOHIA appraisal workshop participants
- Tania Kingi, Te Roopu Waiora
- Tony Kake, Papakura Marae
- Raniera Bassett, NZ Food Safety Authority
- Shelley Edwards, Health Promoting Schools, Manurewa (Manukau City Council - MCC)
- Sonny Rauwhero, Treaty of Waitangi Standing Committee, MCC Kaumatua, Te Akitai Hapu, Waikato/Tainui
- Richard Knott, Design Team, MCC
- Lee Cherie King, Te Ora o Manukau
- Peter Thomas, Hapai Te Hauora Tapui Ltd
- Megan Tunks, Hapai Te Hauora Tapui Ltd
- Rangii McLean, Hapai Te Hauora Tapui Ltd, Manurewa Marae, Treaty of Waitangi Standing Committee
- Denise Ewe, Hapai Te Hauora Tapui Ltd
- Papa Nahi, Hapai Te Hauora Tapui Ltd
- Lucy Ripia, Hapai Te Hauora Tapui Ltd
- Helen Faamoe, Auckland Regional Transport Authority, ARTA
- Adrian Field, Synergia Ltd
- Janine Mitchell, MCC
- Martha Ormsby, Plunket
- Ani Ililingworth, Te Oranga Ake (TOA)
- Tima Angel, Social Work Student on placement with TOA plus 2 other students
# Appendix Three: Scoping Report

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The residents of Wiri and Rata Vine and many others have been working hard to improve the area’s prosperity, community, and sense of place. In particular, this has included many projects and community led initiatives under the banner of the Wiri Improvement Project. This has helped to improve the area’s security, sense of community, its housing, health and economic development. Wiri’s urban design and spatial structure is also a key factor in its development but has not had a large focus to date. Urban design covers things like the layout of streets, connections to key amenities (shops, schools, playgrounds/parks) and the general look and feel of a neighbourhood. Urban design and an area’s spatial structure is of particular interest to health and wellness as streets and house design has a large impact on people’s long term health status.

Urban structures that support good health, wellness and sense of place requires good design often with a long term view (sometimes up to 50 years). Manukau City Council are keen to stimulate and facilitate further thinking about Wiri’s spatial structure as there are a number of key opportunities and developments that, with a long term plan for Wiri, can be shaped and influenced.

These include:

- The construction of State Highway 20 and adapting to its impacts
- Wiri being identified as an area for intensification as Auckland grows
- The future development of key blocks of land in the area- TelstraClear, Manukau SuperClinic, Housing NZ land and houses, Manukau City Council land
- The development of the Puhinui stream
- The new education campus and train station at Manukau City
- The need to develop a spatial structure plan as part of One Auckland

As part of this process, Manukau City Council is starting to stimulate discussion with the communities of Wiri and Rata Vine. In addition, it is undertaking a Health Impact Assessment (HIA) to help gauge the impact of urban design for Wiri on people’s health and wellness. A HIA is a tool mandated from the World Health Organisation to help with this assessment.

This report covers the first half of that process in preparation for key workshops in mid-June to help with that assessment. The key focus areas of that workshop as part of this HIA will be the impact of Wiri’s spatial structure on four key areas: Housing, Access to amenities, Economic Development, Safety.

These areas will be reviewed in detail at the workshop with local stakeholders and residents.
3 • BACKGROUND OF WIRI

3.1 Wiri population profile

Wiri (Census Area Unit) is from the northern part of the Manurewa Ward, from Manukau City Centre to Browns Road. Rata Vine is a suburb in Wiri, on the other side of Great South Road from the Manukau Super Clinic which makes up a reasonable proportion of the Wiri CAU population. (Sourced by: Papa, D & Jackson, G, 2010).

Wiri is structurally and physically split in two by a main road, Great South Road. Woodlands to the north and the west and Rata Vine to the south and the east. To a certain extent this split is reflected in the behaviour and community spirit of the two areas.

In the 2006 Census, the estimated resident population of Wiri was 4,450 with a high proportion who identified as Maori (24%) and Pacific (44%). It is a relatively youthful population with almost a third (30%) who are under 15 and almost half of the population is under the age of 25. Wiri is a relatively deprived area with almost 80% of the Wiri population living in the most deprived neighbourhoods in New Zealand 2006 (Sourced by: Papa, D & Jackson, G, 2010). This includes higher levels of unemployment, and lower average incomes. For example, the median income per person in Wiri is $13,600 compared to the average for New Zealand of $18,500 (Freeman, G. 2008). There is also a large proportion of residents in homes managed by Housing New Zealand. Rata Vine has, in the past, been the poorer of the two areas with significant challenges.
The population of Wiri over time will increase with an expected total population of 8,460 by 2031; that is almost double the population in just over 20 years, and therefore it is important to ensure that the future plans incorporate services and amenities to accommodate this growth (New Zealand Statistics, 2010).

In terms of health, Wiri residents often experience poor health and require hospital care. For example, Wiri residents have, 40-50% more acute hospitalisations than their counterparts in CMDHB as a whole (Papa, D & Jackson G, 2010).

Despite these ‘statistics’ Wiri has a strong community and has been successful in leading change for the betterment of the area, as detailed in the next section.

### 4.2 Wiri community history

Information for this section was sourced through personal communication from D Maloney, Manukau City Council, 28 May 2010.

Wiri is known for its strong community and advocacy for change, particularly over the last 10 years.

Wiri and in particular Rata Vine, a sub-community of Wiri, haven’t always been so cohesive or empowered. It has had in the past elements of anti-social behaviour, gangs, criminal activity and poor housing. Rata Vine in particular had rising problems with youth drug and alcohol related crime and disorder. This was until the community bound together to move in a more positive direction.

Two key residents in partnership with The Sisters of Mercy, Housing New Zealand, Ministry of Health and the Manukau City Council, advocated for change for this small and cultured community. This action continues today.

The starting point of positive change for Rata Vine, in particular, was an 18 month long lobby for a phone box after an almost fatal incident regarding a young pregnant woman. This young woman moved from house to house looking for help and assistance as she was having complications with child birth, but due to the dangerous community, no one would be of assistance. Looking desperately for help a community member finally let her in her home, found a phone and contacted an ambulance for assistance. This young woman gave birth to her baby in a bath tub of the neighbour’s house.

This incident started the process of change. It galvanised the community and was the initial event that started a process of hard work and advocacy to make change in this community. Community development continued with the local Catholic Nuns (The Sisters of Mercy), two key residents, the Manukau City Council, Housing New Zealand, New Zealand Police and the local school. A project in 2006 encompassed a general clean up of the Wiri parks, housing, and addressing gang, youth alcohol and drug issues in Rata Vine.

Following the community renewal project the Manukau City Council and the community groups and organisations worked on community development events such as community BBQ’s, the community gardens and talent events to try to increase community cohesiveness in the community of Wiri.

Housing New Zealand started the Community renewal project and removed the worst 25 houses from Rata Vine. At the time Rata Vine was the bottom preference for those families looking to move into housing New Zealand homes in Auckland. The removal of those houses, coincidently removed some key negative influences in the community and Wiri as a whole was starting to improve in both image and community cohesiveness and spirit.

There are some truly amazing stories that come from this community showing it moving from strength to strength over time and illustrating the power of partnerships and importance of advocating for positive change in a community.

This has included:
- A community drive to remove alcohol sales from the local shop to help decrease youth and general community unruly behaviour
- The development of a community house which is used for many community activities
- Employment of a youth worker to enable the youth of the community to advance their skills and provided them with someone to approach for help, assistance and advice
- A local bread run by the Sisters of Mercy
- Community gardens
- Social services at the school
- A safety patrol for Rata Vine which is in progress

Wiri as a whole has significant support within Council; we hope through completing this spatial structural HIA we can continue that momentum of positive health change. We can see measured change in this community already, crime has dropped, Wiri is now seen as a more favourable place to live, the Wiri medical centre was completed and the area is moving in the right direction.

Wiri has been marked as an area of increased intensification and growth in the district plan as well as by the Ministry of Housing. All of these factors contribute to the importance of this project to ensure continued improvements.

### 4 HEALTH IMPACT ASSESSMENTS

#### 4.1 What is a Health Impact Assessment?

A health impact assessment is a formal process that uses a combination of procedures, methods and tools by which a policy, plan, programme or project can be assessed and judged for its potential effects on health and wellbeing of a population. A HIA is most effective when used early in the policy or planning process and includes an analysis of evidence, data, as well as engagement with experts and decision-makers from multiple sectors.

It has a focus on health and wellness and also identifies options and recommendations to enhance positive impacts, reduce/eliminate negative impacts and in this case guide urban development. It aims to influence change for positive health outcomes and build long-term monitoring frameworks in health through inter-sectorial, community orientated and participatory approaches.

An important consideration in HIA is the distribution of health effects across populations and groups within populations, by identifying which populations bear disproportionate impacts on their health, and to what extent these health inequalities can be reduced. A HIA considers the broad scope of determinants of health, encompassing the social and economic environment, the physical environment, as well as individual characteristics and behaviours.

HIA’s are gaining increasing recognition in New Zealand, and is a well-established approach internationally. The National Health Committee (NHC) has championed the use of HIAs since publishing their Guide to HIA in 2004, and in 2007 issued a follow-up report on new opportunities for HIA in New Zealand (Public Health Advisory Committee, 2005).

Alongside conventional HIA, Whanau Ora Health Impact Assessment has emerged as an indigenous tool for...
undertaking HIA in areas or with issues where there are significant Maori interests, and where Maori considerations can be placed at the forefront.

Whanau Ora health impact assessment builds on the use of HIA utilising the principles of the Maori Health Strategy - He Korowai Oranga. Whanau Ora (or healthy families) are the aim of He Korowai Oranga, and the strategy provides a framework for the public sector to take responsibility for reducing inequalities and improving Maori health outcomes (Ministry of Health 2007).

The process to undertake this HIA will use elements of a Whanau Ora HIA in engagement with Maori communities in the district.

4.2 Health Impact Assessment process

There are four steps within the HIA process:
- Screening – deciding if and where an HIA might be needed - completed in March 2010
- Scoping – deciding the parameters for carrying out a HIA (smaller group) - Completed May 2010
- Appraisal & Reporting - identifying and considering the evidence for potential impacts the proposal may have on wellbeing and health and developing specific recommendations for decision makers (larger workshops) - Will be initiated through workshops on the 15th and 16th June 2010
- Evaluation - to assess the extent to which recommendations were taken up by policy-makers and whether a positive impact on health and wellbeing was achieved. (Public Health Advisory Committee, 2005).

5 • SPATIAL STRUCTURE PLANS

5.1 What is a Spatial Structural Plan?

'Spatial structure' is a concept relating to the design of an urban area and consists of the arrangement of streets, open spaces, and transport corridors in relation to the topography of the landscape. A Spatial Structure Plan is a 3-dimensional design which defines the strategic built outcome for a place.

Well-designed Spatial Structure Plans:
- enable development capacity to be maximised and / or optimised by ensuring that the development sites relate to the proposed type of development and there is no "wasted" land
- provide certainty for the developer and community
- facilitate an easier and speedier consent process
- enable the creation of a legible public domain which has the potential to be safe and well used
- Enable the creation of a street system which supports existing and proposed uses; maximises accessibility to community facilities, schools, and shops, providing choice and supporting transport systems; and reveals the topography, thereby creating a basis for variety and identity.
- support public safety by building in "eyes on the street"
- minimise the impact of density though street layouts and clear view lines so that people feel comfortable even through densities may be high
- provide greater opportunities to ensure natural light, outlook, privacy (visual and audio) and solar access in buildings (relative to their use)
- Provide financial benefits including land efficiency, optimisation of land development and streamlining resource consent processes.

The spatial system is the key component in establishing identity and variety. This occurs by the way in which the streets are organised over the land, relative to human sight lines and as defined by the buildings. Good Spatial Structure Plans build in "identity" without the need to "force" the architecture. Spatial Structure Plans should provide street patterns, open space, building envelopes, parking capacities, and possible entrances (Synergia - Field, A., & Johnsen, C. 2009).
6 • WHY DO A SPATIAL STRUCTURE HIA FOR WIRI?

There are important health and wellness implications for the long term development of Wiri. It is important to have the input of residents and stakeholders to recognise and encompass their aspirations and concerns regarding their community and ensure that these are included in the next phases of the SSP development from a health and wellbeing perspective. This encourages decisions to be made based on human health and wellbeing.

Healthy Cities is a World Health Organization (WHO) initiative that aims to put health and wellbeing high on the political and social agenda’s of cities and therefore consultation with Healthy Cities experts in this process is imperative.

The Healthy Cities programme is based on the recognition that the main areas where action is required to improve health and wellbeing, lie outside the formal health sector. It is a dynamic concept that responds to new global and WHO priorities, and to arising is the needs within a city.

6.1 First thoughts regarding the Spatial Structure Plan
Initial themes for discussion around Wiri’s spatial structure include:
- ways to have a better connection with Manukau City Centre, particularly after the motorway development
- less exposure to the flood prone areas of Wiri
- promote activity and active transport to help improve health of the community
- increase surveillance to improve safety
- increase road connections to improve access to amenities and decrease the need to use busy roads
- improve aesthetics e.g. greater use and profile of the Puhinui stream
The health and wellbeing of people and communities is shaped by the influences of individual health behaviours, health service access and delivery, and by the environments within which people live and work. The diagram below is a long-standing representation of the different influences on health and wellbeing, ranging from genetic and behavioural factors, through to familial and environmental factors (Dahlgren and Whitehead 1991). An important value of health impact assessment is the potential to influence broader policy and planning processes that shape the environments in which people live.

There are many health determinants that are relevant to Wiri. An important early phase in the Health Impact Assessment was a scoping workshop to identify which particular determinants of health should be explored. This was held on May 26 with some key stakeholders from organisations including Housing NZ, CMDHB, MSD, Police, and Manukau City Council.

At the scoping workshop, open discussion sessions raised a range of specific topics that the HIA could focus on, these will continue to be discussed in the appraisal workshops. These themes, detailed in the diagram below, included:
- Housing
- Access
- Economic Potential, and
- Safety
Community engagement
- Sense of identity
- Enabling voice of affected parties
- Inform process, history and future

Cross-cutting theme - to ensure operates across all four streams

Wiri HIA Scoping Themes

Access
- Diabetes
- Connectivity
- Local amenities/community facilities and leisure facilities
- Services
- Public transport
- Links to new rail station
- Primary health care
- Other health services
- Services
- Links to city centre
- Growing student population

Economic potential
- Employment
- Long term investment
- High Maori and Pacific population
- Income levels
- Low-income area
- Keeping students engaged and improving skills

Safety
- Traffic
- Driveways
- Perceptions of safety

Housing
- Insulation
- Standard of housing
- Location - e.g. flood plain
- Damp
- Healthy housing
- Tenure
- Urban form
- Accommodating growth in area
- Housing types

Walkability
- Connectiveness
- Local amenities/community facilities and leisure facilities
- Services
- Links to new rail station
- Primary health care
- Other health services
- Services
- Links to city centre
- Growing student population

Diabetes
- Connectiveness
- Local amenities/community facilities and leisure facilities
- Services
- Public transport
- Links to new rail station
- Primary health care
- Other health services
- Services
- Links to city centre
- Growing student population

Wiri Spacial Structure Plan: Health Impact Assessment Report
The following issues from the workshop will be explored in further detail during the appraisal phase of the HIA. Below are health concerns and the Wiri situation related to the identified themes.

8.1 Housing

Internationally housing is widely recognised as a key determinant of health. Sub-standard housing has a detrimental affect on health (Thomson, H., Petticrew, M., & Morrison, D., 2001).

New Zealand houses at a international standard are generally cold and damp. One third of New Zealand houses are substandard and are below the WHO’s recommended minimum 18°C temperature. The mean temperature of houses in Auckland is 16.5°C, with un-insulated houses generally being 1.5°C colder (Stanley, H., & Howden Chapman, P., 2004).

Damp cold and mouldy houses are the most common health hazards and people living in those houses are more likely to develop respiratory disease, depression, and mental health problems (Howden Chapman, P., et al. 2004).

A large part of Wiri is situated in a low lying area and flood plain, consequently a large proportion of the houses are damp and cold and this is exacerbated by lack of or no insulation.

People on low incomes are those most likely to live in substandard housing, yet they are the least likely to have the power or resources to invoke change (Breyssse, P., et al. 2004; Krieger, J., & Higgins, D.L. (2002).

House overcrowding is strongly associated with the spread of infectious disease including Meningococcal disease, Tuberculosis and Acute Rheumatic Fever (Baker, M., et al. 2000). An Auckland study found that crowding was identified as the most important risk factor for Meningococcal disease and reducing crowding was the key preventative measure (Baker, M., et al 2000).

Rheumatic Fever is high in South Auckland. During the 20th century the global burden of Acute Rheumatic Fever dramatically declined in industrialized countries due to an improvement in living standards and medical care, such that rates are less than 1/100,000 in these countries (Lennon, D., et al. 2006). However, in New Zealand approximately 170 cases of ARF continue to occur annually giving an overall rate of 3.4 per 100,000 (1996-2005) (Jaine R., et al 2008). This exceeds that of other developed nations by more than 300%.

Crowding is also associated with the rising house prices in Auckland in general and the inability to afford appropriate housing for all. Manukau city as a whole has the highest recorded rates of overcrowding in 2001 with 10.1% of all people in private dwellings living in crowded homes, Auckland City average was only 5.3% and 1.4% in North Shore (Auckland Regional Public Health Service, 2005).

8.2 Access

There are basic essential services and infrastructure that any community requires; this includes access to appropriate health services, shops, schools, libraries, leisure centres, cultural activities and public transport. During the scoping and investigation it was identified that there is a general lack of access to appropriate education and or additional training facilities, as well as some lack of access to appropriate health services, including Maori for health services in Wiri.

Wiri has been identified as an area of growth. Increasing youth numbers and the general population rises are straining the services they do have and highlighting the need for additional, more appropriate, services.

Access to Maternity, Child and Youth Services

Wiri has a high birth rate making up 6% of the births in Manuwera, or 1.2% of all CMDHB births, indicating the need for an increase in access to early childhood facilities, care and leisure services for the young and mother support and education services within the community. Youth were also identified as having little or no access to leisure facilities, services or places that allowed them to constructively and communally live, play and work.

Obesity and Access to Physical Activity

There is growing research, information and concern regarding physical activity and the associated health outcomes. The emergence of the obesity epidemic in recent years and the announcement of New Zealand being the 3rd fattest nation in the world sparked debate and concern (OECD, 2010). The obesity rate among adults in New Zealand in 2007 was 26.5 per cent with only the United States at 34.3 per cent and Mexico at 30 per cent higher (OECD Health Data Report 2009).

One in five Kiwis are medically obese and their care places a hefty strain on the public health service. Ministry figures show Maori are 1 1/2 times more likely to be obese than the average New Zealander, while obesity rates among Pacific people are 2 1/2 times higher. Obesity and type 2 diabetes are crucial issues for New Zealand; they adversely affect the health of many and the social and economic welfare of all New Zealanders. These “epidemics” have the potential to overwhelm the health system if left unchecked (House of Representatives, 2007).

In 1991 the direct costs of obesity to New Zealand’s health care system were conservatively estimated at $135 million per year, or 2.5 percent of health expenditure for that year. On this basis the figure for 2000/01 would have been at least $2471 million, and it will be higher today (House of Representatives, 2007).

While it is understood that this obesity epidemic is multifaceted, it is becoming increasingly clear that the physical environment in which we live is a contributor. Access to public space for exercise, safe streets to walk to public transport and surrounding areas, access to leisure facilities and access to transport to reach appropriate healthy food sources are all key to improving health and wellbeing and decreasing obesity and the associated diseases such as diabetes and heart disease (Bowers, S., et al. 2009).
Physical inactivity and sedentary habits have become more common. There is generally far less need to expend physical energy than there was 30 years ago. Urbanisation is associated with less walking and cycling and more use of motor vehicles. Social and economic changes have reduced the opportunities for physically active work and leisure (Bowers, S., et al. 2009).

Urban planning plays a large role in encouraging or discouraging habitual physical activity, especially cycling or walking to and from work or school and during leisure time (House of Representatives, 2007). To make a significant sustainable change to physical activity levels several things including residential design, urban design and built environment need to be assessed.

To encourage increased physical activity, footpaths and bicycle lanes need to be wide and well maintained. The general landscape should be attractive, well lit and well networked to other paths and to well maintained regular public transport routes. A greater variety of recreational activities and access to other leisure facilities will increase physical activity which in turn will help to reduce obesity and the associated diseases such as diabetes and heart disease.

An Auckland-based study explored travel behaviour and urban design variables, including the associations between distance and adults travelling to work. This study found that people who lived in connected streets were almost 7 times more likely to walk or cycle, showing the importance of good paths, increased safety and well lit streets (Badland, H., et al. 2004).

Transportation
744 of 1,088 total Wiri community members that answered the questions regarding transport in the 2006 Census indicated that they drove, used a vehicle, private or otherwise, to get to work - Wiri has high vehicle usage to get anywhere locally and to other communities, only 48 of that 1088 used public transport, namely being a bus or train.

Despite the relatively small distance between Wiri and the Manukau City Centre, a recent study by Spatial Syntax showed that there is almost no appreciable pedestrian activity; this is most likely due to the physical built environment not being pedestrian friendly and acting as a barrier to retail, social activity and general services including the new medical centre. Wiri and in particular Rata Vine is an isolated community. All of these urban design concepts encourage the use of vehicles and an increase in physical activity and safety. Currently there are no links to the new train station which again decreases access to further away communities and services.

Noise and Air Pollution
Being close to Great South Road and the Motorway, Wiri residents are also exposed to high levels of ambient noise and air pollution. Two studies in Amsterdam found that people that live near busy streets (10,000 vehicles a day) were exposed to two or three times more particulate matter compared to people who live in streets where traffic levels were lower. (Barnes, G. 2007).

The general landscape of Wiri is dominated by roads, built with the car in mind, with clusters of housing widespread, and amenities and services such as medical centres, primary health services, shops, leisure facilities and pools only accessible via car, and with relatively little public transport services available.

This car dominated culture causes pollution and decreases likelihood of physical activity, leading to obesity. This can lead on to complications such as diabetes and heart disease as well as the increase possibility of morbidity or mortality due to the safety factors of large volumes of vehicles and traffic in the area.

Extensive international research shows that driving is a major source of air pollution, the more miles, idling and travelling by vehicles increases the air pollution levels affecting environmental health, consequently affecting human health (Fumkin et al; 2004). Breathing in higher levels of exhaust emissions is known to induce detrimental health outcomes, increased respiratory issues, reduced lung capacity and increase incidence of severe asthma. These diseases are naturally higher in the Maori and Pacific populations and therefore this environment increases the severity and rates of these diseases and illness's significantly (Fumkin et al; 2004).

Transportation, Land Use and Connectivity
There are several studies indicating that mixed land use will increase the use of public transport. Sitting homes, shops, services and businesses close together makes travelling by foot, bicycle or public transport easier and makes it possible for people to combine trips such as shopping, commuting retail and employment (Barnes, G. 2007).

Neighbourhoods with good connectivity have more intersections and more route choices and therefore a person can choose the most direct route to their destination. Good access enables a population to not only make use of services that are within the area but branch out to use services, amenities and visit other communities further afield. The long term effects of communities designed badly with little connection to the outside world includes social isolation, depression and other social / mental illness (Knox, 2003).

Better public transport and increased connectivity with the rest of Auckland may lead to increase employment opportunities which in turn may also lead to the ability to increase economy and growth within the area.

Service rationalisation has resulted in closure of a lot of public facilities and this can then have negative impacts on a community, especially on women, elderly, children and people with disabilities (Barnes, G. 2007). Central city and out of town retail centres have proliferated, such as Manukau city centre development, and can be detrimental to local facilities. Planning can ensure that there are a range of accessible transport modes and ensure that facilities are within safe walkable / cycle distance or on regular public transport routes, consequently this can decrease vehicle use and the pollution caused by excessive vehicle use.

Community Interaction
It is also important to provide diversity in building design and land use so that it encourages interaction between different parts of the community and the surrounding areas.

Driveway access
Access management and driveway access is an area of concern in Wiri causing high numbers of fatalities in driveways. Pedestrians are particularly vulnerable along these community roads with multiple access points onto the street and long driveways with bad visibility.

B.3 Economy and growth
Wiri has low income levels when compared to other Auckland communities. 1,461 people earn under $50,000 per annum and the median income is only $13,600 compared to the average New Zealand wage of $18,500 (Freeman, G., 2008). Wiri community members have high dependency on welfare sources as well as low educational levels when compared to other parts of the country. Therefore looking at education, training and bringing business into the community may help to improve employment and income for people in the area (Freeman, G., 2008).
A strong robust economy enables a community to provide more choice and opportunities to its population groups (Wilson, D., 2009). The Wiri community would benefit from more businesses with money, community centres with resources for youth and long term investors to help improve Wiri as a whole. There needs to be more opportunity to increase skill level and employment. More opportunity can lead to more jobs, income, additional training and education and a general increase in status can help address income disparities, health and other social issues. Lack of economy within a community produces less opportunity, less access to services and amenities, less money - which then leads to bad housing and living conditions and less choice regarding life, health and wellbeing. (Wilson, D., 2009).

Quality of services is an integral part of quality and attractiveness of place, therefore it is important to encourage people from different backgrounds and socio-economic status to move into an area, this can in turn create more jobs and prosperity within a community.

Improving the sense of place and aesthetics can increase business interest and development - more work and business in the area more people and variety of people and more money and better health.

Employment opportunities created in inaccessible locations or lack of variety of jobs in a community due to isolation, can have negative effects (Wilson, D., 2009). Urban planning linked to strategies for economic regeneration, by facilitating opportunities for business, encourages diversity in employment and ensures local job opportunities are retained. Increasing and maintaining regular appropriate public transport will increase connectivity with the rest of Auckland and may lead to increased employment opportunities which in turn may also lead to the ability to increase economy and growth within the area.

The Manukau City Centre is about to develop an education campus as well as a new train station. These represent potential economic opportunities for Wiri residents in terms of better connectedness (via the train), local education opportunities as well as employment to service those education facilities. The spatial structure can potentially have a large impact on how Wiri residents are better connected to these opportunities. It can ensure that there are a range of accessible local facilities and resources to service the growing population of Wiri, as well as provide safe walkable / cycle routes or access to public transport modes to get to other further afield services and resources (Barnes, G, 2007). This in turn will help to keep local businesses thriving, encourage business from the wider Auckland and New Zealand regions to come to Wiri.

8.4 Safety

Road Safety

Road safety is an issue with Great South Road being a main road within this community, busy streets and driveway accidents are high.

Crime

Fear due to crime has decreased over time but still may have negative effects on health. A sense of safety in a community is known to reduce stress and plays a huge role in determining people's willingness to undertake physical activity, in particular children, women and older people (Upper Hutt City Council, 2009).

There are ways of designing urban space to ensure a sense of safety, these include having good lighting, places to sit outside, protecting access routes and destinations and territorial symbols such as alarm signs and neighbourhood watch signs within the community (Upper Hutt City Council, 2009).

Urban planning can create alienating environments where people are uncomfortable being out on the streets, for example within Wiri there are areas that have poor lighting, heavy traffic on Great South Road, poor urban design in regards to long driveways or small secluded streets that don't give the perception that the area is safe to walk around in. The area is often intimidating making people use cars more and streets become deserted increasing the perception of danger (Butterworth, I., 2000).

Traffic calming techniques which give priority to pedestrians and cyclists are vital for a safer community and environment. Good urban design will ensure residential and commercial areas have a natural process of surveillance over public space that reduces crime and fear or perception of dangerous activity (Upper Hutt City Council 2009).

Features of urban environments such as access routes, pedestrian underpasses and bridges, narrow pathways between buildings, and single exit points from public spaces are potentially unsafe and provide opportunity for entrapment and crime. Accesses need to be well connected with good visibility and light and have multiple choices of exit (Upper Hutt City Council 2009). These are all issues that will be relevant to the Spatial Structure Plan.

Consideration of using public art in appropriate places to help build the sense of place, improve aesthetics and discourage graffiti all help build a sense of place. Using graffiti resistant paint and organising regular maintenance and cleaning rosters of the community areas maintains a high standard of cleanliness and the perception of care and pride within the community. Ensuring there is seating in appropriate places to encourage people to wait and sit in public spaces provides a form of informal surveillance.

Designing public space so it is adaptable to many uses and different groups of people is a further important element of safe urban design. This can be supported by involving the community in selecting art and creating public space to increase community ownership and pride of the area.

Providing surveillance or eyes on the street, where people can look over space makes it more likely that community members would see and report crime or intervene, thus being a deterrent to any potential risk.

Make the community easy to navigate with signs and logical safe placement and setting of public facilities such as phone boxes, railway stations, public toilets and the like, ensuring they are in well lit, have very open spaces, will help avoid possible crime and safety issues (Upper Hutt City Council 2009).

8.5 Community identity / engagement / connectedness and partnerships

A theme that underpins all focus areas of this HIA is community identity and partnership. Wiri has slowly gained a better sense of identity and community but this may still be a scoping area for a future project.

Enabling voice of affected parties to inform this process is important, looking at both history and future. E hara taku toa, I te toa tahi tahi, Engari taku toa, He toa taki tini - Our strength is not ours alone, But that of our community. This saying illustrates the importance of community cohesion, connectedness and a sense of identity to have strength and conviction as a community to make positive health outcomes.

There are nine domains for community empowerment and throughout this process we will ensure that these concepts are followed. The nine domains of community empowerment encompass vital themes that are required within health promotion to empower and develop communities.
9 domains that are overarching this process include:
- Improving participation of community members and organisations
- Help to develop local leadership
- Build empowering organizational structures
- Increase problems assessment capacities - enhances the abilities of the community to ask why
- Increase critical awareness
- Improves resource mobilization
- Strengthen links to other organizations and people
- Creates a equitable relationship with outside agents
- Increase control over programme management

These are all vitally important within any community project and will help to create a sense of identity, enable the voice of this community in planning to help inform the SSP process. Speaking about past and future can help form identity and sense of community as well as bring people together and be committed and proud of their community.

9.3 Window of opportunity this HIA may present
- Input of resident’s aspirations and concerns into the next phase of the SSP development from a health and wellbeing perspective
- Ministry has contracted with Manukau the healthy city to conduct a HIA to cover all four phases
- Capacity for building community development and empowerment
- Strength of Advocacy
- Blue print for local capability
- New rail station
- City campus may bring students and jobs to the area - MIT / AUT
- City centre development
- Local economic benefit
- May encourage mixed tenure - community of students, children, young adults, elderly, and people and organisations from both the public and private sector.

10 • NEXT STEPS

The next phase of the HIA process is the appraisal and reporting phase. This will be conducted on the 15th and 16th of June 2010 with two workshops, one for the general public, organisations, businesses and concerned parties and the other with a focus on Maori.

The appraisal workshops will encompass a broad representation of groups and individuals with an interest in developing healthy cities, including representation of the population interested identified above.

The appraisal process will involve stakeholders and community groups identifying potential impacts, the steps needed to reduce or eliminate adverse impacts, and maximise positive impacts with the help of experts in the field.

Whanau Ora consultation will continue, to highlight the Maori perspective on urban design and how to improve Wiri to ensure the increase in health and wellbeing in the community and reduce inequalities. Stakeholder and community interviews will be conducted in the month of June 2010.

Throughout the HIA process, relevant literature reviews will be consulted in particular to the highlighted three or four focus areas that the scoping confirmed as areas of concern, together with a health profile of Wiri, this will be distributed to stakeholders and key community members to inform discussions.

10.1 Impacts and enablers of the HIA appraisal
- Potential positive impacts
- Strategic policy foundations
- How do we ensure those actions occur
- Issues for vulnerable populations
- Potentially negative impacts
- Actions
- What needs to be in place to ensure positive outcomes?
- Evaluation - reflection on value of process and outcomes
10.2 Target populations identified

Key populations groups of Wiri that may be included as at higher risk and should be targeted:
- Children
- Elderly
- Maori
- Pacific
- Local business owners
- Schools
- Churches

The process will also explore potential health impacts for specific population groups, including older people, people with disabilities, children and young people, Maori, Pacific people, and those living in areas of high deprivation. Any key issues that these groups encounter can highlight fundamental issues which may have an impact on the community as a whole.

10.3 Identified recognised stakeholders and participants to be involved

Rawiri residents
Community members
Department of Corrections
Sisters of mercy
Wiri central School
Manurewa High school
Towards 2060
Private hospital
Local Wiri Businesses
Inverell Housing for the elderly
SDA / Mormon Church / Samoan church
Telstra Clear
GP practice
Harvest group
Dream centre
MCC
HNZC
CMDHB
Manukau Leisure
Manurewa Community Board
Manurewa Advisory Group
CYF
Police
Ministry of social development
MCC urban design
MCC Community Development
MCC children team
Te Ora o Manukau
Community groups
Regular engagement with Wiri improvement programme and Manurewa Advisory Group

11 • TIMELINE

March 2010
Screening undertaken – completed

May 2010
Community consultation initiated – completed
Scoping workshop – completed

June 2010
Literature analysis and population profiling – MCC and Synergia
Community consultation (in parallel) – MCC

Whanau Ora appraisal workshop (June 15) - Hapai, Synergia and MCC
Mainstream appraisal workshop (June 16) - MCC and Synergia
Children's consultation - MCC

July / August 2010
Reporting - MCC, Synergia and Hapai
Evaluation - MCC and Synergia

12 • REFERENCES


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Author:
Janine Mitchell
Healthy City Advisor
Te Ora O Manukau, Manukau the Healthy City
Manukau City Council

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