

# Living Streets Aotearoa



## Submission from Living Streets Aotearoa on the Public Health Bill

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### About Living Streets

Living Streets Aotearoa (LSA) is a national organisation with a vision of “More people choosing to walk more often and enjoying public places – young and old, fast and slow, walking, sitting and standing, commuting, shopping, between appointments, for exercise, for leisure and for pleasure.”

The objectives of LSA are:

- to promote walking as a healthy, environmentally-friendly and universal means of transport and recreation
- to promote the social and economic benefits of pedestrian-friendly communities
- to work for improved access and conditions for walkers, pedestrians and runners e.g. walking surfaces, traffic flows, speed and safety
- to advocate for greater representation of pedestrian concerns in national, regional and urban land use and transport planning.

For more information, please see: [www.livingstreets.org.nz](http://www.livingstreets.org.nz)

# Submission

## Introduction

Living Streets Aotearoa welcomes the Public Health Bill as a much-needed update of New Zealand legislation. In particular, we welcome provisions in the Bill, absent from earlier legislation, to address risk factors for non-communicable diseases such as heart disease, cancer and type 2 diabetes.

Lack of physical activity is one of the most important risk factors for non-communicable diseases. Living Streets Aotearoa's main interest is in the rights of pedestrians and the benefits of walking. Walking is, for most people, the best way of obtaining the benefits of physical activity necessary for good health. We are pleased to note that Bill creates more avenues for making walking easier and safer.

## BACKGROUND

### The health benefits of physical activity

The health benefits of regular physical activity are universally accepted. We refer to just one recent example. In late 2007 the World Cancer Research Fund and the American Institute for Cancer Research released one of the most thorough and scientifically-valid reports relating to public health ever produced.<sup>1</sup> This report identifies lack of physical activity as playing a central role in causing both cancer and obesity. The report finds the evidence “convincing” that physical activity decreases the risk of overweight and obesity, and that sedentary living increases it (p323). As well, it finds that “regular, sustained physical activity protects against cancers of some sites ... independently of other factors such as body fatness” (p198).

The first three recommendations of the 2007 Cancer Report are:

- 1 Be as lean as possible within the normal range of body weight
- 2 Be physically active as part of everyday life
- 3 Limit consumption of energy-dense foods and avoid sugary drinks.<sup>2</sup>

### Encouraging physical activity through environmental change

Expert submissions to the Health Committee on the recent Inquiry into Obesity and Type 2 Diabetes in New Zealand made it clear that the best way of increasing physical activity in the population is to make it easier for people to be physically active as part of everyday life. There was a strong consensus that activities such as walking and cycling (“active transport”), particularly walking, need to become a much easier and more natural part of urban living. These submissions made it clear that changing the built environment to encourage active transport and active recreation is the crucial preventive step for avoiding the increasing health problems associated with lack of physical activity and sedentary living.<sup>3</sup>

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<sup>1</sup> World Cancer Research fund / American Institute for Cancer Research. *Food, nutrition, physical activity, and the prevention of cancer: A global perspective*. Washington DC: AICR, 2007.

<sup>2</sup> The Cancer Report did not address cessation of smoking, which it took for granted as the first step in cancer prevention.

<sup>3</sup> White, John. The Health Select committee Inquiry into Obesity and Type Two Diabetes in New Zealand: A back seat for physical activity. Available from [www.livingstreets.org.nz](http://www.livingstreets.org.nz).

## **THE PUBLIC HEALTH BILL: OPPORTUNITIES TO PROMOTE WALKING**

Living Streets Aotearoa is very supportive of the intent of the Public Health Bill to protect and improve public health by, among other things, reducing risk factors for non-communicable diseases. There are three areas in the Bill in which we are particularly interested:

- provisions in Part 3 for the Director-General of Health to issue codes of practice and guidelines
- provisions in clause 374 for making regulations to reduce risk factors for non-communicable diseases
- provisions in the Bill relating to health impact assessment.

### **Codes of practice and guidelines in Part 3**

Clause 81 of the Bill states that the Director-General of Health “may issue a code of practice or guidelines to a sector on a particular activity that the sector undertakes if the Director-General has reason to believe that the sector can reduce, or assist in reducing, a risk factor associated with, or related to, the activity”.

We are very pleased to see the wide applicability of these powers, noting from clause 79 that “sector” means any group, including local and central government, involved in activities including “the design, construction, or maintenance of buildings, infrastructure, or works of any kind”.

Clauses 79 and 81 are strongly welcomed by Living Streets Aotearoa. We do, however, have two concerns. First, there is no obligation on the Director-General to issue codes or guidelines in appropriate circumstances. Second, compliance with the codes and guidelines is voluntary. While there is provision in clause 86 for incentives for compliance, there is no provision for penalties in the case of non-compliance. We address these concerns in our recommendations.

### **Regulation-making powers under clause 374**

Subclause 374(x) enables the issuing of regulations to reduce any risk factor for non-communicable diseases. In theory at least, this subclause would enable regulations to be made on matters as varied as:

- setting requirements on territorial authorities for better provision of safe footpaths and cycleways
- requiring health impact assessments to be conducted prior to the making of decisions that shape the built environment.
- requiring employers to provide opportunities for minimum levels of physical activity by employees during the working day
- requiring employers to have transport plans in place that make it easier for employees to walk, cycle or use public transport to and from work
- making the cost of the use of cars and carparking no longer tax-deductible by employers.

Living Streets Aotearoa believes that the wide scope of subclause 374(x) is very important in the context of making physical activity easier as part of everyday life. Change is often hard to achieve in this area because it cuts across the responsibilities of a number of agencies, such as territorial authorities, Land Transport New Zealand, and the Ministry of Health. The ability to take a public health approach through use of subclause 374(x) will greatly assist in seeing that health concerns are given the prominence they deserve.

## **Health impact assessment**

Clause 83 of the Bill specifically mentions “the development, completion, and review of health impact assessments” as one area in which codes or guidelines might be issued under clause 81. As noted above, the Director-General is not obliged to issue these with respect to health impact assessments and, should she or he do so, affected parties such as territorial authorities may choose to ignore them.

We note that health impact assessment is defined in Clause 4 of the Bill as:

a combination of procedures, methods and tools –

- (a) by which a proposal, policy, plan, strategy, project, rule, consent, standard, guideline, or programme is assessed as to the effect it is likely to have on the health of a population or part of a population and the distribution of the effects within the population; and
- (b) that indicates whether the thing assessed is likely to have a positive or negative effect on the health of the population or part of the population.

Clauses 323 to 325 in the Bill specifically address health impact assessments. We note that there is nothing in the Bill that obliges agencies to conduct health impact assessments in appropriate circumstances. The only requirements relating to health impact assessments stated in the Bill are that if undertaken they must have regard to any criteria specified by the Director-General of Health (clause 324), and a copy of the health impact assessment must be supplied to the Director-General (clause 325).

Living Streets Aotearoa supports the inclusion in the Bill of provisions setting out circumstances under which health impact assessments would be required. These circumstances might include when the consequences of a project include a reasonably foreseeable risk to public health that could be mitigated. Provisions are also required relating to the place played by health impact assessments in final decisions. Health impact assessments are of little value if their findings are not taken into account by decision makers.

## **RECOMMENDATIONS**

Living Streets Aotearoa recommends to the Health Committee that:

- the Bill imposes a duty on the Director-General of Health to seek to issue codes of practice or guidelines under clause 81 in appropriate circumstances, such as when doing so appears to be the best available means of reducing a risk factor;

- provisions are added to the Bill to encourage compliance with codes of practice and guidelines issued under clause 81, such as penalties and sanctions, and the ability to make compliance compulsory in particular circumstances;
- sub-clause 374(x) be retained in the Bill;
- the Bill sets out circumstances in which health impact assessments are required, such as when a project is likely to affect opportunities for physical activity including walking and cycling;
- the Bill provides that the findings of any health impact assessment is properly and transparently taken into account in final decisions.