HEALTHY AUCKLAND TOGETHER

The Healthy Auckland Together Plan

2015-2020

Introduction

Healthy Auckland Together is a coalition committed to making Auckland the world's most liveable city -where all its people can live a full and healthy life.

By working collaboratively, we want to make it easier for everyone to be active, eat better and stay a healthy weight. Obesity is often referred to as a normal response to an abnormal environment. We need to tackle all the environments, including food, neighbourhood planning, school, work and transport - so they contribute to Aucklanders' health, not impede it.

Our partners include health, local government, iwi, non-government organisations and other agencies. Each has an important role to play in reversing the current trends in obesity, nutrition and physical activity in the region.

This Healthy Auckland Together plan lays out what can be done within our collective influence and how we will make progress on these pressing issues. We will combine our collective resources, knowledge, skills and networks to improve where people live, learn, work and play.

Key Healthy Auckland Together strategies	
WHAT WE DO Collaborative approaches between partners **for more effective and equitable outcomes**	Many organisations in the region are working towards similar goals. We will collaborate with organisations in high priority settings to share information and resources, and develop common strategies. Working collaboratively will amplify the effect of the work we do. Over time the scope of this process will grow and gather new partners.
WHAT WE SAY Influence policy and environmental decisions and **raise the profile** of key issues	We will use our collective voice to influence policy and decisions on food and physical activity related environments at national, regional and local levels. We will also seek to raise the profile of key issues with decision makers and the community through relationships and the media.
WHAT WE MEASURE Monitor, collect and present evidence to inform our approach and encourage **progress** towards the vision	We will collect and present evidence to inform our approach, measure progress towards equitable outcomes for the Auckland region and monitor results for continual improvement toward our vision.

The Healthy Auckland Together Plan is a roadmap towards achieving its goals and has two parts:

Part 1: Strategic Framework
This section outlines Healthy Auckland Together's vision, the context the group operates within and demonstrates the shared commitment of coalition partners to reducing obesity, improving nutrition and increasing physical activity.

Part 2: Action Plans
This section sets out six action plans that describe what Healthy Auckland Together will do over the next five years.

Contents

Part 1: Strategic Framework

Our Vision

Our vision is a social and physical environment that supports people living in Auckland to eat well, live physically active lives and maintain a healthy body weight within their communities.

We will do this by focusing on three goals:

1. improving nutrition
2. increasing physical activity
3. reducing obesity

These goals have a priority focus on equitable outcomes for Māori, Pacific and lower socio-economic communities.

Who we are

Healthy Auckland Together partners include agencies that work in health, local government, iwi, non-government organisations and other agencies. Together we are responsible for some of the key environmental settings that influence our health.

Aktive – Auckland Sport and Recreation
Auckland Council
Auckland DHB
Auckland Regional Public Health Service
Auckland Transport
Auckland University School of Population Health
Counties Manukau Health Alliance
Disability interest groups
Hapai te Hauora Tapui
Health Promotion Agency
Healthy Families New Zealand
Mana Whenua i Tamaki Makaurau
Ministry of Health
National Institute for Health Innovation
Heart Foundation
Pacific Heartbeat
PHOs
Te Runanga o Ngati Whatua
The Asian Network
Waitemata DHB
WDHB/ADHB Alliance Leadership Team

The Context

Unhealthy lifestyles are shortening lives and impacting quality of life. The effect of obesity on families is often lifelong. There is increased risk of chronic diseases such as diabetes and people who are obese are likely to experience discrimination, earn less and have shorter working lives.[1] Their children are more likely to be obese and are vulnerable to stigma and bullying.[2]

There are significant costs to the Auckland economy. While the bulk of economic costs are borne by the individual or the family, obesity and unhealthy weight also have socio-economic costs and are a significant burden on the health system. The most commonly measured costs of obesity (outside of medical costs) are those arising from loss of productivity due to obesity-related time off work or reduced effectiveness in the workforce. The total productivity loss cost of obesity in 2006 was estimated to be between $98m to $225m and the health costs were estimated to be $623.9m.[3]

Māori, Pacific and lower socio-economic communities face significant challenges. Almost half of Māori, and two thirds of Pacific adults are obese. For children, one in four Pacific and one in five Māori children are obese.[4] A rise in obesity is accompanied by a rise in the prevalence of associated non-communicable disease, such as coronary heart disease and osteoarthritis.

The problem is complex and indicators suggest it is getting worse. In the Auckland region, our natural amenities and access to healthy food should make us among the healthiest people on earth.

[1] Ibid at 4
[2] Ibid at 4
[3] Lal, A., Moodie M., Ashton T., Siahpuch M. and Swinburn B. (2012) Health care and lost productivity costs of overweight and obesity in New Zealand *Australian and New Zealand Journal of Public Health;* 36: 550-556.
[4] Social Policy Evaluation and Research Unit (2015), The wider economic and social costs of obesity: A discussion of the non-health impacts of obesity in New Zealand, Available at: http://www.superu.govt.nz/sites/default/files/downloads/Obesity%20report%20FINAL_0.pdf

Yet two-thirds of adults and one third of children are either overweight or obese.[5] Since 1977, the proportion of the population nationally who are obese has almost tripled, from 11 to 31 percent in 2013.[6] Many Aucklanders are not physically active enough and poor nutrition contributes to poor health. Our lifestyles are influenced by the environments around us and the drivers are varied and interlinked.

The Challenge

Changing the current trends in obesity, nutrition, and physical activity will be challenging. While individuals bear some responsibility for their health; obesity, poor nutrition and inactivity are also driven by changes in society and in the environment around us.

Our lives have changed. We now eat more fast food, eat outside the home more frequently[7], drink more sugar sweetened beverages and are less likely to eat at home with our families. In 2012, Auckland spent $2.6 billion on food outside of the home. This was an increase of 30% from 2008.[8] Healthier foods are often more expensive or take longer to prepare. In contrast, less nutritious heavily processed foods are carefully formulated to appeal to our tastes and are cheap and convenient.

Families that experience food poverty are more likely to be obese. People with limited resources often select food high in energy but low in nutrients to satisfy their hunger.[9] Cheap processed foods that are energy dense and high in fat and sugar contribute to the trend. In the period from 1997 to 2008, the number of households experiencing food poverty increased from one-in-five to two-in-five households.[10]

Our local food environments have changed. Unhealthy food is now prolific. New Zealand research has found that the density and proximity of stores selling unhealthy food is highest around secondary schools, low decile schools and those in densely populated and commercial areas.[11] Supermarkets are a key component in the food environment as most families make the majority of their food choices in supermarkets. The way supermarkets promote, price, place and stock energy-dense nutrient-poor foods increases their consumption.[12]

We live increasingly sedentary lives. We are working more sedentary jobs and many of us struggle to make room for exercise in our busy lives. Almost half of Aucklanders are not getting the recommended amount of weekly physical activity.[13] Perceptions of neighbourhood safety contribute to children not playing outside the home gates. There are concerns that for many children screentime comes at the expense of physical activity, both organised and informal.

Food marketing influences food choices. Media influences the choices we make and most advertising tends to promote unhealthy food.[14] This is a particular concern for children who are

[5] Ministry of Health (2014) New Zealand Health Survey, 2014. Available at: http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/current-recent-surveys/new-zealand-health-survey
[6] Ibid at 1
[7] Rose, D. (2007) Food stamps, the thrifty food plan, and meal preparation: The importance of the time dimension for US nutrition policy. Journal of Nutrition Education Behaviour 39(4): 226–232.
[8] Neill, L., Williamson, D., Kruesi, M., & Waldren, N. (2013). Hospitality Report: Reporting on New Zealand's Hospitality Industry 2013. Available at: http://www.aut.ac.nz/profiles/lindsay-neill#sthash.ehl30VKE.dpuf.
[9] Robert Wood Johnson Foundation (2012) Making the Connection: Linking Policies that Prevent Hunger and Childhood Obesity. Available at: http://www.ana.org.nz/sites/default/files/RWJF-Making-the-Connection.pdf
[10] University of Otago and Ministry of Health (2011) A focus on nutrition: Key findings of the 2008/09 New Zealand Adult Nutrition Survey. Available at: http://www.health.govt.nz/publication/focus-nutrition-key-findings-2008-09-nz-adult-nutrition-survey
[11] Day, L. P. and Pearce, J. (2011) Obesity-Promoting Food Environments and the Spatial Clustering of Food Outlets Around Schools. American Journal of Preventive Medicine, **40** (2) pp 113–121.
[12] Foster, G., Karpyn, A., Wojtanowski, A., Davis, E., Weiss, S. Brensinter, S., Tierney, A., Guo, W., Brown, J., Spross, C., Leuchten, D., Burns, P and Glanz, K. (2014) Placement and Promotion Strategies to Increase Sales of Healthier Products in Supermarkets in Low-income, Ethnically Diverse Neighbourhoods: a randomised controlled trial. American Journal of Clinical Nutrition, 2:99 (6).
[13] Ibid at 1.
[14] Ministry of Health, Food and Nutrition Guidelines for Healthy Children and Young People (Aged 2-18 years): A Background Paper, 2012.

exposed to multiple types of media - such as computers, televisions, and game consoles. Research has found strong associations between increases in advertising of non-nutritious foods and rates of childhood obesity.[15]

Urban design influences the amount of physical activity we undertake. Activities such as taking public transport or cycling to work or school incorporate physical activity into our daily lives. Employing urban design strategies to create neighbourhoods, streets, and outdoor spaces that are accessible for all and encourage walking, bicycling, and active transportation and recreation can greatly increase physical activity. Our communities need open green spaces, and well connected and safe walking and cycling networks to encourage all of us to get outside. The more time children spend outdoors, the more active they are.

Principles and approaches

A whole of environment approach is required

Tackling complex issues like obesity, poor nutrition and inadequate physical activity cannot be done through a single intervention. An approach that considers the environment (or system) as a connected whole is required. Our environment is where we live, learn, work, shop and play as well as the social, financial and time pressures we experience. All these factors shape our behaviour.

Taking a whole of environment approach to combating obesity will require targeting interventions that reflect how these factors interact and influence our behaviour. The approach will be informed by systems thinking and approaches. The programme of actions in this plan is a starting point, and it is hoped that over time it can evolve into building a complete prevention system.

Focus on equity

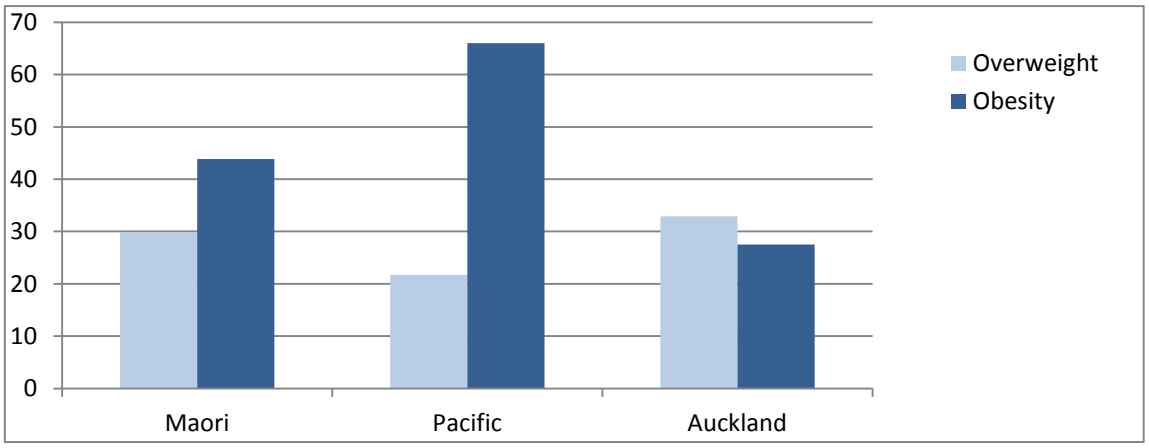
Health equity means working to ensure that we all have a fair opportunity to be healthy, regardless of ethnicity, gender, income, or the neighbourhood in which we live. Sometimes differences in our health are related to factors outside our control such as our genetic makeup or simply chance. A focus on health equity means focusing on those factors which are not only unnecessary and avoidable but are also unfair and unjust.

The burden of obesity is not equally shared in the Auckland region. Māori and Pacific people are more likely to be obese and overweight.[16] Those living in poorer neighbourhoods are:

- 1.5 times more likely to be obese or have unhealthy weight[17]
- more likely to live near outlets selling unhealthy food[18]
- more likely to feel unsafe when walking alone in their neighbourhood day or night, which may impact on likelihood of taking exercise in local neighbourhood.[19]

[15] American Psychological Association, http://www.apa.org/topics/kids-media/food.aspx
[16] Ibid at 1.
[17] Ibid at 1.
[18] Pearce J, Blakely T., Witten K. and Bartie P. (2007) *Neighbourhood deprivation and access to fast-food retailing: a national study*, American Journal of Preventative Medicine, 32(5):375-82.
[19] New Zealand Police (2014) *Actual and Perceived Safety from Crime in Auckland: A Review,* Available at: https://www.police.govt.nz/district/aucklandcity/perceptions-of-public-safety-in-auckland.pdf

Figure 1: Percentage of Auckland adults who are obese or overweight by ethnicity[20]



Focus on children

Problems related to unhealthy weight, obesity, physical inactivity and poor nutrition often start in childhood. Eating and physical activity habits are formed at an early age - supporting children and young people to make healthy living choices can establish long term habits. As with the general population, the rates are most alarming for those children living in poorer communities, who are:

- four times more likely to be obese[21]
- three times more likely to have food outlets located close to their schools[22]
- 1.3 times more likely to watch more than two hours of television per day[23]
- more likely to drink fizzy drinks and not eat breakfast at home.[24]

Multi-organisational approaches are more successful

Partnering with organisations in a range of community settings (for example, schools, central and local governments and community groups) has the best chance of making an impact.[25]

Central government can help shape healthy living environments through policies, regulation and legislation. Central governments can regulate labelling of food and advertising, and set guidelines for sectors such as industry, schools and early childhood education services. Central government can also set targets for the state sector to meet.

At a regional level, local governments have an impact on healthy environments through their planning activities. Transport plans, urban planning and zoning rules all influence how physical activity is included in everyday life. Local governments are also providers of sports and recreation services.

We also spend a large proportion of our lives in community settings such as schools, universities, workplaces, marae and sports clubs. These organisations can play an important role in enabling access to healthy food and opportunities for active lives.

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[20] Ministry of Health, New Zealand Health Survey, 2011-2014. Note that the Auckland figures are based on the Auckland Regional Public Health boundaries.
[21] Ibid at 1
[22] Day, L. and Pearce, J. (2011) *Obesity-Promoting Food Environments and the Spatial Clustering of Food Outlets Around Schools*, American Journal of Preventive Medicine, (40) 2, pp 113–121.
[23] Ibid at 1
[24] Ibid at 1
[25] World Health Organisation (2015) Interim Report of the Commission on ending Childhood Obesity. Available at: http://www.who.int/end-childhood-obesity/commission-ending-childhood-obesity-interim-report.pdf

KEY STRATEGIC LINKAGES	
Healthy Families New Zealand	Healthy Families is a central government initiative, led by the Ministry of Health. Healthy Families has been implemented in Waitakere Ward, Manukau Ward, and Manurewa-Papakura Ward. In each community, a local lead provider is establishing a health promotion workforce who will take a systems approach to improving people's health where they live, learn, work and play.
Auckland Council strategic plans	Auckland Council prepares a number of plans and strategies that influence the health of Aucklanders. The Auckland Plan, for example, has the vision of Auckland being the world's most liveable city. The Sports and Recreation Action Plan (SARSAP) sets out what Auckland Council want to achieve for recreation and sport, the actions to get there, to achieve the shared vision of "Aucklanders: more active, more often".
Auckland Transport plans	Active transport measures are a key component of Auckland Transport's Regional Land Transport Plan. The plan sets out strategic direction and how key components will be implemented over a ten year time frame.
Aktive's strategic plan	Aktive's strategic plan has a vision for Auckland being the world's most active city. It has key alignments with SARSAP, Auckland Council strategies, Auckland Council's Māori Plan, and regional stakeholders.

What has Healthy Auckland Together achieved so far?

Healthy Auckland Together has been meeting since October 2014. In this time collaborative relationships between key partners have been established and our vision and goals for a healthy Auckland have been developed.

A series of background papers have been developed to provide a common foundation to define the health challenges facing the Auckland region and agree evidence for potential projects and successful interventions. A stocktake that sets out the activities of member organisations within settings was also complete. The stocktake provided a snapshot of services within an area, identifying gaps and overlaps in services.

Potential projects were identified and then assessed against a framework to measure our capacity to act. The framework ensured that a key focus was given to regional activities within the direct control of partner agencies, while using its collective voice to influence policy. Projects and settings were considered according to their ability to improve equity.

As a result six action areas have been agreed:

- Action plan 1: Streets, parks and places
- Action plan 2: Food environments and marketing
- Action plan 3: Schools and early childhood education services
- Action plan 4: Workplaces
- Action plan 5: Communities and community groups
- Action plan 6: Collaboration and leadership.

Part 2 of this document outlines these action plans in further detail.

How will we know if we are being successful?

To ensure our projects are targeted effectively and measure whether we have been successful, Healthy Auckland Together will monitor progress towards achieving the vision statement. This will provide valuable information about where best to target future strategies and policies.

In developing a monitoring framework, two levels of data collection have been identified:

- population indicators
- outcome indicators

Population indicators will measure changes in: improved nutrition, increased physical activity and reduced obesity for the Auckland population. Healthy Auckland Together will contribute to these high level population outcomes alongside other influencers. These indicators are relevant across all of the action plans and are detailed in Table 1 below.

Outcome indicators measure environmental outcomes and indicators and are contained within each of the six action plans. The measures look at areas where our projects are expected to contribute towards the overall goals, as well as how much we did and what impact it had. These indicators are specific to each action plan and detailed in Part 2 of this document. They provide for a results based accountability framework for measuring our success.

Indicators have been selected considering the following criteria:

- Existing data collection
- Regional data available
- Where possible, ability to identify differences for Māori, Pacific or by level of deprivation

Where these data aren't currently available, or regularly collected, key indicators have been documented in case the data do become available. Rationale for all indicators below is provided in Appendix 3.

Table 1: Population indicators to measure progress towards the overall goals of improving nutrition, increasing physical activity and reducing obesity as well as reducing inequities

IMPROVING NUTRITION	INCREASING PHYSICAL ACTIVITY	REDUCING OBESITY
Annual (10%) reduction in the mean number of teeth with evidence of caries (total of decayed, missing and filled teeth, both primary and adult) of children (aged 5 years) who have undergone dental examination and are entered into the Auckland Regional Dental Service database	Annual progress towards a 10% increase in the number of Aucklanders reporting they are meeting physical activity guidelines by 2025 from NZ Health Survey data	Reduce rates of obesity for 4-5 year olds by 2020 in B4 School Checks
Annual progress towards a 10% increase in adults meeting recommended fruit and vegetable intake by 2025 in regional Health Survey data	Annual progress towards a 10% decrease in the number of Aucklanders reporting they are not physically active by 2025 from NZ Health Survey data	
Rate of progress on the above indicators for Māori, Pacific and higher deprivation groups relative to other groups		

Part 2: Healthy Auckland Together Action Plans

The purpose of the action plans

The purpose of the Healthy Auckland Together Action Plans is to set out how Healthy Auckland Together will collaborate, advocate, profile raise and monitor progress to contribute towards the vision over the next two to five years.

The action plans:

- provide a framework that will guide agencies and identify leadership and support for agreed projects
- build awareness of how environments impact on healthy living choices
- plant the seed and build momentum for organisations to work together towards systems change over the longer term.

Within each action plan there is:

- A vision
- A snapshot of the issue
- A summary of evidence of what can be done
- A list of actions we aim to achieve over the next five years
- Indicators that will be used to monitor change

Six action plans – achieving our goals over the next five years

The Plan identifies six action plans covering the domains that have the most influence on creating healthy living environments.

- Action plan 1: Streets, parks and places
- Action plan 2: Food environments and marketing
- Action plan 3: Schools and early childhood education services
- Action plan 4: Workplaces
- Action plan 5: Communities and community groups
- Action plan 6: Collaboration and leadership.

Priority populations

Each of the six action plans focus on our priority populations.

Māori, Pacific and those from poorer neighbourhoods are over-represented in health indicators linked to obesity, poor nutrition and physical activity. They are identified as priority populations that will be the focus of particular projects. This will ensure that efforts are targeted to those that need it most, and that equitable outcomes can be achieved.

Children and young people are also a priority population. Intervention in early life can lead to more positive long-term outcomes. Nutrition and physical activity habits are formed early in life, and can imprint on adult behaviours.

Other **high risk or vulnerable** people are also a priority population, for example, people with disabilities[26] and South Asian populations.[27]

[26] People with disabilities are less physically active, and there are links between some demographics among people with disabilities and obesity. VicHealth, *Disability and Health Inequalities in Australia, Research Summary* http://disabilityemployment.org.au/file/3c98910c97782a8d4f6bf3ef6c3d207901fb6fd4/vh_disability_summary_web1.pdf

[27] South Asian populations include the Indian sub-continent. South Asian population with high levels of body fat are more prone to developing abdominal obesity, which may account for their very high risk of type 2 diabetes and cardiovascular disease.

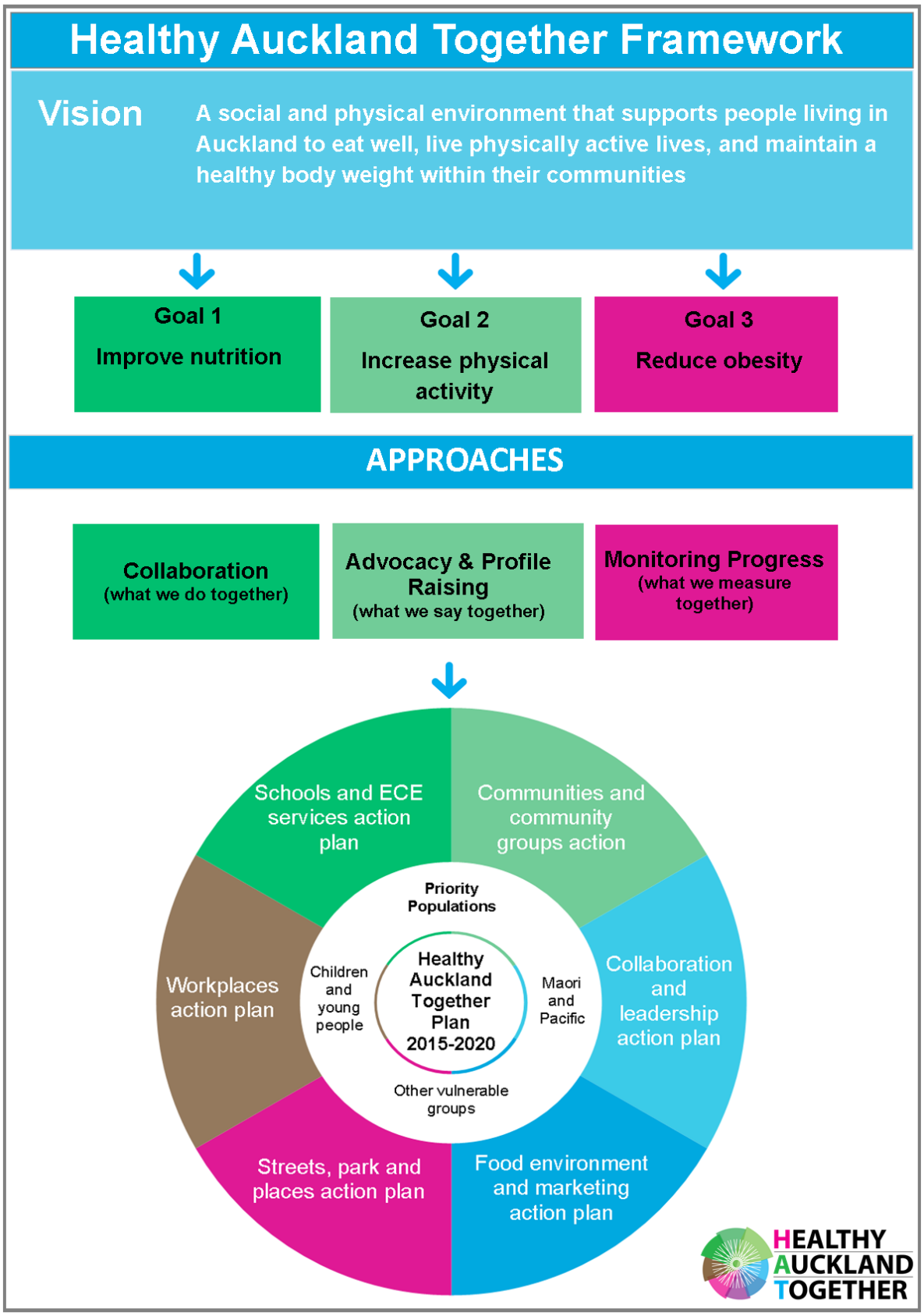
Scope of Healthy Auckland Together action plans

Note that the six action plans present the first stage of the Healthy Auckland Together work, but the scope of the coalition will not be limited to these. The area of maternal and child health, for instance, has not been addressed and the work of primary care services has not been included, although these are recognised as important settings to influence child health.

The projects recommended in the following tables are meant to be flexible and scalable over time. As the working groups responsible for each action undertake their work, further activities may be identified. In addition, new organisations may join the coalition to participate and work towards the vision. The action plans are a guide with sufficient scope to enable working groups to explore and incorporate new work as evidence and opportunities emerge.

Some projects identified in the plan are new ways of working, some are new programmes and some require changes in the way organisations operate. Other projects identify opportunities to amplify the work of member organisations through collaboration and joint activity. The plan will be reviewed on an annual basis to ensure it is still relevant.

A framework for the action plans is shown on the following page.


Healthy Auckland Together Framework
Vision
A social and physical environment that supports people living in Auckland to eat well, live physically active lives, and maintain a healthy body weight within their communities
Goal 1
Improve nutrition
Goal 2
Increase physical activity
Goal 3
Reduce obesity
APPROACHES
Collaboration
(what we do together)
Advocacy & Profile Raising
(what we say together)
Monitoring Progress
(what we measure together)
Schools and ECE services action plan
Communities and community groups action
Collaboration and leadership action plan
Food environment and marketing action plan
Streets, park and places action plan
Workplaces action plan
Priority Populations
Children and young people
Maori and Pacific
Other vulnerable groups
Healthy Auckland Together Plan 2015-2020
HEALTHY AUCKLAND TOGETHER

Action plan 1: Streets, parks and places

Vision: Physical activity is integrated into our daily lives

Physical activity supports a full and healthy life, both physically and mentally. Where it was once integral to how we went about our daily lives, it has now largely been structured out of what we do. This action plans sets out ways to shape the places where we live, learn, work and play so that physical activity is re-integrated into our daily lives and becomes the norm.

What is the issue?

Physical inactivity is estimated to cost the Auckland region $402 million each year.[28] Just under half of Auckland adults meet the recommended physical activity guidelines.[29] While most children get off to a good start, there is a drop-off in physical activity during young adulthood, when less than half meet Ministry of Health guidelines of 60 minutes of exercise per day. Māori, Pacific and children in low socio-economic communities are slightly more likely to meet physical activity guidelines.[30]

Physical activity can be incorporated into daily life through leisure and recreational activities or everyday activities such as active transport. Well planned urban environments increase opportunities to be physically active by creating neighbourhoods that are easy and safe to move around, encourage people to use both active and public transport, and create spaces for people to be active.[31] The World Health Organization has estimated that changes to the urban environment could reduce physical inactivity by one third.[32] Streets, parks and places have the biggest potential for gains in physical activity for people with disabilities, by ensuring that the built environment is usable and accessible (physically and practically) for them.

Public transport is associated with higher levels of physical activity, as people often use active travel at each end of their trip. Internationally, one-third of public transport users reach the recommended 30 minutes of physical activity per day through public transport use alone.[33] Auckland has traditionally been characterised by low density development and dependence on private transport, with 85% of trips made by car.[34] An international comparison of 14 cities in 2011 placed Auckland last on public transport trips per capita. However, recent investment has seen a greater increase in public transport patronage, and the Auckland Plan has the transformational goal of 45% of trips in the morning peak being made by walking, cycling or public transport, compared to 23% at present.[35]

The planned level of increase will need to include substantial increases in active transport. This is likely to provide a range of social and environmental benefits in addition to health, such as more social cohesion, reduced traffic congestion, improved air quality, economic benefits and greater equity. However, actual and perceived safety impacts on the willingness of people to use active transport. Research by Auckland Transport shows that real and perceived road safety is the single biggest barrier to cycling in Auckland. Sixty percent of Aucklanders report they would cycle if

[28] Auckland Council, Waikato Regional Council and Wellington Regional Strategy Committee (2013) The Costs of Physical Inactivity – Towards a regional full-cost accounting perspective, Available at: http://www.waikatoregion.govt.nz/Costs-of-Physical-Inactivity
[29] Ibid at 1.
[30] University of Auckland (2014) The New Zealand Physical Activity Report Card for Children and Youth, Available at: http://nihi.auckland.ac.nz/sites/nihi.auckland.ac.nz/files/NZ%20PA%20report%20card_Long%20version%20PDF.pdf
[31] Heath G.W., Brownson R.C. and Kruger J. (2006) The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review. Journal of Physical Activity and Health, 3 (Suppl 1):S55-76.
[32] Pruss-Ustun A. and Corvalan C. (2006) Preventing disease through healthy environments: towards an estimate of the environment burden of disease. Geneva, World Health Organization.
[33] Pikora T.J., Giles-Corti B., Knuiman M.W., Bull F.C., Jamrozik K. and Donovan R.J. (2006) Neighbourhood environmental factors correlated with walking near home: using SPACES. Medicine and Science in Sports and Exercise, 38, pp 708-714.
[34] Auckland Council (2014) The Auckland Plan Available at: www.theaucklandplan.govt.nz.
[35] Ibid at 8.

separated cycle facilities were provided.[36] Other barriers include availability of showers at destinations and the perception that car drivers are not courteous.[37] Safety can also be a concern in determining children's travel modes to school (e.g. crossing major roads), as can travel distance.[38]

What can be done?

Auckland Council and Auckland Transport have a key role to play in shaping places that support people's ability to have a healthy lifestyle. Well-planned urban environments can increase physical activity at the population level. Sustained improvements in design and layout of urban areas may include designing for well-connected streets, good quality footpaths, good street lighting, availability of and proximity to parks, playgrounds and other recreational facilities. Physical activity has been shown to increase by 161 percent in neighbourhoods where people live close to shops and schools, streets are well connected, there is high population density and people have access to green spaces.[39]

Active transport can be encouraged by providing safety features such as local traffic management, reduced speed limits, facilities and/or pedestrian crossings in suburban streets and around schools. To address cycle safety and raise the visibility of cycling as a transport choice, infrastructure such as cycle lanes and separated cycle ways need to be provided. Off-road cycleways and walkways promote recreational use, and would ideally be increased by connecting region-wide green ways. Development of a regional greenway network is a goal in Auckland Council's Sport and Recreation Strategic Action Plan.

Self-Explaining Roads – Point England

An example of re-designing roads to calm traffic and promote safety

A demonstration project in Pt England aimed to challenge the assumption that residential streets are just for cars, and to give greater priority to pedestrians, cyclists and residents.

Evaluation found a reduction in crashes by a third, severity of crashes reduced by three-quarters, a mean 17km/hr reduction in speed and reduction in traffic volumes by half making the environment safer for residents, pedestrians and cyclists.

Auckland Transport is improving safety (perceived and actual) for children by working with schools to encourage active travel, walking school buses and to address parents' safety concerns. They also work with partners to provide bikes for low-income families via sponsorships. The Travelwise programme is currently in 400 primary and secondary schools in Auckland. Auckland Transport prioritises high-risk schools from a safety perspective.

Changes to create health-promoting urban environments can promote equitable outcomes for Māori, Pacific and households with higher socio-economic need by:

- providing transport choice and alternatives that reduce car reliance and its associated costs
- ensuring initiatives such as neighbourhood re-design, traffic calming, or upgrading of recreation facilities give higher priority to areas of greater socio-economic need
- ensuring priority communities are well served by good quality, safe and accessible recreational spaces and places.

[36] Auckland Council (2015) Auckland Cycling Programme. Available at: https://at.govt.nz/media/1070164/Item-111-Auckland-Cycling-Programme-incl-attachmentsfinal.pdf

[37] Kingham, S., Koorey, G., and Taylor, K. (2011) Assessment of the type of cycle infrastructure required to attract new cyclists. NZTA Report 449.

[38] Conlon, F. (2013) Getting to school: Factors affecting choice of active travel modes in the trip to school, Master of Public Health dissertation, University of Otago, Wellington.

[39] Heath, G.W., Brownson, R.C. Kruger, J., Miles, R. Powell, K.E., Ramsey, L.T. and The Task Force on Community Services (2006) The Effectiveness of Urban Design and Land Use and Transport Policies to Increase Physical Activity: A Systematic Review *in* Journal of Physical Activity and Health 3 (suppl 1).

Self explaining roads: http://www.livingstreets.org.nz/sites/livingstreets.org.nz/files/BEHAVIOUR%20-%201300%20Hamish%20Mackie%20-%20A%20successful%20self-explaining%20roads%20project.pdf

What Healthy Auckland Together will do

Over the next five years Healthy Auckland Together will support and undertake the following projects so that physical activity becomes easier to integrate into our daily lives. Being active will become the norm, and the environment makes it accessible and safe.

The Auckland Plan, Auckland Council's Sport and Recreation Strategic Action Plan (SARSAP), Parks and Open Spaces Strategic Plan and Auckland Transport's Regional Transport Plan are key plans to influence the development of activity-friendly environments and support active and public transport. Aktive's strategic plan is currently under development, but there are likely to be significant areas of overlap with Healthy Auckland Together. Healthy Auckland Together projects align with these organisational strategies, where possible.

The following table outlines projects for implementation. When undertaking each of the projects, areas with priority populations (based on New Zealand Deprivation Index) will be the key focus.

	Project	Lead	Support	Timeframe
1.1	Meet with transport decision makers who deliver infrastructure and services that support active and public transport to encourage application of an active transport and public transport lens to all strategies and work programmes	ARPHS		Discontinued
1.2	Advocate for transport spending allocations to focus on fast-tracking delivery of an integrated and effective walking, cycling and public transport system through submissions, relationships and joint projects	ARPHS	HAT partners	Discontinued
1.3	Engage in the Unitary Plan hearings process to maximise Healthy Auckland Together objectives	ARPHS		Complete
1.4	Provide formal input into the 2015-2016 revision of Auckland Council's Auckland Plan	ARPHS	HAT partners	1 year
1.5	Provide formal and informal input on environments that support physically active lives and which consider equity of outcomes for priority populations (eg. Auckland Council's Long Term Plan, Regional Transport Plans)	ARPHS	HAT partners, CMDHB	Discontinued
1.6	Promote and showcase examples that demonstrate how we can make it easier for people to be physically active, as exemplars of best practice	ARPHS	HAT partners	Discontinued
1.7	Align with actions in Aktive's Strategic Plan (under development) that support more Aucklanders to be more active and focus on the spaces and places where Aucklanders can be active	Aktive	Auckland Council ARPHS	5 years
1.8	Partner with Healthy Families New Zealand to support its initiatives and encourage spill over of successful initiatives into the wider Auckland region	Healthy Families NZ – Sport Waitakere	HAT partners, CMDHB	Discontinued
1.9	Develop an 'Active Design' Programme based on the Active Design Hub of the Auckland Design Manual, to advocate for active design within our neighbourhoods, buildings, streets, parks and open space	Auckland Council	ARPHS	2 years
1.10	Provide design guidelines, in the Auckland Design Manual, for active recreation opportunities, play spaces, activity-friendly spaces, and active streets within new residential developments (SARSAP 6.3)	Auckland Council	ARPHS	2 years

	Project	Lead	Support	Timeframe
1.11	Develop provision guidelines for recreation and sport facilities, playgrounds and active open spaces in areas of intensification and greenfield development (SARSAP 7.7)	Auckland Council	ARPHS	2 years
1.12	Implement initiatives that improve walkability, neighbourhood destinations and cycle safety, especially in priority areas eg. Future Streets	Auckland Transport	Auckland Council ARPHS	5 years
1.13	Support and encourage neighbourhood re-design and shared space projects that promote activity friendly environments and social cohesion, especially in areas of greatest need	Auckland Council	Auckland Transport, University of Auckland, ARPHS	5 years
1.14	Develop the network of walkways, trails, bridleways and cycleways across Auckland and around the coast (SARSAP 6.1)	Auckland Council	Auckland Transport	Ongoing
1.15	Improve perceptions of safety in green spaces, neighbourhoods and community venues, such as reducing graffiti, improving lighting, and employing crime prevention through environmental design in areas of greatest need	Auckland Council		5 years
1.16	Develop innovative ways to address inequities identified through assessing the equity of access to facilities, funding and differing participation costs for different activities, codes and population groups (SARSAP 6.4)	Auckland Council		3 years
1.17	Support recreation and sport programmes that increase physical activity in target populations with identified health and wellbeing needs such as Māori, Pacific and low socio-economic populations (SARSAP 3.6)	Auckland Council	Aktive	Ongoing
1.18	Create and foster regional conversation of the benefits of healthy city design eg. through an Auckland Conversation	Auckland Council	ARPHS	2 years
1.19	Co-develop neighbourhood accessibility tools and measures	Auckland Transport, ARPHS	University of Auckland	3 years
1.20	Maximise the use of data and link data that are currently collected by member organisations to inform transport and urban design priorities and actions	University of Auckland	Auckland Council, Auckland Transport, ARPHS	Ongoing
1.21	Use evaluation and data analysis to determine if transport and urban design changes are achieving desired results and to provide rapid feedback on what is working to assist with prioritisation and targeting	University of Auckland	Auckland Transport, Auckland Council	5 years
1.22	Assess economic costing models to determine if they accurately reflect potential for health gain and reducing inequities	University of Auckland	Auckland Transport	1 year
	Projects within other plans			
3.10	Support active transport initiatives to encourage participation in active commuting, walking school buses and skill development for biking (in high-risk communities) (SARSAP 3.5)	Auckland Transport	Auckland Council, Heart Foundation	Ongoing
4.3	Partner organisations assess how their own organisations are making physical activity and active	Auckland Transport	Healthy Families NZ, CMDHB	1-2 years

	Project	Lead	Support	Timeframe
	transport the easy choice as part of a travel plan			
6.3	Scope the potential of implementing a Health in All Policies framework for a public policy project	ARPHS	Auckland Council	1-2 years

Measuring success

We will measure progress of the Streets, Parks and Places Action Plan by using the following outcome measures and indicators.

Currently collected indicator	Target
Proportion of people walking, biking or jogging to work in Auckland	• Increase from 6.5% in Census 2013 to 9.5% in Census 2018 based on regional data, with at least a 3% increase in priority areas
Increased public transport mode share and patronage	• Increase in proportion of people using the bus or train to get to work from 8.4% in Census 2013 to 10% in Census 2018 based on regional data, with similar or greater increases in areas of greater deprivation • Annual progress towards doubling public transport passenger trips to 140 million by 2022 based on Auckland Transport patronage data
Perception of walking and cycling as suitable for 'most' or 'all' trips to work or study	Improvement in percentage of survey respondents' perceptions of suitability of cycling and walking from 2012 to 2016 in Auckland Council's Transport Perceptions Survey to: • 13% think cycling is a suitable option for all or most of their trips to work or study (from 11%) • 20% think walking is a suitable option for all or most of their trips to work or study (from 16%) • 40% feel people could get around the region well by cycling (from 35%) • 60% think people could get around the region well by walking (from 55%)
Neighbourhood walkability, by deprivation index (this includes neighbourhood destinations, access to green space, connectivity)	Improvements in walkability in areas of higher deprivation, from ARPHS modelling with a repeat measure in five years

Action Plan 2: Food environments and marketing

Vision: Healthy food choices are easy and desirable

People respond to the environments in which they live. The food environment does not always make it easy for people to choose the food they need for a healthy life. The availability, pricing, and promotion of less healthy foods encourage their consumption over healthier foods. This action plan seeks to make it easier for Aucklanders to access and afford healthy food and make it the preferred choice.

What's the issue?

The main drivers of food choice are taste, price and convenience.[40] These factors often work in favour of consumption of unhealthy food due to the saturation of cheap and convenient but nutrient-poor food. For example, there is a greater density of fast food and convenience stores in low socio-economic areas,[41] [42] making them the most convenient and affordable choice. More fast food and convenience stores are also located near schools, particularly secondary and low decile schools.[43]

The cost of healthy food is often seen as a barrier to healthy eating. In 2007, the price of a healthy food basket was estimated as costing seven percent more per week than an unhealthy food basket, excluding the cost of fruit and vegetables.[44] Australian research shows that the cost of healthy food has increased more over the years than less healthy food, and there are indications that the same has happened in New Zealand.[45]

As well as price differentials between healthy and unhealthy food, two out of five households in New Zealand experience some form of food poverty.[46] Regional Public Health in Wellington has calculated that low-income families on the minimum wage or a benefit would need to spend 23-53% of their net income, or 42-75% once rent is deducted, to purchase food for a basic healthy diet.[47] In the Auckland region, the average weekly spending on food per household is about 12% higher than the rest of New Zealand.[48]

Food preferences and consumption can also be shaped by marketing and promotion.[49] Children are particularly vulnerable as they have not developed the cognitive capacity to distinguish the commercial nature of advertising. A nationwide survey of New Zealand parents and grandparents,

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[40] Glanz K, Basil M, Maibach E, et al. Why Americans Eat What They Do: Taste, Nutrition, Cost, Convenience, and Weight Control Concerns as Influences on Food Consumption, Journal of the American Dietetic Association, Volume 98, Issue 10, October 1998, Pages 1118-112

[41] Smoyer-Tomic, K. E., Spence, J. C., Raine K. D., Amrhein C., Cameron, N., Yasenovskiy, V., Cutumisu, N., Hemphill, E. and Healy, J. (2008) The association between neighborhood socioeconomic status and exposure to supermarkets and fast food outlets *in* Health Place, 14(4), pp 740-54

[42] Pearce, J., Blakely, T., Witten, K. and Bartie, P. (2009) Neighborhood Deprivation and Access to Fast-Food Retailing: A National Study *in* American Journal of Preventative Medicine, 36(1):74-81.

[43] New Zealand research found that fast food and convenience outlets are five times more likely to be near schools than other areas. In addition, the most socially deprived quintile of schools had three times the number and proportion of food outlets compared to the least-deprived quintile. *Day, Peter and Jamie Pearce, Obesity-Promoting Food Environments and the Spatial Clustering of Food Outlets Around Schools,* American Journal of Preventive Medicine, V40, Issue 2, 113–121, February 2011

[44] Ni Mhurchu, C. and Ogra, S. (2007) The price of healthy eating: cost and nutrient value of selected regular and healthier supermarket foods *in* New Zealand Medical Journal, 120 (1248).

[45] Statistics New Zealand Food Price Index available from: www.stats.govt.nz

[46] University of Otago and Ministry of Health (2011) A focus on nutrition: key findings of the 2008/09 New Zealand Adult Nutrition Survey, Ministry of Health, Wellington

[47] Wellington Regional Public Health (2010) Food costs for Families - Analysis of the proportion of the minimum wage and income support benefit entitlements that families need to purchase a healthy diet. Available at: http://www.rph.org.nz/content/4f1b20ee-0cc8-44ef-aaaa-5c8bc6fe6a7e.cmr

[48] Statistics New Zealand (2014) Food Price Indicator 2014. Available from: http://www.stats.govt.nz/browse_for_stats/economic_indicators/prices_indexes/fpi-review-2014.aspx

[49] World Health Organization. Interim report of the Commission on Ending Childhood Obesity. WHO, Geneva, 2015.

found over half felt their children's requests were influenced by advertising, and most thought it influenced liking for particular products. Eighty percent wanted a stop to advertising of unhealthy food to children.[50]

What can be done?

International research has identified best practice to improve food environments and where New Zealand is falling behind. The research recommends, among other activities, the following actions:[51]

- implement a comprehensive national action plan to address unhealthy food environments and to reduce obesity and non-communicable diseases
- reduce the promotion of unhealthy foods to children and adolescents
- ensure that foods provided or sold in schools and early childhood education services (ECE) meet dietary guidelines (see schools and ECE action plan)
- use fiscal policies to support healthy food choices.

They also noted that local communities had no mechanisms to limit the density of unhealthy food outlets, for example, around schools and ECE services.

To complement these, specific actions are needed to improve the affordability and accessibility of healthy food for low-income families in the Auckland region. This requires working at a policy level both nationally and regionally, working with food suppliers, and extending the reach of community-based interventions included in this and other action plans.

Furthermore, to ensure equitable outcomes for Māori, Pacific and communities with higher socio-economic need, projects need to focus on environmental factors which have the most influence on these communities through:

- **Policy support** for healthy food environments helps create a baseline for change and a level playing field. It is also the area of action that has greatest potential to reduce inequities in childhood obesity.[52]
- **Community-based food solutions and interventions** in schools, communities, sports clubs, and recreational facilities that improve the affordability and accessibility of healthy food for low-income families, and support traditional growing and harvesting practices.
- Working with the **people who make the food we eat**, whether it is food manufacturers, food suppliers, food preparers, or caterers to influence the supply of healthier foods.

What Healthy Auckland Together will do

Over the next five years Healthy Auckland Together will undertake the following projects to start a shift towards healthy food being more desirable, accessible and comparatively affordable. The projects work across multiple levels in the food system to help create an environment that supports healthier eating. These are first projects, and the coalition recognises that further action will be needed to truly make a difference to what people eat.

The following table outlines projects for implementation. When undertaking each of the projects, areas with priority populations will be the key focus based on New Zealand Deprivation Index and other Ministry of Health data.

[50] Phoenix Research (2007) Survey of Public Opinions about Advertising Food to Children: Understanding Attitudes in New Zealand. Peak Group, Auckland.

[51] Swinburn, B., Dominick, C.H., and Vandevijvere, S. (2014) Benchmarking Food Environments: Experts' Assessments of Policy Gaps Priorities for the New Zealand Government, University of Auckland.

[52] Vandevijvere, S. and Swinburn, B. (2014) Reducing childhood overweight and obesity in New Zealand through setting a clear and achievable target *in* New Zealand Medical Journal, **127**, 1406.

	Project	Lead	Support	Timeframe
	Strategic communications			
2.1	Influence regional decision makers such as local boards and Councillors to use the tools available to them to influence local food environments	ARPHS	HAT partners, CMDHB	Discontinued
2.2	Promote policy, regulation and initiatives to improve affordability of healthy food and disincentivise unhealthy food	ARPHS	HAT partners	Discontinued
	Raising the profile			
2.3	Influence local food environments, for example by assessing and monitoring the location and density of unhealthy food outlets in high priority areas of Auckland to use as an advocacy tool and for local communities to monitor and influence their local food environments	ARPHS	University of Auckland	Complete
2.4	Promote and showcase examples of healthy food environments as exemplars of best practice	ARPHS	HAT partners	Discontinued
2.5	Actively promote tap water as an alternative to sugary drinks through regional advocacy eg. supporting access to good quality public drinking water	ARPHS	Watercare, Council, HPA[53]	Discontinued
	Partnership			
2.6	Partner with Healthy Families New Zealand to support its initiatives and encourage spill over of successful food environment initiatives into the wider Auckland region	Healthy Families NZ	HAT partners, CMDHB	Discontinued
	Projects			
2.7	Engage and work with food manufacturers and food suppliers to improve the healthiness and portion sizes of low-cost everyday foods through reformulation and new product development	Heart Foundation	HAT partners	5 years
2.8	Support and upskill food preparers, caterers and/or food technologists in nutrition and production of healthy food and or products	Heart Foundation, Pacific Heartbeat	HAT partners	3 years
	Research and monitoring			
2.9	Assess level of marketing of unhealthy food and drink to children and advocate for a review of current controls and stronger protection	University of Auckland	HAT partners	3 years
	Projects within other plans			
3.9	Collectively promote healthy food environments in decile 1-4 schools and ECE services, both inside and outside the school gate, and extend their reach	Heart Foundation	ARPHS, CMDHB, WDHB, ADHB	5 years
5.3	Strengthen links and collaboration with Pacific networks eg. Lotu Moui, Enua Ola and Healthy Village Action Zones	Pacific Heartbeat	ADHB, WDHB, CMDHB, HAT partners	5 years
5.6	Promote the Pacific Heartbeat Community Nutrition course for Pacific champions and people	Pacific Heartbeat	HAT partners	Ongoing

[53] HPA will share resources.

	Project	Lead	Support	Timeframe
	working with Pacific communities			
5.7	Extend uptake of nutrition policies for sport and community organisations with a focus on sports codes with high Māori and Pacific participation rates	Aktive	Auckland Council	5 years
5.8	Reinforce health promotion messages by ensuring facilities, clubs and recreation and sport opportunities have appropriate health promotion policies (SARSAP 3.2)	Auckland Council	ARPHS, HPA	Ongoing

Measuring success

We will measure progress of the action plan using the following outcomes measures and indicators.

Currently collected indicator	Target
Density of fast food outlets	Reduction in excess supply of fast food outlets in priority populations
Proportional availability of healthy and unhealthy food and non-alcoholic beverages in food retail outlets	Increase in proportion of food that meets criteria to carry health claims using the Nutrient Profiling Score Calculator thresholds by 2017 (from 41% in 2012), using INFORMAS/National Institute of Health Innovation data

Indicator gaps	Target
Compliance by advertisers with codes for advertising to children	No breaches of the codes based on INFORMAS data
Advertising for unhealthy food within a 500m radius of schools and ECE services, by school decile rating	Data will be collected as part of INFORMAS, but may not be regional
Food environments within local food stores (food prices, shelf space and placement of foods in food outlets), by neighbourhood deprivation level	Improvements in rating of the food environment within Auckland food stores using the INFORMAS Foodback app (food prices, shelf space and placement of foods in food outlets), by deprivation level - data not currently collected
Exposure and power of marketing for unhealthy food and drinks that children are exposed to	Data not currently collected on a regular basis or in Auckland (eg. KidsCam in Wellington)

Action plan 3: Schools and early childhood education services

Vision: Healthy food and physical activity integrated into school and ECE environments

Developing healthy eating and physical activity patterns will set children up for a healthy future. This action plan works towards creating early childhood education (ECE) and school environments that view health as part of what they do and creates places for students to learn about and eat healthy food, and be physically active.

What is the issue?

Food

Auckland has about 1,200 ECE services with a combined enrolment of almost 20,000 children – 434 services are in high needs areas. There is limited guidance on what ECE services should deliver, in terms of food served and curriculum requirements for health and physical education. Research indicates that about half of ECE services provide some food to children daily.[54]

There are 540 schools in the Auckland region, and 229 are decile 1-4. Nationally, 90% of secondary schools have a canteen but only half make healthier options cheaper, and 30% make serious effort to promote healthy food and eating habits.[55] A requirement to make healthy foods available was removed in 2009.

Around half of children source some food from the school canteen, and it is the source of most food for 5 percent of children.[56] School canteen use increases as children get older, and Pacific and Māori children are more likely to use the school canteen than other ethnic groups. School canteen use has been associated with poor dietary patterns (eg. lower intakes of vegetables and fruit, and higher intakes of foods high in fat and/or sugar) and higher BMI.[57]

Physical activity

As well as health benefits, incorporating physical activity into the day can help improve attentiveness and learning.[58] Sixty minutes of physical activity per day is recommended for children and young people. However, in the Youth 2007 survey only 11 percent of 9,107 secondary school students met the guidelines of 60 minutes physical activity per day. Research indicates that potentially there are lost opportunities for increasing physical activity in children and young people.

54 Growing up in New Zealand (2014)Preliminary results Kai Time in ECE, Available at: http://www.growingup.co.nz/en/research-findings-impact/current-research/kai-time-in-ece.html
55 Clark, T. C., Fleming, T., Bullen, P., Denny, S., Crengle, S., Dyson, B., Fortune, S., Lucassen, M., Peiris-John, R., Robinson, E., Rossen, F., Sheridan, J., Teevale, T., Utter, J. (2013). Youth'12 Overview: The health and wellbeing of New Zealand secondary school students in 2012. Auckland, New Zealand: The University of Auckland.
56 Clark, T. C., Fleming, T., Bullen, P., Denny, S., Crengle, S., Dyson, B., Fortune, S., Lucassen, M., Peiris-John, R., Robinson, E., Rossen, F., Sheridan, J., Teevale, T., Utter, J. (2013). Youth'12 Overview: The health and wellbeing of New Zealand secondary school students in 2012. Auckland, New Zealand: The University of Auckland.
57 Utter J1, Schaaf D, Ni Mhurchu C, Scragg R. Food choices among students using the school food service in New Zealand. NZ Med J. 2007 Jan 26;120(1248):U2389.
58 Centers for Disease Control and Prevention (2010) The Association Between School-Based Physical Activity, Including Physical Education, and Academic Performance, Atlanta, GA: U.S. Department of Health and Human Services.

Most young people like playing sport [59] and schools play an important role in providing sporting opportunities: 5 out of 10 boys and 4 out of 10 girls belong to a school sports team.[60] Activity can also be incorporated in how children journey to and from school. Forty-five percent of children aged 2–14 years usually use active transport to get to and from school.[61]

What can be done?

Best practice approaches involve working with schools to identify and then address their own wellbeing priorities. In the experience of Health Promoting Schools, the majority choose to include a nutrition or physical activity component.

Increasing physical activity and developing physical activity skills during school has been identified as one of the most promising strategies to prevent obesity.[62] Schools can offer physical activity within schools, making sure physical activity is for all regardless of ability. Schools can also provide sports facilities, access to organised sports clubs within school time and encourage active transport to and from school. Combining physical activity and nutrition in school programmes is more effective than either intervention alone.[63]

Nationally, a requirement or regulation that schools and ECE services serve healthy foods is a good start to changing eating behaviours.[64]

Regionally, supporting schools to implement a **whole school approach** that integrates nutrition and physical activity into all areas of school influence is most effective. For example, weaving nutrition and physical activity through the school curriculum and ensuring that fundraising, school events, special occasions, rewards in the classroom, all support healthy living choices.

Schools can also promote physical activity and encourage active transport to school, by implementing programmes such as Travelwise and walking school buses that make safe and active transport an attractive option for students and their families.

About half of secondary schools have a fruit/vegetable garden for students to participate in and some research shows that the gardens can have a positive impact on student nutrition.[65] They can form the basis for improving food literacy through growing and preparing food.

Several organisations run programmes in the school and ECE sector, as outlined in the table below. All these programmes are voluntary and up to the willingness of the schools to engage with the service providers.

[59] Auckland Council (2014) Sport and Recreation in the Lives of Young Aucklanders, 2014-2024, Available at: http://www.aucklandcouncil.govt.nz/EN/newseventsculture/communityfundingsupport/Documents/sportandrecyoungaucklandersreport.pdf
[60] Ibid at 33.
[61] Ibid at 1.
[62] Summerbell, C.D., Waters, E., Edmunds, L.D., Kelly, S., Brown, T. and Campbell K.J. (2005) Interventions for preventing obesity in children. Cochrane Database of Systematic Reviews, 20 (3).
[63] Katz, D.L., O'Connell, M., Njike, V.Y., Yeh, M.C., Nawaz, H (2008) Strategies for the prevention and control of obesity in the school setting: systematic review and meta-analysis. International Journal of Obesity (London) 32 pp 1780-9.
[64] Ibid at 24.
[65] Utter, Jennifer, Simon Denny and Ben Dyson, School Gardens and Adolescent Nutrition and BMI: Results from a national multilevel study,

Programme	Number of schools	Primary/intermediate/ secondary	Focus
Enviro-schools	181 Auckland (27% of schools) 967 NZ	ECE, primary and secondary, all deciles	Enviro-schools supports children and young people to plan, design and implement sustainability actions that are important to them and their communities. Most Enviroschools (97%) are growing and harvesting produce from their gardens/trees for cooking, selling and gifting.
Health promoting Schools	218 Auckland 720 NZ	Mostly decile 1-4 schools Reaches 52% of Māori and 63% of Pacific students in decile 1-4 schools	Health Promoting Schools is funded by the Ministry of Health and works with schools to prioritise community needs. While nutrition and physical activity may not be identified as a need by the school community, 85% of the schools do have a nutrition or physical activity component
Garden to Table	18 in Auckland 30 NZ	Primary, all deciles	Garden to Table provide real-life context for learning in the garden and kitchen, which interweaves the theories and practices behind growing, harvesting, preparing and sharing fresh, seasonal foods.
HeartStart and Healthy Heart Awards	247 ECE services signed up to or hold a Healthy Heart Award 47 schools signed up to or hold a Heart Start award	All schools (Heart Start) and ECE services (Healthy Heart Awards) Targeted towards decile 1-4	HeartStart is a free curriculum-linked programme offered to all schools, which fits with schools existing work and helps build a heart healthy environment. Healthy Heart Awards assist ECE services to create an environment promoting healthy eating and physical activity to under-fives and their families. HeartStart and the Healthy Heart Award programmes are funded by the Ministry of Health.

What Healthy Auckland Together will do

Recognising the work that is already being done, Healthy Auckland Together will bring together the players in the sector to identify gaps and provide an overview of programmes in the region. Our purpose is to increase the number of schools and ECE services taking action to improve nutrition and physical activity.

Over the next five years Healthy Auckland Together will partner with the Education sector and undertake the following projects to support healthy school and early childhood education services becoming the norm, particularly in priority areas. In each of these projects, areas with priority populations will be the key focus, based on the ECE service Equity Index or school decile rating.

Creating health-promoting school and ECE settings can lead to more equitable outcomes for Māori, Pacific and lower-income children by building relationships with kohanga reo, kura kaupapa, Pacific language nests as well as schools and ECEs in higher need.

The following table outlines projects for implementation. When undertaking each of the projects, areas with priority populations will be the key focus based on New Zealand Deprivation Index and school decile ratings.

	Project	Lead	Support	Timeframe
	Strategic communications			
3.1	Build relationships with school decision-makers (eg. Boards of Trustees Association, Principals Associations, Ministry of Education) to promote healthy food environments	Healthy Families NZ	Heart Foundation ADHB/WDHB, ARPHS, CMDHB	Ongoing
3.2	Build relationships with key players to strengthen teacher training on nutrition and physical activity and its inclusion within the curriculum	Healthy Families NZ	ARPHS	3 years
3.3	Promote introduction of compulsory guidelines that limit the provision of unhealthy food within schools and ECEs	University of Auckland	HAT partners	Immediate
3.4	Negotiate for strengthened healthy eating and physical activity policies in the ECE services as part of the health and safety pre-licensing assessments carried out by ARPHS[66]	ARPHS	Healthy Families NZ	2 years
	Raising the profile			
3.5	Celebrate leaders within schools and ECE services that are guiding the way in providing healthy environments	ARPHS	HAT partners	Discontinued
	Partnership			
3.6	Partner with Healthy Families New Zealand to increase the number of schools and ECE services taking action to improve nutrition and physical activity	Healthy Families NZ	ARPHS, Heart Foundation, CMDHB, ADHB, WDHB	Discontinued
	Projects			
3.7	Develop the capacity of educators around healthy eating and physical activity through delivery of professional development sessions	Heart Foundation	ARPHS	Immediate
3.8	Map the ECE sector to understand the services provided and the organisations involved to identify areas for collaboration and to provide the ECEs with a guide to available resources	Healthy Families NZ	ARPHS, Heart Foundation, ADHB/WDHB, CMDHB	Immediate
3.9	Collectively promote healthy food environments in decile 1-4 schools and ECE services, both inside and outside the school gate, and extend their reach	Heart Foundation	ARPHS, CMDHB, ADHB, WDHB	Ongoing
3.10	Support active transport initiatives to encourage participation in active commuting, walking school buses and skill development for biking (in high-risk communities) (SARSAP 3.5)	Auckland Transport	Auckland Council, Heart Foundation	Ongoing
3.11	Build a basic, baseline system model to help describe the food and physical activity environment experienced by pre-school children attending early childhood centres in Auckland.	University of Auckland	ARPHS, Heart Foundation, Healthy Families NZ	1 year
	Projects within other plans			
2.8	Support and upskill food preparers, caterers and/or food technologists in nutrition and production of healthy food	Heart Foundation,		3 years

[66] As part of licensing procedures, ARPHS carries out health and safety assessments for early childhood education centres. This is to assess compliance with legislative requirements. These include health and safety standards required by sections 45 and 46 of the Education (Early Childhood Services) Regulations 2008, on behalf of the Ministry of Education.

Project	Lead	Support	Timeframe
and or products	Pacific Heartbeat		

Measuring success

We will measure progress of the School and ECE Action Plan using the following indicators and outcome measures.

Currently collected Indicators	Target
Number of students actively engaged in Auckland Transport's Travelwise and walking school bus programme	Successive annual increase in number of students from Travelwise Annual Evaluation Survey
Children aged 5-14 years usually use physically active ways to get to and from schools	Successive annual increase from regional NZ Health Survey data
Schools and ECE services provide a heart healthy environment for New Zealand children	100% increase in schools and ECEs participating in Heart Foundation school and ECE programmes by end of 2018

Indicator gaps	Target
School and ECE service environments are free from all forms of marketing for unhealthy foods or drinks (including during school sports)	Data not currently collected
Advertising for unhealthy food within a 500m radius of schools and ECE services, by school decile rating	Data will be collected as part of INFORMAS, but may not be regional and there is no current baseline
Food provided or sold by schools and early childhood education services meets dietary guidelines	Data will be collected as part of INFORMAS, but may not be regional and there is no current baseline
Healthy food policies have been adopted and implemented in schools and ECEs	At least 80% of schools and ECE services have a healthy food policy as measured in INFORMAS with at least equal uptake in decile 1-4 schools, but data may not be regional and no current baseline
Percentage of kohanga reo, kura kaupapa, and Pacific language nests with a healthy food and physical activity policy	Data not currently collected
Schools and ECEs with active food literacy curriculum (this may include on site vegetable gardens or cooking classes)	Data not currently collected

Action plan 4: Workplaces

Vision: Workplaces support healthy lives

This action plan seeks to engage workplaces to create environments that support healthy living and recognise wellbeing as a workplace investment and priority.

What's the issue?

On average, we spend about a third of our time at the workplace, with one meal often consumed at work per day.[67] We can incorporate physical activity into our working day, by using public and active transport to journey to work, and moving and being active while at work. This provides significant opportunity for workplaces to promote health and wellbeing.

A healthy workforce is linked to higher productivity, better staff retention and a happier, more resilient workforce. On the other hand, poor employee health can cost organisations through: absenteeism and long term sick pay, presenteeism, loss of production, poor staff retention, low morale, high stress levels and decreased job satisfaction.[68] The total cost of lost productivity due to obesity in workplaces in 2006 was estimated to be between $98m to $225m. Making changes in the workplaces also has the potential to influence behaviours and change norms for whānau and visitors to the organisation.

New Zealand is a country of small businesses – with most enterprises (97 percent) employing fewer than 20 people. However, most people work in larger workplaces (nearly half of all employees worked for large enterprises of 100 or more employees).[69] Limited information is available on the number of workplaces that have a workplace wellbeing culture, or how well these policies are implemented.

About 670,000 people are employed in Auckland.[70] There are 2,200 workplaces in Auckland that have more than 50 employees, and 885 with more than 100 employees.[71]

What can be done?

The World Health Organization has developed a Healthy Workplace Framework that provides a structure for developing and implementing workplace wellbeing programmes. Workplace wellbeing aims to build a culture of "this is how we do things around here", supported by workplace policies, activities and communication, and should be integrated with Health and Safety. Policies could include healthy eating and providing nutritious appropriately apportioned foods in the organisation's cafeteria, in the vending machines and at workplace functions.

Physical activity policies could include promoting active transport to and from work (see Action Plan 1), providing adequate facilities for showering and storage and encouraging the use of standing desks. Workplaces can also encourage employees to incorporate incidental exercise in their day, such as using the stairs, taking walking breaks or having a walking meeting. Auckland Transport's 'Commute' travel planning programme promotes active transport to work. Auckland Transport provides information and programmes to increase levels of walking and cycling, including walking to

[67] World Health Organisation (1994) Global strategy on occupational health for all: The way to health at work Recommendation of the second meeting of the WHO Collaborating Centres in Occupational Health, 11-14 October 1994, Beijing, China, Available at: http://www.who.int/occupational_health/publications/globstrategy/en/index2.html
[68] World Health Organisation, Workplace Health Promotion, Available at: http://www.who.int/occupational_health/topics/workplace/en/index1.html
[69] Statistics New Zealand (2014) *New Zealand Business Demography Statistics: At February 2014.*
[70] Ibid at 44.
[71] Ibid at 44.

public transport. This programme targets large businesses and areas where transport connections have been improved for greater choice.

Creating health-promoting workplaces can promote equitable outcomes for Māori, Pacific and lower-income workers by developing an approach that starts with employees' areas of concern for themselves and whānau, and that is developed in line with Māori world views (see WHO Healthy Workplaces Framework).

What Healthy Auckland Together will do

Healthy Auckland Together partner organisations employ over 40,000 Aucklanders, and account for three of the top ten workplaces in Auckland ranked by number of employees.[72] We therefore have a direct opportunity to change workplace wellbeing within our own organisations, and collectively this can impact on Auckland by providing a role model for other employers. Healthy Auckland Together recognises the importance of workplace settings, and extending the reach of programmes.

The following table outlines projects for implementation. In delivering on the projects, we will focus resources on priority populations where it will achieve greatest impact on equitable outcomes.

	Project	Lead	Support	Timeframe
	Strategic communications			
4.1	Raise the profile and encourage adoption of wellbeing programmes within workplaces by developing relationships with organisations such as the Employers and Manufacturers' Association, Auckland Chamber of Commerce, Accident Compensation Corporation, Ministry of Business Innovation and Employment and unions	ARPHS	Healthy Families NZ, Sport Waitakere, Auckland Transport	Ongoing
	Raising the profile			
4.2	Promote and showcase examples of workplaces that champion workplace wellbeing, as exemplars of best practice	ARPHS	HAT partners	Discontinued
	Partnership			
4.3	Partner organisations assess how their own organisations are making physical activity and active transport the easy choice as part of a travel plan	Auckland Transport	Healthy Families NZ, CMDHB	3 years
4.4	Partner with Healthy Families New Zealand to support their initiatives in workplaces and encourage spill over of successful initiatives into the wider Auckland region	ARPHS	Healthy Families NZ, CMDHB	Discontinued
	Projects			
4.5	Implement and strengthen workplace wellbeing culture within partner organisations by following the WHO Healthy Workplace Framework	ARPHS	HAT partners	1-2 years

[72] Kompass – Business Search Engine & Company Information Directory. Auckland's top 10 workplaces ranked by number of employees are: Air NZ, Auckland Council, Auckland District Health Board, Bank of New Zealand, Carter Holt Harvey, Counties Manukau District Health Board, Fletcher Building, Fonterra, McDonalds and Progressive Enterprises.

	Project	Lead	Support	Timeframe
4.6	Develop an online hub with toolkits, resources and frameworks to support businesses wanting to develop healthy workplaces	Health Promotion Agency	ARPHS, Auckland Transport, Aktive, Heart Foundation	Complete
4.7	Liaise with HAPINZ (Health & Productivity Institute of NZ) to determine how best to support its work	ARPHS	HAT partners	Discontinued

Measuring success

We will measure progress of the Workplace Action Plan using the following outcomes, measures and indicators. Workplace wellbeing programmes are used as an indicator for a workplace having a wellbeing culture.

Currently collected indicator	Target
Number of member organisations who have implemented a workplace wellbeing programme	80%
Number of businesses engaged in Auckland Transport's Commute programme	Annual increase from Auckland Transport's data

Indicator gaps	Target
Percentage of employed Auckland population whose work place has implemented a comprehensive wellbeing programme	Data not currently collected
Percentage of 1000+ employee organisations in Auckland that are part of a workplace wellbeing programme	Data not currently collected

Action Plan 5: Communities and community groups

Vision: Strong communities and community groups working together to advance healthy environments

This plan aims to enable and support communities to advance healthy environments by building leadership and capability, expanding successful programmes, and developing new opportunities for improved nutrition and physical activity.

What's the issue?

Issues for communities and community groups need to be considered at two levels. Firstly there is the capability of communities to identify and address issues associated with healthier environments and secondly there are issues related to food policies within community group settings.

Communities with strong leadership and with multiple community networks and agencies can champion healthier homes, workplaces, schools and other community settings. This is important for equitable outcomes as strong communities can help lead change and progress towards healthy choices, for example supporting health-promoting places and spaces that are more important to Māori and Pacific. Unfortunately, many communities are under-resourced, over-committed or do not have the relevant knowledge and skills to advance healthy living environments.

Community settings such as sports clubs, marae and faith-based settings are important places for many Aucklanders. Making sure these community settings encourage healthy living choices, can help to change norms**.** Currently, the food and beverages provided and purchased at sports venues and community events are mostly dominated by energy-dense nutrient poor options.[73] Many of the drinks New Zealanders (especially children) associate with sports are high in energy and sugar and can lead to increased weight and incidence of cavities.[74]

What can be done?

Strengthening community based leadership and developing healthier policies in community settings are key strategies to build more supportive communities. Developing stronger networks and leadership will help communities to take a more active and sustainable role in the future of their neighbourhoods – in their schools, churches, business centres and workplaces. Changing the food environments within community settings would help to make the healthy choice the easy choice. This includes the food available within community settings and the sponsorship of both organisations and products.[75]

What Healthy Auckland Together will do

Healthy Auckland Together will support and build partnerships with organisations that work with communities.

Over the next five years Healthy Auckland Together will undertake the following projects for healthy communities and community settings. When undertaking each of these projects, areas with priority populations will be the key focus, based on NZ Deprivation Index and other Ministry of Health data.

[73] Carter, M., Edwards, R., Signal, L. and Hoek, J. (2011) Availability and Marketing of Food and Beverages to Children through Sports Settings: a Systematic Review, Public Health Nutrition, 15(8).
[74] Smith, M. (2014) Consuming calories and creating cavities: Beverages NZ children associate with sport, Appetite, June 2014.
[75] This may be difficult for some sports organisations that have funding relationships with certain companies. However, tobacco-free sports sponsorship has demonstrated the potential for removing marketing of unhealthy products from sport at every level, from national level sports through to player of the day in school sports. However it would require policy support for wide-spread implementation.

	Project	Lead	Support	Timeframe
	Strategic communications			
5.1	Work with Ministry of Education, School Boards of Trustees and school clusters to form better partnerships to improve access to existing recreation and sport assets and align planning for future provision of community facilities (SARSAP 8.1)	Council		1-2 years+
	Raising the profile			
5.2	Promote and showcase examples of healthy food environments within sports clubs and community venues as exemplars of best practice	ARPHS	Aktive, Council	Discontinued
	Partnership			
5.3	Strengthen links and collaboration with Pacific networks eg. Lotu Moui, Enua Ola and Healthy Village Action Zones	Pacific Heartbeat	WDHB, ADHB, CMDHB HAT partners	3 years
5.4	Partner with regional Māori sports organisations to identify opportunities to increase participation by Māori in recreation and sport activities, including programmes in Te Reo, Māori settings and cultural activities (SARSAP 3.7)	Auckland Council	Hapai, te Runanga o Ngati Whatua	2 years
5.5	Partner with Healthy Families New Zealand to support their community initiatives and encourage spill over of successful initiatives into the wider Auckland region	Healthy Families NZ	ARPHS, CMDHB	Discontinued
	Projects			
5.6	Promote the Pacific Heartbeat Community Nutrition course for Pacific champions and people working with Pacific communities	Pacific Heartbeat	HAT partners	Ongoing
5.7	Implementation of the Auckland Approach to Community Sport	Aktive	Auckland Council	Ongoing
5.8	Reinforce health promotion messages by ensuring facilities, clubs and recreation and sport opportunities have appropriate health promotion policies (SARSAP 3.2)	Auckland Council	ARPHS HPA	Ongoing
5.9	Create more opportunities for informal physical activity and recreation in parks and open spaces across Auckland (SARSAP 1.1)	Auckland Council		1-5 years
	Projects within other plans			
1.13	Support and encourage neighbourhood re-design and shared space projects that promote activity friendly environments and social cohesion, especially in areas of greatest need	Auckland Council	Auckland Transport, Auckland University, ARPHS	5 years
1.16	Develop innovative ways to address inequities identified through assessing the equity of access to facilities, funding and differing participation costs for different activities, codes and population groups (SARSAP 6.4)	Auckland Council		3 years
3.10	Support active transport initiatives to encourage	Auckland	Auckland	Ongoing

	Project	Lead	Support	Timeframe
	participation in active commuting, walking school buses and skill development for biking (in high-risk communities) (SARSAP 3.5)	Transport	Council, Heart Foundation	

Measuring success

We will measure progress using the following outcomes measures and indicators.

Currently collected indicator	Target
Number of courses delivered which train community leaders through the Pacific Heartbeat Community Nutrition courses	50% increase in numbers of Pacific community nutrition workforce development courses over the next 12 months

Indicator gaps	Target
Quality and accessibility of recreational facilities and spaces in priority areas	Data not currently collected
Proportion of sports clubs and community organisations in Auckland who have a nutrition policy	Data not currently collected
Proportion of Council operated recreational facilities with a healthier vending contract	Data not currently collected
Number of large public events that have taken action to limit sale or provision of unhealthy food or drink	Data not currently collected

Action plan 6: Collaboration and leadership

Vision: Greater impact through collaboration and leadership

Healthy Auckland Together is a structured approach to cross-sector collaboration aimed at addressing the complex social problems of obesogenic environments, nutrition and physical activity. Through a shared vision and true collaboration, outcomes can be greater than the sum of their parts. The vision for this collaboration is that it will amplify the work of individual organisations, provide a platform for engagement and demonstrate leadership through a regional voice. Achieving its goals will require development of a high level of trust and removal of inefficiencies.

What is the issue?

Complex problems, such as the ones this plan is attempting to address, cannot be solved by isolated initiatives from individual organisations. Proposed solutions require multiple stakeholders and agencies willing and able to bring about change and influence environments within a whole-of-system approach. To change the trend, we need leadership and action from those who are able to commit to change.

What can be done?

Healthy Auckland Together partners will be able to be more effective and demonstrate stronger leadership if we combine our skills, networks and efforts to develop a whole of system approach to improving nutrition and physical activity, and reducing obesity in the Auckland region.

Collaboration requires establishing joint systems, joint activities, and joint research and evaluation (data and monitoring). It establishes ways of working, a shared language and shared goals.

What Healthy Auckland Together will do

	Projects	Lead	Support	Timeframe
6.1	Amplify and add value to group member activities eg. preparing submissions, collaborative position statements and/or developing or promoting projects	ARPHS	HAT partners	Ongoing
6.2	Actively participate in collaborative planning and action on shared goals and projects, assess progress and learn from projects	ARPHS	HAT partners	Immediate
6.3	Scope the potential of implementing a Health in All Policies framework for a public policy project(s)	ARPHS	Auckland Council	1-2 years
6.4	Develop and implement a shared communications plan to support the achievement of the plan's outcomes. Its goal is to frame and create support for changing the environmental causes of obesity, poor nutrition and low levels of physical activity in the region. The objectives include: a) Persuade decision makers and opinion leaders to make or change policy and infrastructure so Auckland is a healthier place to live b) Mobilise champions, parents, citizens and interest group support for policy and regulatory change c) Communicate key information and messages required for the success of specific Healthy	ARPHS	HAT partners	Ongoing

	Projects	Lead	Support	Timeframe
	Auckland Together projects d) Identify and build relationships with wider sector stakeholders (including Māori, Pacific and social agencies)			
6.5	Prepare a baseline report on the current status of indicators which indicates any inequities by ethnicity, deprivation level or locality	ARPHS	HAT partners	Immediate
6.6	Engage with Healthy Auckland Together partners to identify opportunities for collaboration and alignment of initiatives undertaken by Healthy Families NZ to encourage spill over of initiatives into the Wider Auckland region	Healthy Families NZ	HAT partners	Ongoing
6.7	Support and align projects undertaken by other groups and agencies as they arise	ARPHS	HAT partners	5 years
6.8	Provide a platform for researchers to connect with HAT partners and projects	ARPHS	University of Auckland	5 years
6.9	Coordinate and implement communication activities to support agreed priority partner projects and to increase the visibility of HAT within partner organisations.	ARPHS	HAT partners	4 years
6.10	Plan communications to influence key decision makers as determined by stakeholder engagement priorities.	ARPHS	HAT partners	4 years
6.11	Identify and support on-going stakeholder influencing opportunities that encourage and maximises HAT partners' collaborative working power.	ARPHS	HAT partners	4 years

Measuring success

We will measure progress towards true collaboration that underpins our work by using the following outcomes, measures and indicators. These measures focus on the core features of collective impact, which are a common agenda, a shared measurement system, mutually reinforcing activities, continuous communication, and having backbone infrastructure. The purpose of these measures is to facilitate ongoing improvement in the collective impact process. A survey will be conducted with HAT partners on their perceptions of the utility of the group.

Goal	Indicator
HAT members are sufficiently supported and engaged with the communication processes	HAT partners rate updates, communication and meetings as useful and appropriate
HAT partners are undertaking mutually reinforcing activities and partners are coordinating their activities to align with the plan of action	Progress on collaborative activities are captured in half-yearly reporting on action plan HAT partners value working together on the action areas and collaborative activities Diversity of lead and supporting agencies
HAT partners perceive that HAT has amplified the reach or effectiveness of their aligned work	HAT partners rate HAT as having positive impact on the reach and effectiveness of aligned work

Goal	Indicator
Mana whenua feel their level of involvement and communication is appropriate and that outcomes are of value to Māori	Mana whenua representatives view HAT as responsive and useful for Māori interests
HAT has facilitated the creation of a collective voice	Number of submissions that HAT partners have collaborated on Number of press releases and opinion pieces from HAT partners that mention HAT
Structures and processes are in place to enable HAT partners to work together	The TeamWork shared space is regularly utilised by all HAT partners: • number of uploads and downloads by organisation • number of people logging in
Healthy Auckland Together supports the collection and use of data to promote accountability, learning, and improvement	A baseline data report is collated and updated annually; progress on action plan is reported annually
New areas for collaboration are identified and pursued	• New stakeholders join the group • Action plans updated and expanded as appropriate
A Health in All Policies framework is trialled within local government	Health in All Policies partnership has prioritised obesity/ nutrition and/or physical activity as a priority for action

Appendix 1: Principles for Healthy Auckland Together

1. We will seek equitable outcomes
The negative effects of obesity and non-communicable diseases such as heart disease and diabetes affect some population groups much more than others. Healthy Auckland Together will prioritise projects which are most likely to reduce this inequity.

2. We will ensure community engagement informs our work
Healthy Auckland Together functions at a strategic level but is built on the engagement of each contributing organisation with their communities of interest.

3. We will use the best available evidence to balance short term action, with long term, comprehensive approaches
Real population health improvements require long-term investment using a range of co-ordinated and complementary approaches. While recognising the long-term nature of sustained programmes, Healthy Auckland Together will also promote short term projects where there is evidence for effectiveness.

4. We will prioritise critical periods of life
The life-course approach suggests that there are 'critical periods' of life that can alter future health status. For example, children and young people who are overweight and inactive have been linked to having an increased susceptibility to cardiovascular disease and diabetes in adulthood. Children and young people's settings have been identified as a priority area of focus.

5. We will seek to improve health outcomes for the people of Auckland through effective co-ordination and collaboration
Effectively increasing population levels of physical activity, improving nutrition and reducing or preventing obesity requires persistence and collaboration. Co-ordination and collaboration is required within the health sector, across other sectors between government and non-government organisations, and involving both the public and private sectors. Healthy Auckland Together will encourage and support action within and across sectors.

6. We will promote overall health gain, including mental health
The three project goals identify improvements in nutrition, physical activity and the prevention of obesity however the benefits don't stop there. Being active and eating well at every age increases quality of life, and everyone's chances of remaining physically and mentally healthy, and independent.

Appendix 2: Complete set of indicators

Improving nutrition	Increasing physical activity	Reducing obesity
Annual (10%) reduction in the mean number of teeth with evidence of caries (total of decayed, missing and filled teeth, both primary and adult) of children (aged 5 years) who have undergone dental examination and are entered into the Auckland Regional Dental Service database.	Annual progress towards a 10% increase in the number of Aucklanders reporting they are meeting physical activity guidelines by 2025 from NZ Health Survey data	Reduce rates of obesity for 4-5 year olds by 2020 in B4 School Checks
Annual progress towards a 10% increase in people meeting recommended fruit and vegetable intake by 2025 in regional Health Survey data	Annual progress towards a 10% decrease in the number of Aucklanders reporting they are not physically active by 2025 from NZ Health Survey data	
Rate of change on above indicators for Māori, Pacific and higher deprivation groups relative to other groups		

Action Plan 1	Target
Proportion of people walking, biking or jogging to work in Auckland	• Increase from 6.5% in Census 2013 to 9.5% in Census 2018 based on regional data, with at least a 3% increase in priority areas
Increased public transport mode share and patronage	• Increase in proportion of people using the bus or train to get to work from 8.4% in Census 2013 to 10% in Census 2018 based on regional data, with similar or greater increases in areas of greater deprivation • Progress towards doubling passenger trips to 140 million by 2022 based on Auckland Transport patronage data
Perception of walking and cycling as suitable for 'most' or 'all' trips to work or study	Improvement in percentage of survey respondents' perceptions of suitability of cycling and walking from 2012 to 2016 in Auckland Council's Transport Perceptions Survey to: • 13% think cycling is a suitable option for all or most of their trips to work or study (from 11%) • 20% think walking is a suitable option for all or most of their trips to work or study (from 16%) • 40% feel people could get around the region well by cycling (up from 35%) • 60% think people could get around the region well by walking (up from 55%)
Neighbourhood walkability, by deprivation index (this includes neighbourhood destinations, access to green space, connectivity etc)	Improvements in walkability in areas of higher deprivation, from ARPHS modelling with a repeat measure in five years
Children use physically active ways to get to and from schools	Successive annual increase in children aged 5-14 years who usually use physically active ways to get to and from schools, from regional NZ Health Survey data with similar or greater increases in Māori and Pacific and areas of greater deprivation

Action Plan 2	Target
Density of fast food outlets	Reduction in excess supply in fast food outlets in priority populations
Proportional availability of healthy and unhealthy food and non-alcoholic beverages in food retail outlets	Increase in proportion of food that meets criteria to carry health claims using the Nutrient Profiling Score Calculator thresholds by 2017 (from 41% in 2012), using INFORMAS/National Institute of Health Innovation data

Action Plan 3	Target
Number of students actively engaged in Auckland Transport's Travelwise and walking school bus programme	Successive annual increase in number of students from Travelwise Annual Evaluation Survey
Children aged 5-14 years usually use physically active ways to get to and from schools	Successive annual increase from regional NZ Health Survey data and in Travelwise Annual Evaluation Survey
Schools and ECE services provide a heart healthy environment for New Zealand children	100% increase in schools and ECEs participating in Heart Foundation school and ECE programmes by end of 2018

Action Plan 4	Target
Number of member organisations who have implemented a workplace wellbeing programme	80%
Number of businesses engaged in Auckland Transport's Commute programme	Annual increase from Auckland Transport's data

Action Plan 5	Target
Number of courses delivered training community leaders through the Pacific Heartbeat Community Nutrition courses	50% increase in courses delivered from baseline over one year

Appendix 3: Rationale for population indicator targets

Reduce rates of obesity
NZ Health Survey data from 2011-2013 showed rates of obesity had increased to 11 percent amongst children – an estimated 83,000 children nationally. Worldwide, trends in rates of childhood obesity are starting to flatten off and there are indications this could be happening in New Zealand. The most recent Health Survey shows rates of childhood obesity at 10 percent. This target aims to ensure rates have stabilised and then to reduce obesity.

Improve nutrition
Dental caries is an indicator of long term sugar intake (>3 years intake) in children. Low fruit and vegetable intake is one of the 25 priority risk factors identified in the World Health Organization Global Monitoring Framework. Vegetable intake has decreased since 2011/12 (68.2% to 63.6% meeting guidelines) and fruit intake has also decreased (58.4% to 56.8% meeting guidelines). This target aims to reverse this trend and return intakes to just above 2006/07 levels.

Increase physical activity
New Zealand is a signatory to the United Nations Declaration on Non-Communicable Diseases. One of the nine targets is to reduce rates of physical inactivity by 10% by 2025. A 10% relative increase in physical activity has been coupled with a 10% relative decrease in inactivity to address both harms of inactivity and benefits of activity. Current trends show no real change in population level activity in the NZ Health Survey in the last 10 years. This target aims to galvanise change.

Inequities
The greatest challenge will be achieving equitable outcomes for Māori and Pacific, and the equity goal seeks to ensure that the gap does not increase, and is reduced.

Glossary

Lead agency – responsible for overall implementation of the action contained in the action plan.

Support agency – support the lead agency in implementing the action, for example by contribute ideas, time and networks, share resources and/or review drafts.

Overweight and obesity - body mass index (BMI) is a commonly used measure to classify underweight, overweight and obesity. BMI is a measure of weight adjusted for height and is calculated by dividing weight in kilograms by height in metres squared (kg/m^2). For adults over 18 years, overweight is classified as having a BMI of between 25 and 30, obese is having a BMI of over 30.

Food environment - the collective physical, economic, policy and sociocultural surroundings, opportunities and conditions that influence people's food and beverage choices and nutritional status.

Food poverty – food poverty occurs when people do not have access to sufficient affordable, nutritionally adequate, and acceptable food.

Sugar sweetened beverages - include soft drinks, sports drinks, energy drinks, fruit drinks, flavoured milk and other beverages that contain added caloric sweeteners.

Timeframes

Below is a description of the timeframes

Timeframe	Description
Ongoing	These projects start immediately and will continue through the life of the plan.
Two/three/four/five years	These projects may start at any given time but finish within the year identified, subject to the competing priorities and pressures of the lead agency.
Immediate	These projects are identified as a priority because of timeframes set outside of the Healthy Auckland Together Plan