HEALTHY AUCKLAND TOGETHER

MONITORING REPORT 1:
2015 BASELINE

Prepared by Auckland Regional Public Health Service and Healthy Auckland Together partner organisations

About Healthy Auckland Together

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.

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.

Key Healthy Auckland Together strategies

- What we do: Collaborative approaches between partners for more effective and equitable outcomes

- What we say: Influence policy and environmental decisions and raise the profile of key issues

- What we measure: Monitor, collect and present evidence to inform our approach and encourage progress towards the vision

Healthy Auckland Together is committed to a strategic approach that involves better co-ordination and infrastructure; a strengthening of existing programmes as well as collaboration amongst partner

organisations. Healthy Auckland Together's main focus is on regional activities in the direct control of partner agencies, while using its collective voice to influence policy settings at the national level.

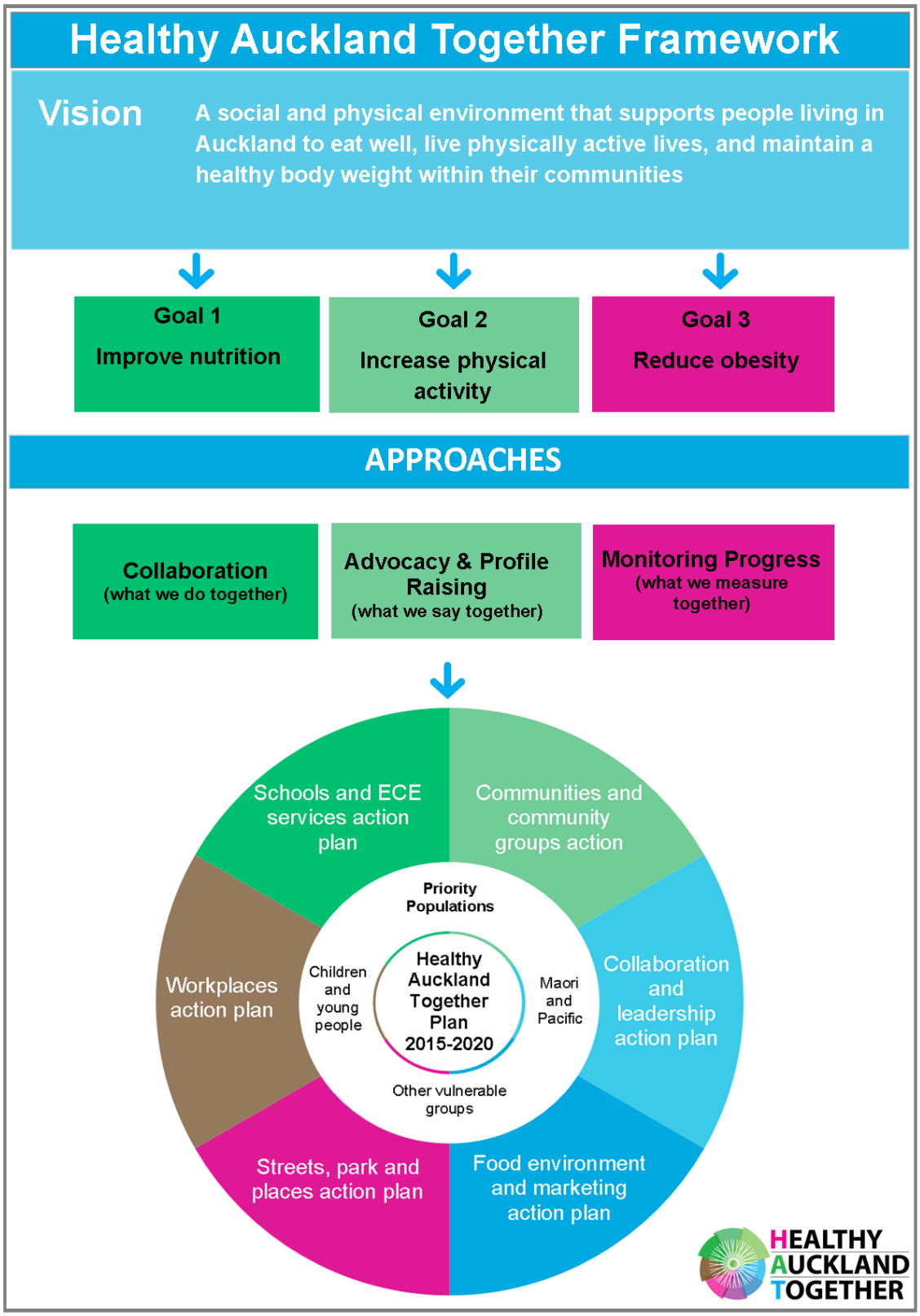
Acknowledgements

We would like to acknowledge Michael Hale, Simon Thornley, Ron King, Amy Robinson and Delvina Gorton and those organisations that contributed data and information for this report: Ministry of Health, Auckland Council, Auckland Transport, Heart Foundation, Auckland Regional Dental Service and Statistics NZ.

Data sources contributing to this report include:

- The New Zealand Health Survey 2014/2015
- B4 School Checks, Ministry of Health, 2015
- Community Perceptions of Personal Transport Choices, Auckland Council, 2012
- Auckland Transport Monthly Public Transport Patronage Data, 2015
- Auckland Transport 2013/14 Community Transport Evaluation Report
- Healthy Heart Award, Heart Foundation, 2015
- Heart Start Award, Heart Foundation, 2015
- Pacific Heartbeat Community Nutrition courses, Heart Foundation, 2015
- The New Zealand Census of Population and Dwellings, 2013
- The New Zealand Census of Population and Dwellings, 2016
- INFORMAS, National Institute of Heath Innovation, 2012

Healthy Auckland Together Framework



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Executive Summary

Childhood obesity rates in Auckland are unacceptably high with a third of children overweight or obese. Around 43% of children fall short of national dietary recommendations of 5 plus fruit or vegetables a day. In addition, teenagers are not getting enough physical activity for a healthy life with only 10% of secondary school students meeting the current recommendations of 60 minutes of physical activity daily.[1]In New Zealand, the proportions of children who are obese, those who are meeting the recommended fruit and vegetable intake and those who are physically active for 60 minutes each day has stayed relatively static between 2007 and 2012.[2]

Unhealthy diets and sedentary lifestyles contribute to the risk of obesity, which has immediate and long term impacts for children's health and wellbeing. Obese children are more likely to develop cardiovascular disease, pre-diabetes, joint problems, sleep apnoea, and suffer social isolation, psychological problems and poor self-esteem. Children who are obese are more likely to be obese as adults, and are therefore more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.[3]

Healthy Auckland Together follows an evidence-based approach within a Results Based Accountability model. To do both of these effectively a number of indicators and targets have been developed in the Healthy Auckland Together Action Plan.

This monitoring report represents the current status of progress towards our three main objectives. It highlights areas in which we are doing well, areas to work on, and areas in which more data are needed to understand the current status of certain targets.

The indicators and targets that are included in this report are:

TARGET 1	A reduction in mean number of teeth with evidence of caries in 5 year olds for Māori to 2.2, Pacific 3.1, and Other 1.2 by 2016/17.
TARGET 2	An increase in the proportion of adult Aucklanders meeting the guidelines for fruit consumption to 62.5% and vegetable consumption to 57.2% by 2025.
TARGET 3	An increase in the proportion of adult Aucklanders meeting the physical activity guidelines to 47.5% by 2025.
TARGET 4	A reduction in the prevalence of obesity in 4-5 year olds from 5.9% obese and 16% overweight by 2020.
TARGET 5	An increase in the proportion of people walking, biking or jogging to work in Auckland to 9.5%, with a similar increase (3%) in priority areas by 2018.
TARGET 6	An increase in the proportion of Aucklanders using the bus or train to get to work to 10% by 2018.

[1] Statistics quoted on Ministry of Health website from Youth 12 Survey. http://www.health.govt.nz/your-health/healthy-living/food-and-physical-activity/physical-activity/activity-levels-new-zealand
[2] Ibid.
[3] World Health Organisation (2016). Report of the commission on ending childhood obesity. World Health Organisation: Switzerland. Accessed from: http://apps.who.int/iris/bitstream/10665/204176/1/9789241510066_eng.pdf?ua=1.

INDICATOR 7	An increase in public transport patronage.
TARGET 8	An increase in the proportion of survey respondents who perceive walking (to 20%) and cycling (to 13%) as suitable for most, or all of their trips to work or study.
INDICATOR 9	An improvement in neighbourhood walkability by 2020.
INDICATOR 10	A reduction in the excess supply of fast food outlets in priority areas by 2020.
INDICATOR 11	A proportional increase in the availability of healthy food and beverages in food retail outlets by 2017.
INDICATOR 12	An increase in the number of school students engaged in Auckland Transport's Travelwise and walking school bus programme.
INDICATOR 13	An increase in the proportion of Auckland children using physically active ways to get to and from school.
INDICATOR 14	An increase in the number of Auckland schools and ECE services providing a heart healthy environment for children.
TARGET 15	80% of Healthy Auckland Together member organisations have implemented a workplace wellbeing programme.
INDICATOR 16	An increase in businesses engaged in Auckland Transport's Commute programme.
TARGET 17	A 50% increase in the number of Pacific Heartbeat Community Nutrition courses delivered by 2016.

Overall, the indicators and targets show a range of trends from those heading in the right direction to those that are static or not currently improving.

Indicators and targets that are showing improvements include the proportion of people walking, biking or jogging to work (target 5), the proportion of Aucklanders using the bus or train to get to work (target 6), public transport patronage (indicator 7) and the proportion of people who perceive walking and cycling as suitable for most, or all of their trips to work or study (target 8).

Other indicators and targets showing improvements include the number of school students engaged in Auckland Transport's Travelwise and walking school bus programme (indicator 12), the proportion of Auckland children using physically active ways to get to and from school (indicator 13), the number of Auckland schools providing a heart healthy environment for children (indicator 14), the number of Healthy Auckland Together member organisations implementing a workplace wellbeing programme (target 15), the number of businesses engaged in Auckland Transport's Commute programme (indicator 16) and the number of Pacific Heartbeat Community Nutrition courses delivered (target 17).

The number of teeth with evidence of caries in 5 year olds for Māori, Pacific and other children (target 1) is currently static. The prevalence of obesity and overweight in 4-5 year olds (target 4) is currently static, yet there are early signs of a reduction in obesity in Pacific children and Maori boys.

Targets that are not showing improvements include the proportion of adult Aucklanders meeting the guidelines for fruit and vegetable consumption (target 2) and the proportion of adult Aucklanders meeting the physical activity guidelines (target 3).

There are insufficient data to describe trends for neighbourhood walkability (indicator 9), the supply of fast food outlets in priority areas (indicator 10) and the availability of healthy food and beverages in food retail outlets (indicator 11). Data gaps have been identified in this report.

This monitoring report will be carried out annually to track the progress of Health Auckland Together actions towards the agreed indicators and targets.

Methodology

Indicators

Setting indicators and monitoring targets allows us to measure progress towards goals and to learn where Healthy Auckland Together could improve its performance. It also provides a framework for accountability by benchmarking progress, providing a platform to share progress, measuring accomplishments, identifying areas that are under-performing, and ensuring that improvements in policies and actions are made where needed.[4]

The indicators in this monitoring report are chosen in relation to our three main objectives. Two main types of indicators are used: population and outcome based indicators. Population indicators outline changes in population health and behaviour related to the development of obesity related health outcomes. This includes for example, improved nutrition and increased physical activity. Outcome indicators measure changes in health-related environmental factors. These include indicators such as access to fast food outlets, or opportunities for physical exercise.

There are five overarching indicators which demonstrate progress towards the three overall goals of:

- improving nutrition
- increasing physical activity
- reducing obesity

Intermediary indicators demonstrate progress in the six priority areas of workplaces, early childhood education services and schools, community settings, urban environments, food environments and collaborative processes.

The indicators were selected based on the following criteria:

- data is currently being collected
- availability of regional data; and
- ability to determine impact on priority populations

(Please note that information sources that used objective measures were preferred).

[4] Swinburn B *et* al. Strengthening of accountability systems to create healthy food environments and reduce global obesity. Lancet 2015. http://dx.doi.org/10.1016/S0140-6736(14)61747-5

This report uses the following icons to the right of each target to indicate the current trends in data in relation to the Healthy Auckland Together targets.

Progress towards target	Symbol
Data shows improvements towards HAT targets.	
Data in relation to this target is static.	
Data in relation to this target shows a range of directions.	
Data in relation to target is moving away from our target.	
Insufficient data to report on progress.	

Baseline Status

Population Indicators

TARGET 1: A reduction in mean number of teeth with evidence of caries in 5 year olds for Māori to 2.2, Pacific 3.1, and Other 1.2 by 2016/17.

Currently within this age range, Pacific children have the highest levels of caries, with a mean of 3.5 decayed, missing or filled primary teeth. Māori have means between 2.3 (girls) and 2.5 (boys). Other ethnicities have less than half the mean number of carious teeth than these population groups at 1.3 for boys and 1.2 for girls.

TARGET 2: An increase in the proportion of adult Aucklanders meeting the guidelines for fruit consumption to 62.5% and vegetable consumption to 57.2% by 2025.

Fruit

Between 2006-2007 and 2011-2014, the proportion of adult Aucklanders (residing within the three DHB areas) who meet the recommended serves of fruit each day decreased from 60.1% to 56.8%.

Vegetables

Between 2006-2007 and 2011-2014, the proportion of adult Aucklanders who meet the guidelines for vegetable intake has reduced overall from 53.9% to 52%. Socioeconomic deprivation is associated with lower levels of vegetable intake. Lower levels of vegetable intake are more marked in men than women.

TARGET 3: An increase in the proportion of adult Aucklanders meeting the physical activity guidelines to 47.5% by 2025.

Since 2006/07 the proportion of adult Aucklanders who meet the physical activity guidelines has declined from 48.4% to 43.2% in 2011-14. Men report higher levels of physical activity than women.

TARGET 4: A reduction in the prevalence of obesity in 4-5 year olds from 5.9% obese and 16% overweight by 2020.

Obesity

Obesity prevalence, measured in the B4 school check, varied substantially between ethnic groups. Pacific girls had the highest prevalence of obesity in 2014 (16%), followed by Pacific boys (15%), Māori girls (8%), and Māori boys (6%). The prevalence in NZ European and children of other ethnicities was between 2 and 3%. Between 2012 and 2014, rates of obesity generally remained stable. A reduction in the prevalence of obesity has occurred for some groups, and was most marked in Pacific boys.

Overweight

Between 2012 and 2014, the prevalence of being overweight in 4-5 year olds has remained stable.

Outcome Indicators

Streets, parks and places

TARGET 5: An increase in the proportion of people walking, biking or jogging to work in Auckland to 9.5%, with a similar increase (3%) in priority areas by 2018.

Data from the Census 2013 shows 6.5%, (28,491 Aucklanders) commuted to work by walking, biking or jogging. All active transport modes have increased since the 2006 census. Overall numbers of walking and cycling are still very low. Census 2006 data indicates that men are more likely than women to use active transport to get to work.

TARGET 6: An increase in the proportion of Aucklanders using the bus or train to get to work to 10% by 2018.
INDICATOR 7: An increase in public transport patronage.

Data from the Census 2013 shows 8.4% of Aucklanders used the bus or train to get to work on census day. Auckland has had consistent growth in public transport patronage over the last 10 years. Auckland Transport information shows that Aucklanders over 5 years of age took an average of 4.3 public transport trips per head of population in June 2014.

TARGET 8: An increase in the proportion of survey respondents who perceive walking (to 20%) and cycling (to 13%) as suitable for most, or all of their trips to work or study.

In 2012, 11% of respondents thought cycling was 'suitable for most or all work or study trips'. Sixteen percent thought that walking was more suitable. Thirty five percent thought they could get around by cycling and 55% thought they could get around by foot.

INDICATOR 9*:* An improvement in neighbourhood walkability by 2020.

The Walkable Access to Destination Index (WADE Index) measures the proximity of the Auckland population to a range of services and destinations from all known residential addresses. Around 30% of residents live in an area which scored 80 or more on the WADE index, meaning they have a good number of destinations and connectivity in their local streets. However this percentage scoring 80 or more ranged from 2-91% across the local boards, meaning significant areas of low walkability exist and there is high variation across the city. Highest walkability scores are in the CBD and urban centres, due to high concentrations of services and public transport. Lowest scores are found on the urban periphery; where despite access to public open-space, low density housing limits walkability.

Food Environments and Marketing

INDICATOR 10: A reduction in the excess supply of fast food outlets in priority areas by 2020.

The regional average is 2.5 fast food premises within 10 minutes' walk of a school. Local Board areas in Auckland with the highest numbers of fast food premises include CBD-dominated Waitematā, Maungakiekie-Tamaki, Mangere-Otahuhu, and Otara-Papatoetoe. The number of fast food premises tends to increase in poorer neighbourhoods.

INDICATOR 11: An increase in the availability of healthy food and beverages in food retail outlets by 2017.

National data collected from the INFORMAS programme of research has identified that in 2012 41% of foods sold through retail outlets met the criteria to carry health claims.

Schools and Early Childcare Centres

INDICATOR 12: An increase in the number of school students engaged in Auckland Transport's Travelwise and walking school bus programme.

In 2013, 400 of the 538 schools in Auckland and 202,087 students were engaged in Auckland Transport's active transport programme. This is an increase from 2012, when 319 schools were engaged in Travelwise.

INDICATOR 13: An increase in the proportion of Auckland children using physically active ways to get to and from school.

Overall, 46.6% (95% confidence interval: 43.3 to 50.0%) of reported children were using physically active means to get to school. Pacific and Māori children were about 10% more likely to use physically active means than European, Asian and other children.

INDICATOR 14: An increase in the number of Auckland schools and ECE services providing a heart healthy environment for children.

Currently, 247 of Auckland's 1200 ECE's are signed up to or hold a Heart Foundation Healthy Heart award. Forty-seven of the 538 schools are signed up or holding a Heart Start award. All enrolled schools are in the decile 1-4 range (low decile schools).

Workplaces

TARGET 15: 80% of Healthy Auckland Together member organisations have a workplace wellbeing framework in place.

Currently seven of the 14 HAT partners have workplace wellbeing initiatives in place.

INDICATOR 16: An increase in businesses engaged in Auckland Transport's Commute programme.

At the end of the 2013/14 year, 90 organisations were engaged in the programme with 23 new businesses/organisations joining throughout this period. This resulted in 3,851 fewer cars on Auckland's roads daily. This was an improvement on 2012/13 which recorded 3,684 fewer cars per day.

Community Settings

TARGET 17: A 50% increase in the number of Pacific Heartbeat Community Nutrition courses delivered by 2016.

The Pacific Heartbeat Community Nutrition course is a two-day programme focused on healthy eating for Pacific people. In the year to June 2015, six courses were delivered (with 15 to 25 participants each). The target is for nine courses to run in the 2015/16 year.

Progress and Performance

This section gives a narrative of the baseline status of indicators, and relevant time trends.
Future monitoring reports will provide an overview of progress towards goals, identify barriers and successes, and highlight where new approaches are needed.

Population Indicators

TARGET 1: A reduction in mean number of teeth with evidence of caries in 5 year olds for Māori to 2.2, Pacific 3.1, Other 1.2 by 2016/17.

Definition

These data were extracted from the Auckland Regional Dental Service Titanium database that records children present in the school dental register. All records were included that contained an NHI code. The age at visit was calculated and the mean was analysed by year. Children with more than one visit during the year had their first record selected. The *dmf* score is the total number of primary teeth present in the mouth of the child that are decayed, missing due to caries or filled.

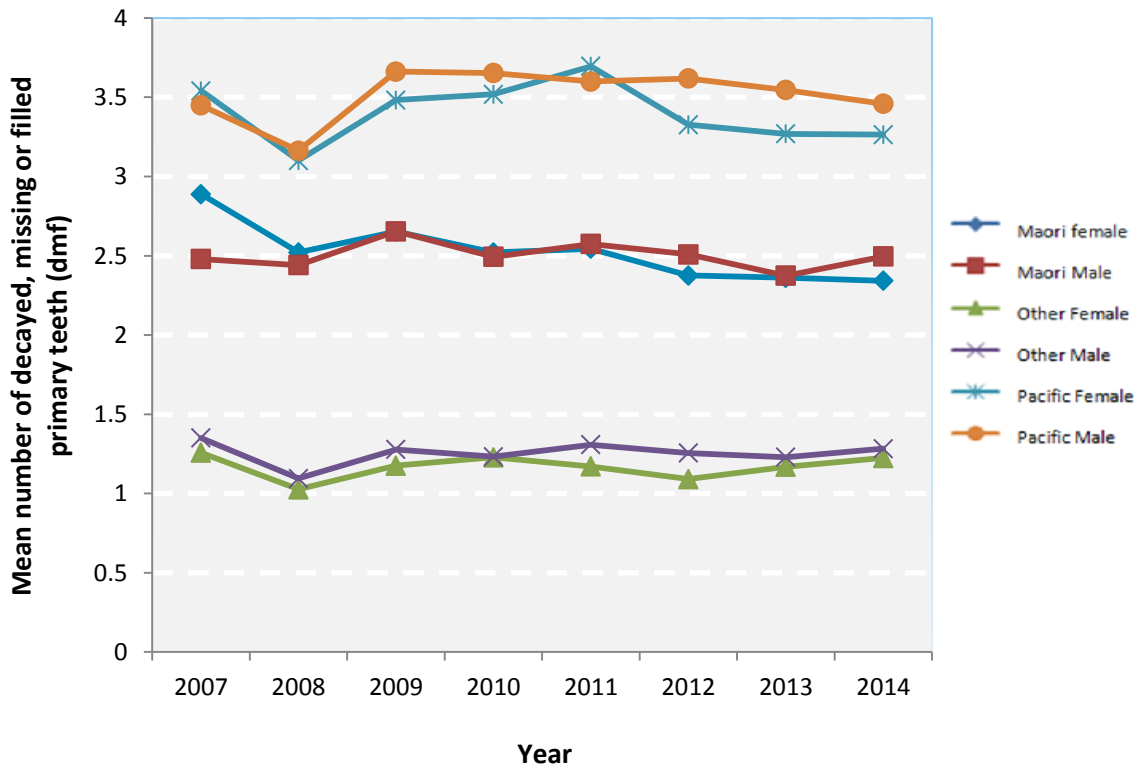


FIGURE 1: Mean decayed, missing and filled primary teeth in children aged 5 years, between 2007-2014

Dental Caries in Children

This graph shows that Pacific boys, aged five years, have the highest levels of caries, with a mean of 3.5 decayed, missing or filled primary teeth, compared with Māori who have between 2.3 (girls) and 2.5 (boys). Other ethnicities of the same age have less than half the mean number of carious teeth at 1.3 for boys and 1.2 for girls.

TARGET 2: An increase in the percentage of adult Aucklanders meeting the guidelines for fruit consumption to 62.5% and vegetable consumption to 57.2% by 2025.

Definition

The recommended guidelines for fruit intake in New Zealand are at least two serves per day, whereas vegetable intake is recommended to be at least three serves per day. Serving sizes are defined in the New Zealand food and nutrition guidelines, but generally consist of 50 to 150 grams of either cooked or raw food. Prevalence figures are age-standardised, unless otherwise stated.

Adult Fruit and Vegetable Intake

Fruit intake

Between 2006-2007 and 2011-2014, the proportion of people in Auckland (residing within the three DHB areas) who reported eating the recommended number of serves of fruit each day decreased from 60.1% to 56.8%.

Overall, adherence to guidelines for fruit is higher in women than for men from the 2011 to 2014 New Zealand Health Survey. European and Other ethnic groups have generally higher levels of intake than Asian, Pacific and Māori ethnic groups.

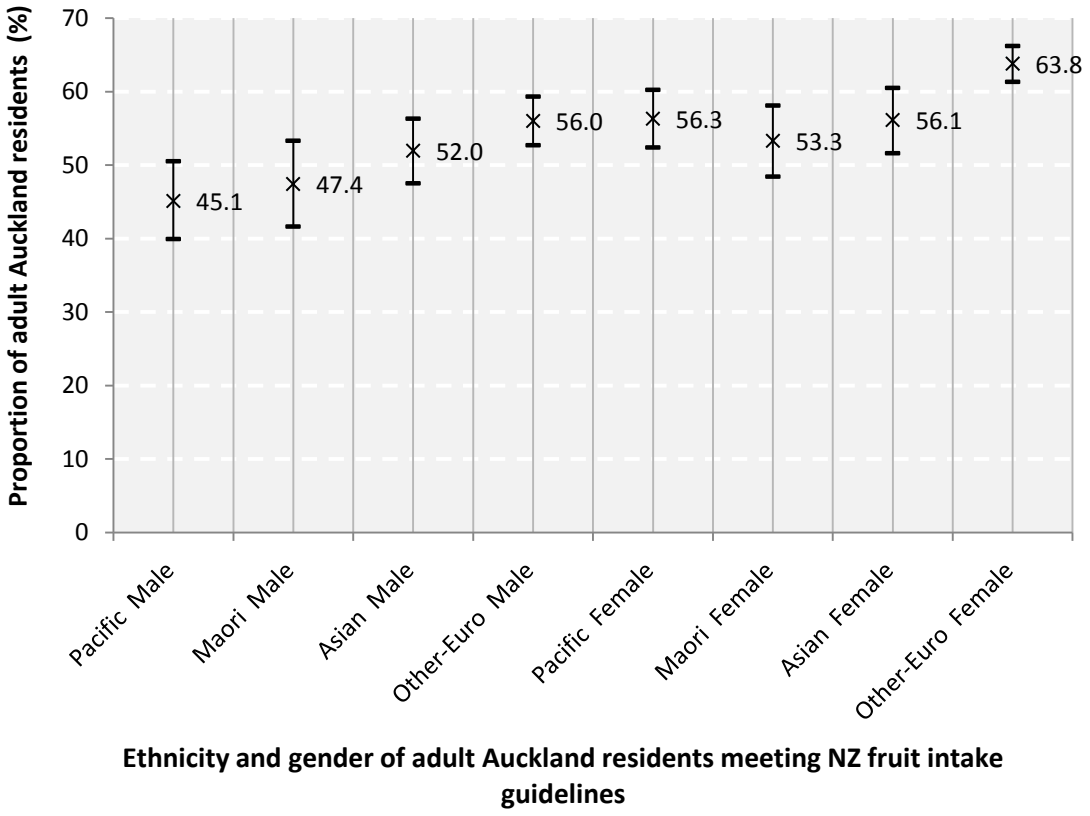


FIGURE 2: Proportion of adult Auckland residents meeting NZ Fruit Intake Guidelines, by ethnicity and gender (age standardised; 2011-2014, NZHS)

The figure below shows that there is approximately a 15 percentage point difference in adherence to fruit intake guidelines, by deprivation quintile, with people in quintile 5 (most deprived) reporting the lowest levels of adherence.

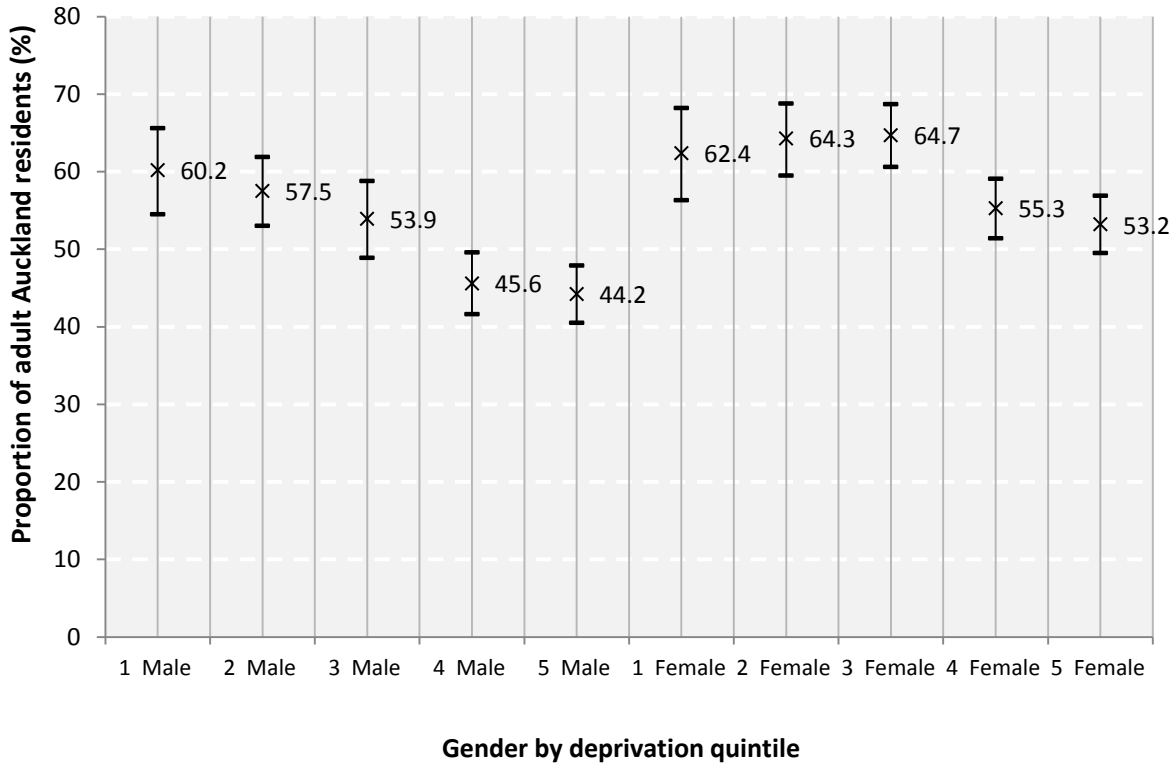


FIGURE 3: Proportion of adult Auckland residents meeting NZ Fruit Intake Guidelines, by NZ Dep Deprivation Quintile and Gender (age standardised; 2011-2014, NZHS)

Note: 1 = Least deprived quintile; 5 = most deprived quintile.

Vegetable Intake

Between 2006-2007 and 2011-2014, an overall reduction in vegetable intake occurred in adult Auckland residents (53.9% to 52.0%), except in the ADHB area where a modest increase occurred (62.5% in 2006/07 to 64.6% in 2011-14).

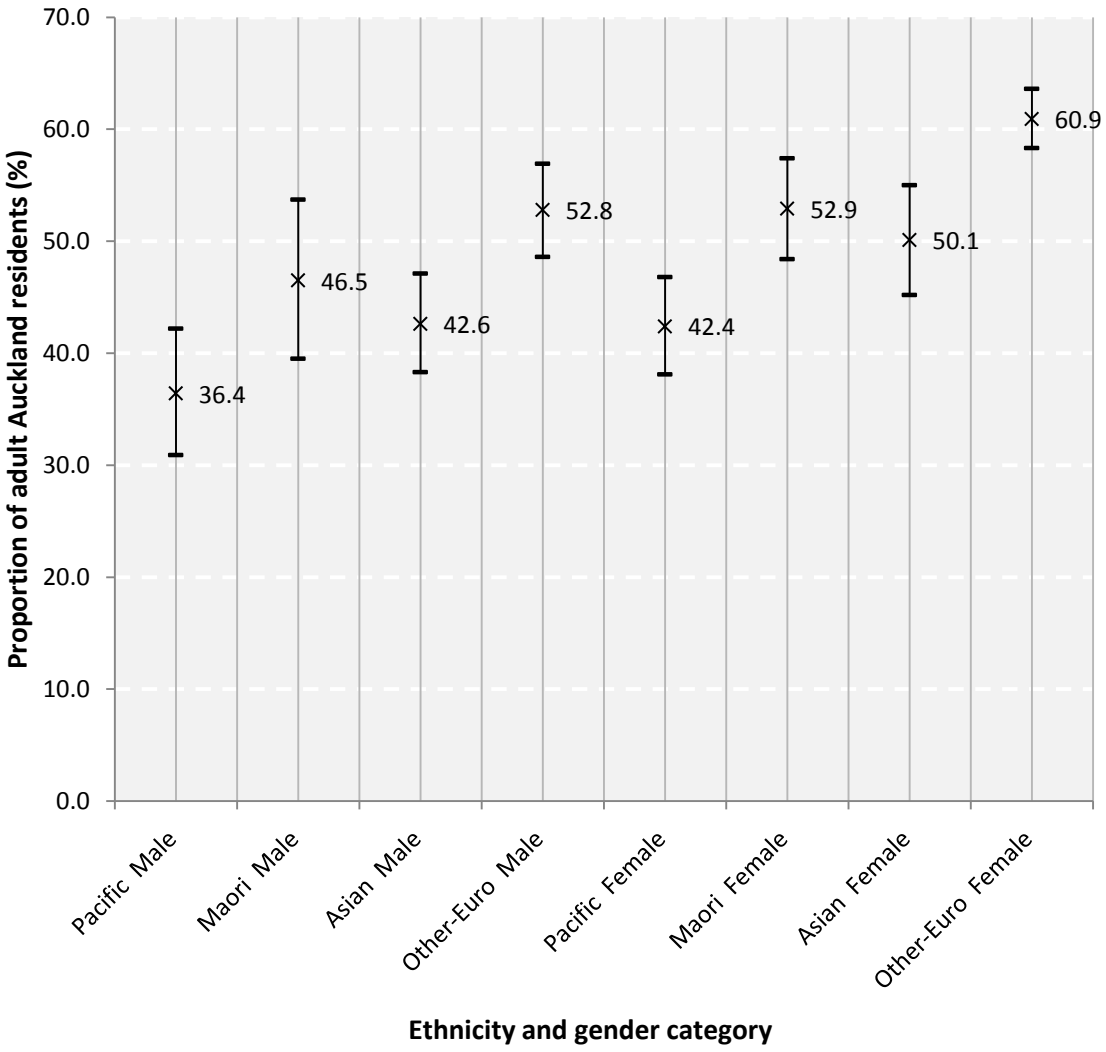


FIGURE 4: Proportion of adult Auckland residents meeting NZ vegetable intake guidelines, by ethnicity and gender (age standardised; 2011-2014, NZHS)

Fruit Intake by Gender

Like adherence to fruit guidelines, socioeconomic deprivation is associated with lower levels of meeting the recommended intakes of vegetables (Figure 5), which is more marked in men compared to women.

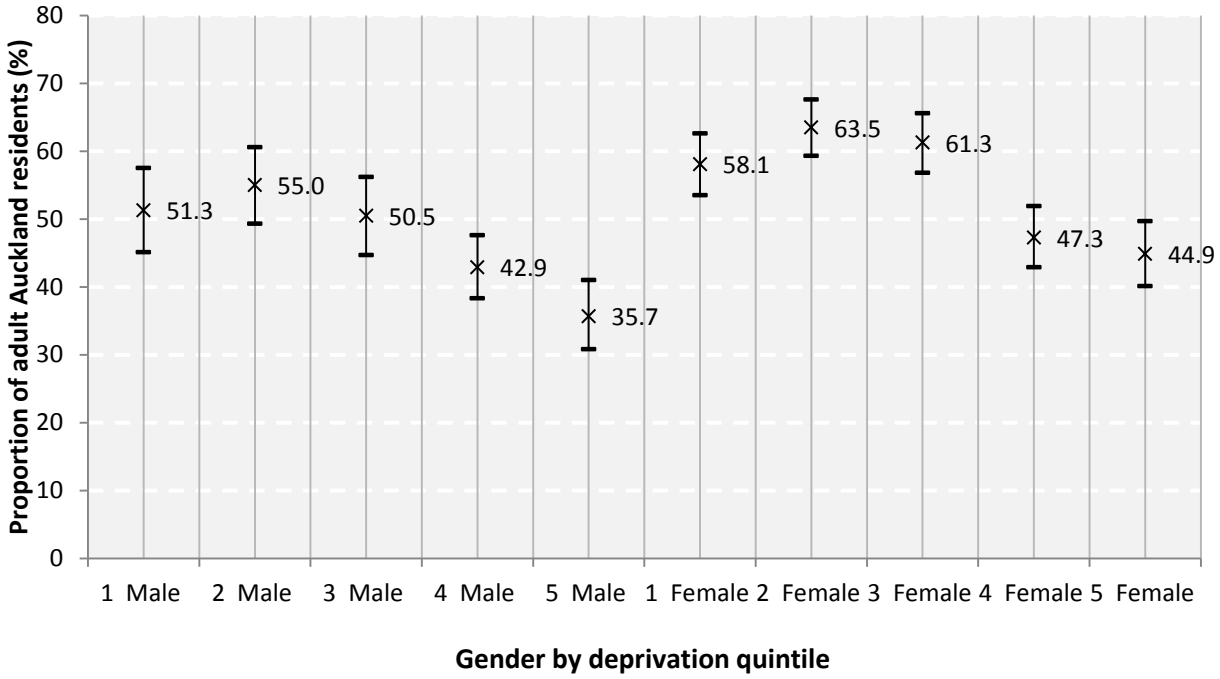


FIGURE 5: Proportion of adult Auckland residents meeting NZ Fruit Intake Guidelines, by NZ dep deprivation quintiles and gender (age standardised, 2011 to 2014 NZHS)

Note: 1: Least deprived quintile; 5: Most deprived quintile.

TARGET 3: An increase in the percentage of adult Aucklanders meeting the physical activity guidelines to 47.5% by 2025.

Definition

Adult Physical Activity

Guidelines for adult physical activity in New Zealand state that adults should be doing at least thirty minutes of moderate-intensity physical activity on at least five days of the week. The New Zealand Health Survey enquires whether participants have met these guidelines in the seven days before the survey was undertaken.

Since 2006/07 there has been a drop-off in physical activity levels from 48.4% to 43.2% of adult Aucklanders who meet the guidelines.

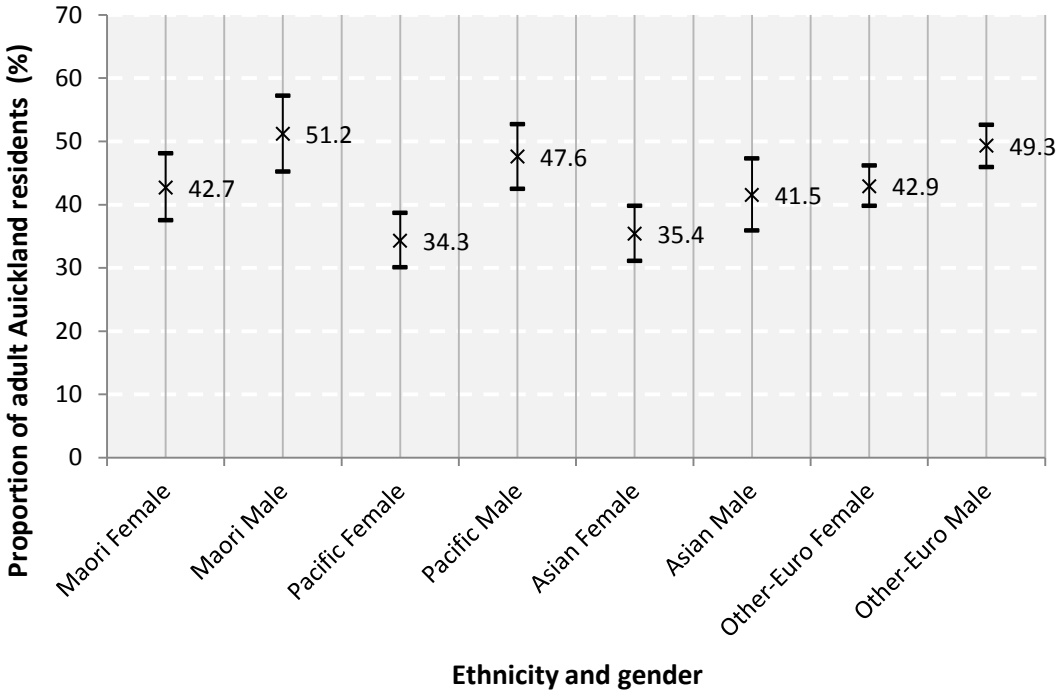


FIGURE 6: Proportion of adult Auckland residents meeting NZ physical activity guidelines by ethnicity and gender (age standardised; 2011-2014, NZHS)

The figure above shows that Pacific women have the lowest prevalence of physical activity (34.3% meeting guidelines), and Māori men have the highest prevalence (51.2%). Overall, men report higher levels of physical activity than women.

Examining results for the Auckland region, by ethnicity and gender, shows no clear change in physical activity level by deprivation; with men, generally, reporting higher levels of activity than women.

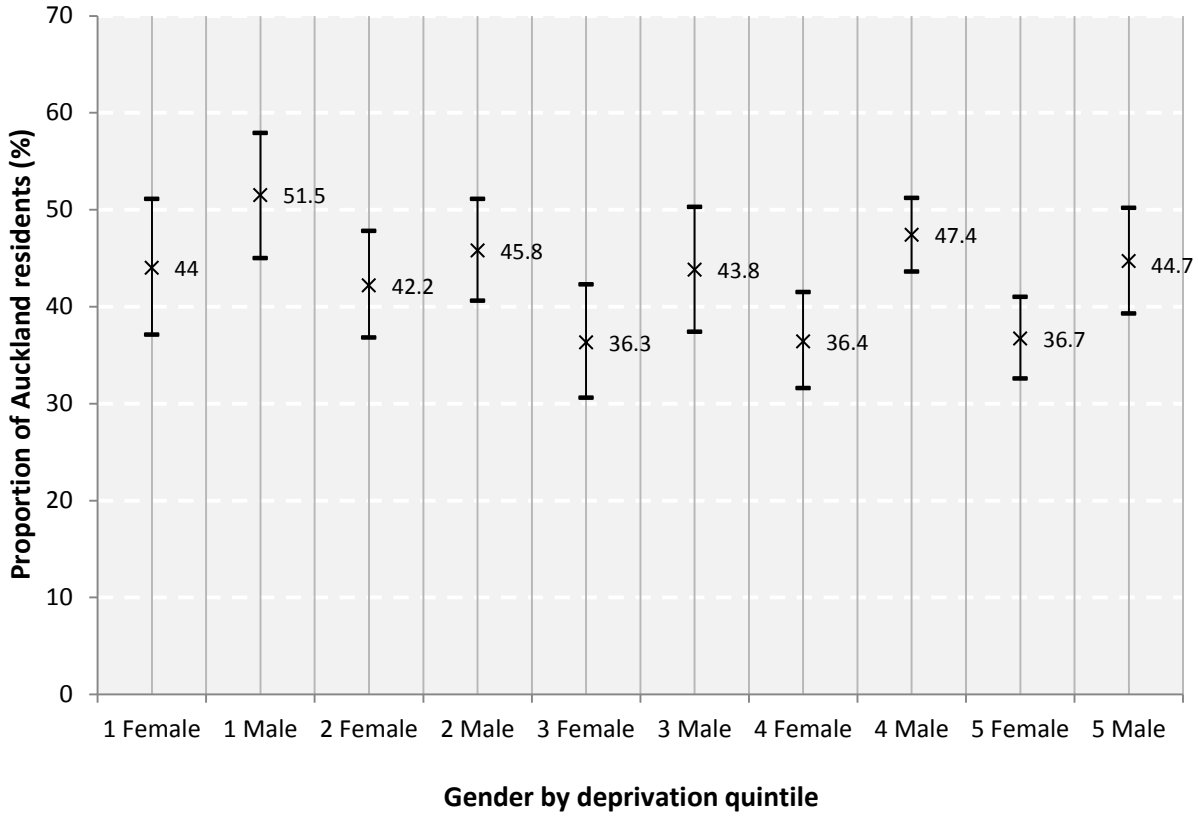


FIGURE 7: Proportion of Adult Auckland residents meeting NZ physical activity guidelines, by deprivation quintile and gender (age-standardised; 2011-2014 NZHS)

Note: 1: Least deprived quintile; 5: Most deprived quintile.

TARGET 4: A reduction in the rates of obesity in 4-5 year olds from 5.9% obese and 16% overweight by 2020.

Definition

New Zealand children are invited to participate in a health check (Before School Check – 'B4SC') before they attend primary school for the first time, aged four to five years. Height and weight are measured at this check and children are defined as underweight, normal, overweight or obese based on the 2012 Ministry of Health classification, which categorises according to BMI score and age. The data encompasses 68,075 children who have been screened from January 2012 - December 2014.

Obesity and Overweight in Pre-school Children

Obesity prevalence varies substantially between ethnic groups. Pacific girls had the highest prevalence in 2014 (16%), followed by Pacific boys (15%), Māori girls (8%) and Māori boys (6%), with the prevalence in NZ European and Other children between 2 and 3%.

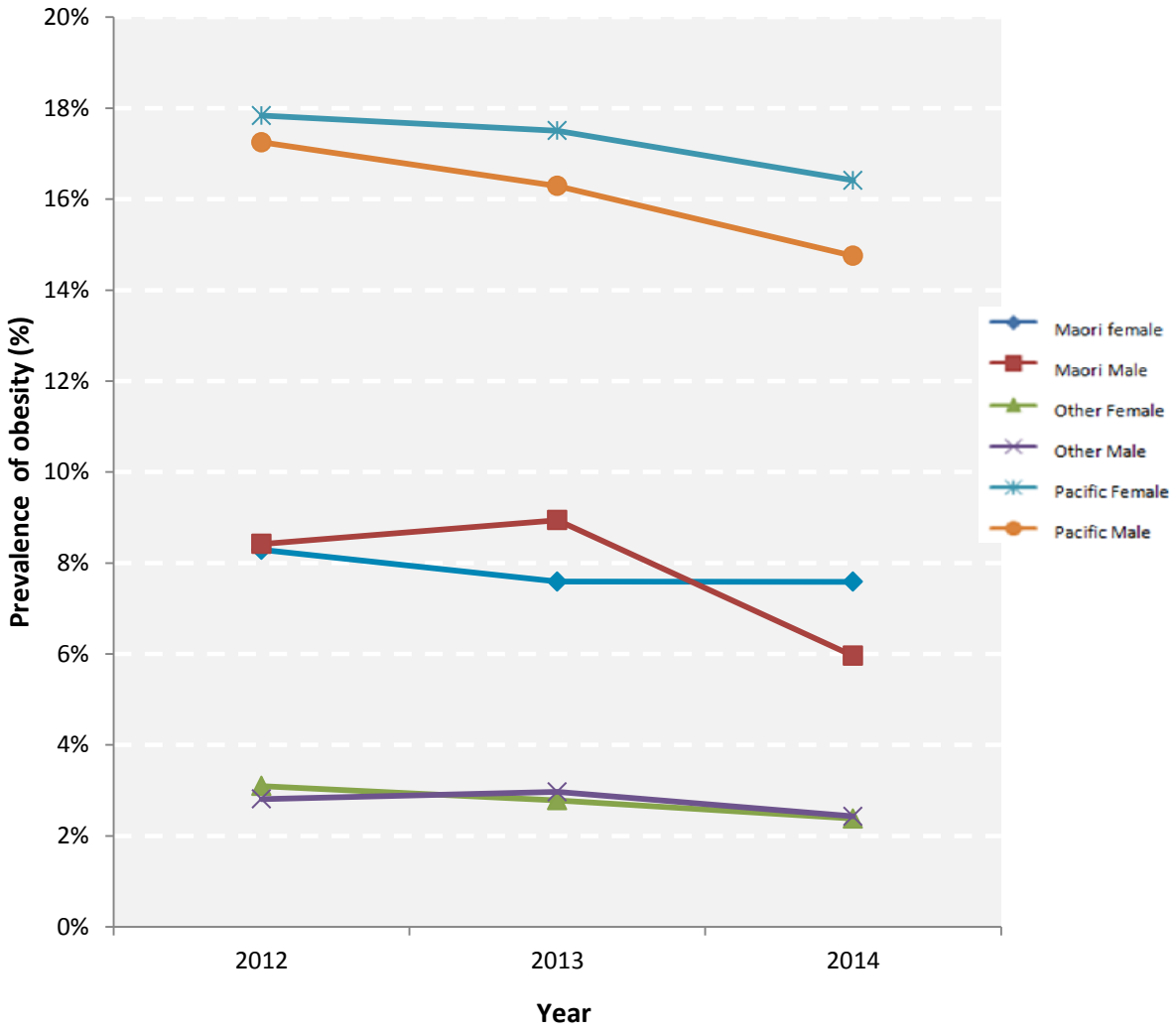


FIGURE 8: Prevalence of Obesity in B4 School Check data; by ethnicity, gender and year

Between 2012 and 2014, rates of overweight and obesity remained stable, however, a reduction in the prevalence of obesity has occurred, which has been most marked for Pacific children. A chi-square test for independence comparing Pacific boys in 2012 with their counterparts in 2014 shows a statistically significant decrease in obesity prevalence (risk ratio: 0.86; 95% CI: 0.76 to 0.97; *n* = 4,981), with the difference in Pacific girls not significant (risk ratio: 0.92; 95% CI: 0.81 to 1.05; *n* = 4,872). The prevalence of both obesity and overweight and obesity alone declined significantly for Māori boys between 2013 and 2014 (obesity: risk ratio 0.67; 95% CI: 0.53 to 0.85; *n* = 3,405; overweight and obesity: risk ratio 0.88; 95% CI: 0.79 to 0.98). Likewise, the prevalence of obesity reduced comparing the 2013 and 2014 'Other' ethnic groups (risk ratio: 0.82; 95% CI: 0.68 to 0.99; *n* = 15,505). All other comparisons, by year, were not significant (at the 5% false-positive level).

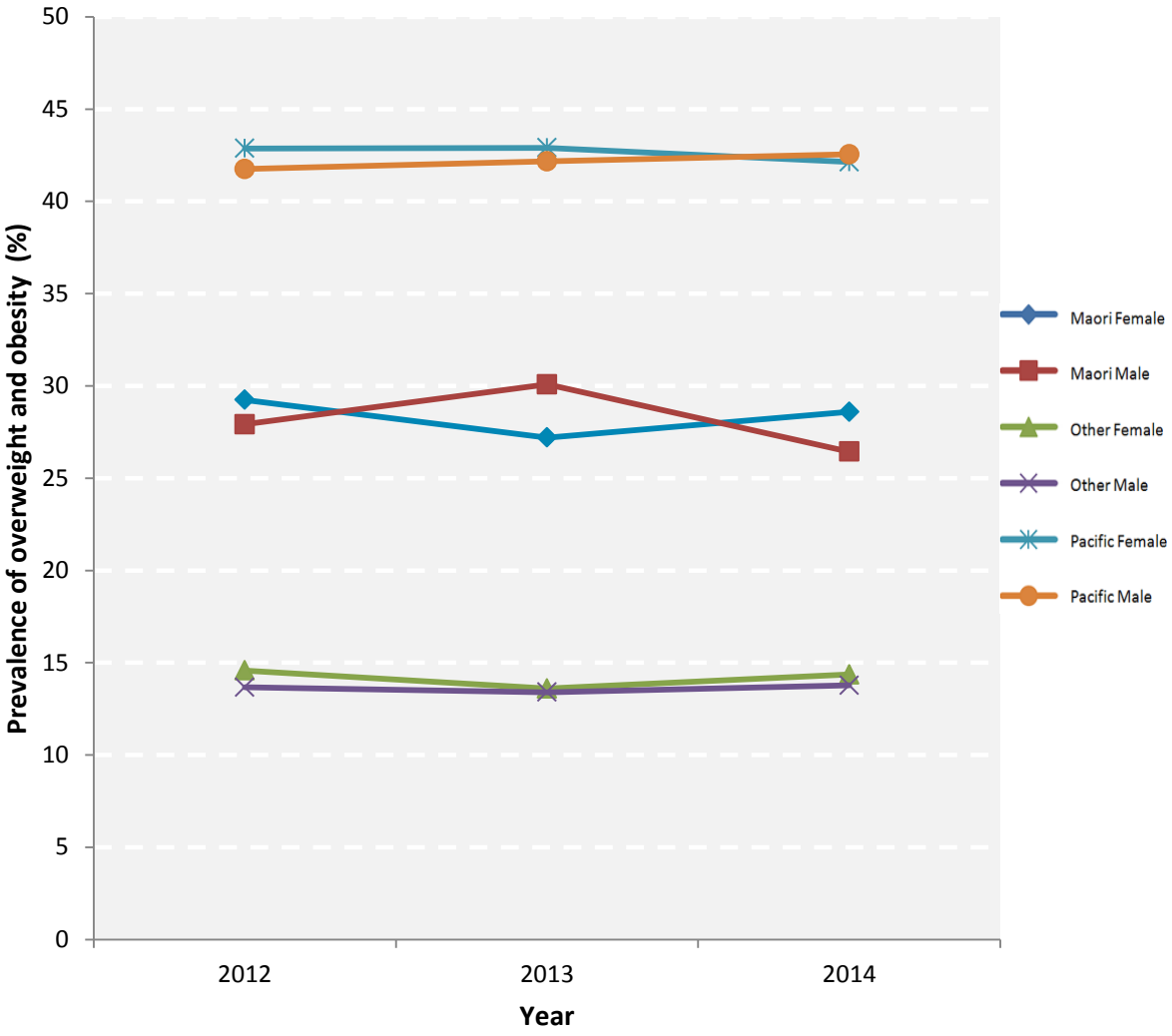


FIGURE 9: Prevalence of overweight and obesity in B4 school check data; by ethnicity, gender and year

Outcome Indicators

Streets, Parks and Places

TARGET 5: An increase in the proportion of people walking, biking or jogging to work in Auckland to 9.5%, with a similar increase (3%) in priority areas by 2018.

Definition

Census data from 2013 showed 6.5%, or 28,491 people in Auckland actively commuted to work by walking, biking or jogging on census day. The Waitemata Local Board area had the highest rates, at just over 10%. Central Auckland also had higher rates of active transport use. By individual area, Whenuapai West had the highest proportion of bicycle commuters at 8%.

All active transport modes have increased from the 2006 Census, although overall numbers of walking and cycling are still very low. Data from the 2006 Census suggests that men are more likely to use active modes of transport to get to work, and that professionals, followed by service and sales workers, were the occupational groups more likely to use active modes of transport. People working as agricultural and fishery workers, who often travelled the greatest distances, were the least likely to cycle to work (3%). People aged 30 to 49 years had the highest proportion of cyclists.

In Auckland, local board areas with lower average levels of income tend to have lower rates of walking, biking or jogging:

- Mangere-Otahuhu 3%
- Otara-Papatoetoe 3.5%
- Manurewa 3.7%
- Puketapapa 6.6%
- Whau 4.9%
- Henderson-Massey 5.4%

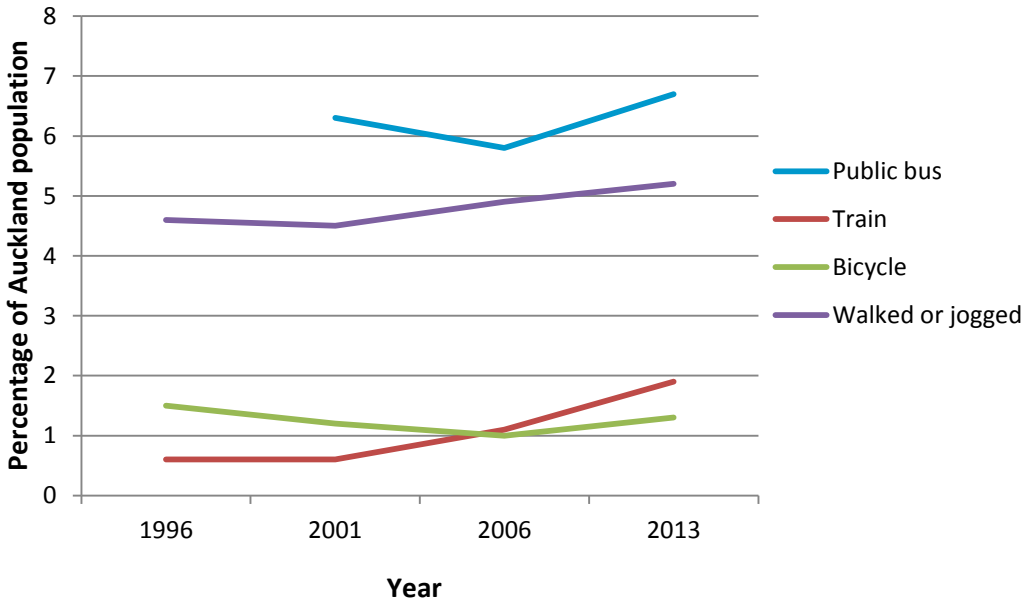


FIGURE 10: Percentage of Auckland population using travel modes for journey to work on census day

Source: http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/commuting-patterns-auckland/commuting-modes.aspx

TARGET 6: An increase in the proportion of Aucklanders using the bus or train to get to work to 10% by 2018
INDICATOR 7: An increase in public transport patronage.

Definition

Public transport use has seen increases in recent years, and the electrification of the train system has created a surge in public transport use. Public transport is usually accessed by walking or biking at either or both ends of a trip, thus its use can contribute to daily physical activity levels.

Census data from 2013 shows 8.4% of Aucklanders aged 15 years and over used the bus or train to get to work on census day.

Auckland Transport's data shows 72,396,000 trips were taken by public transport in the year to October 2014.

For on-going comparative purposes, an average number of trips per head of population level was calculated. A one-month travel period was used that matched the month for which Statistics NZ[5] provides an estimated resident population (June 2014). The estimated resident population of the Auckland region over 5 years of age (by Council area) was 1,416,900, and Auckland Transport data shows approximately 6,108,000 public transport trips taken in the month of June 2014. This gives approximately 4.3 trips per head of population over the age of 5 in the one-month period on June 2014. Children under 5 years of age were excluded from the analysis as they do not require tickets to travel on public transport.

[5] http://nzdotstat.stats.govt.nz/wbos/Index.aspx?DataSetCode=TABLECODE7501#

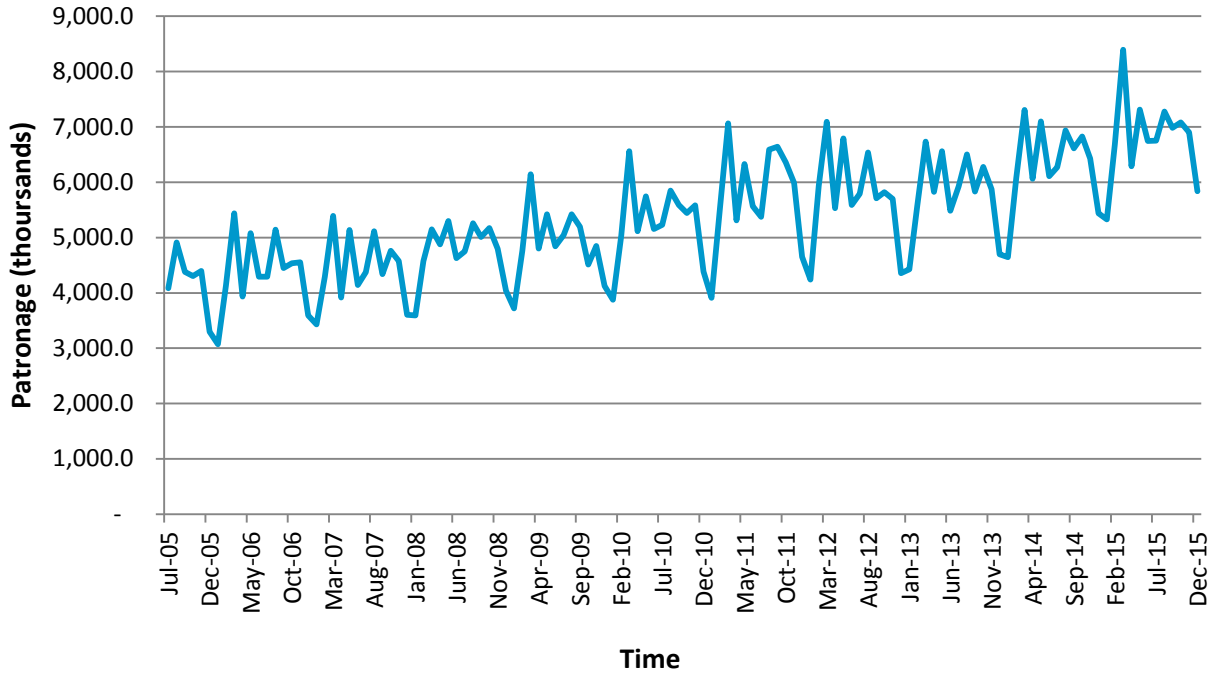


FIGURE 11: Total Public Transport patronage in Auckland July 2005 - December 2015

Note: thousands to one decimal point

Source: Auckland Transport Monthly Public Transport Patronage Data

In 2013, the Waitemata Local Board area had the highest rates of public transport usage, with just over 1 in 5 people using public transport. Location of work strongly influenced public transport use, with more than 1 in 4 people who worked in the CBD using public transport to get to work.

From 2006 national census data, women were more likely than men to use public transport. However, women who had children were less likely to use public transport to get to work; of these, the majority drove to work (57%). Women with children were also less likely to cycle or walk than women without children. Professionals and clerks were the highest users of public transport, and over half of those who used public transport were under 35 years.

TARGET 8: An increase in the proportion of survey respondents who perceive walking (to 20%) and cycling (to 13%) as suitable for most, or all of their trips to work or study.

Definition

Data on perceptions of suitability of walking and cycling for trips is collected in Auckland Council's Transport Perceptions Survey. Survey participants were asked for their 'impressions' of getting to where they want to go by cycling/walking around the region.

In 2012, 11% of respondents thought cycling was suitable for most or all work or study trips; 16% thought walking was suitable; 35% thought they could get around by cycling; and 55% thought they could get around by walking.

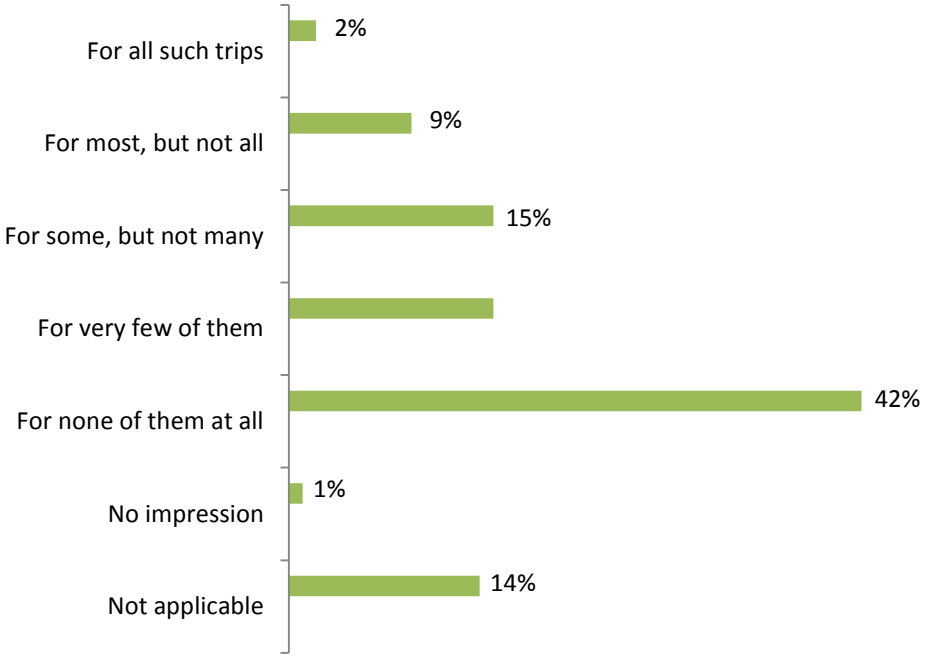


FIGURE 12: Is cycling a good option for taking their work or study trips?

Source: Community Perceptions of Personal Transport Choices, Auckland Council 2012

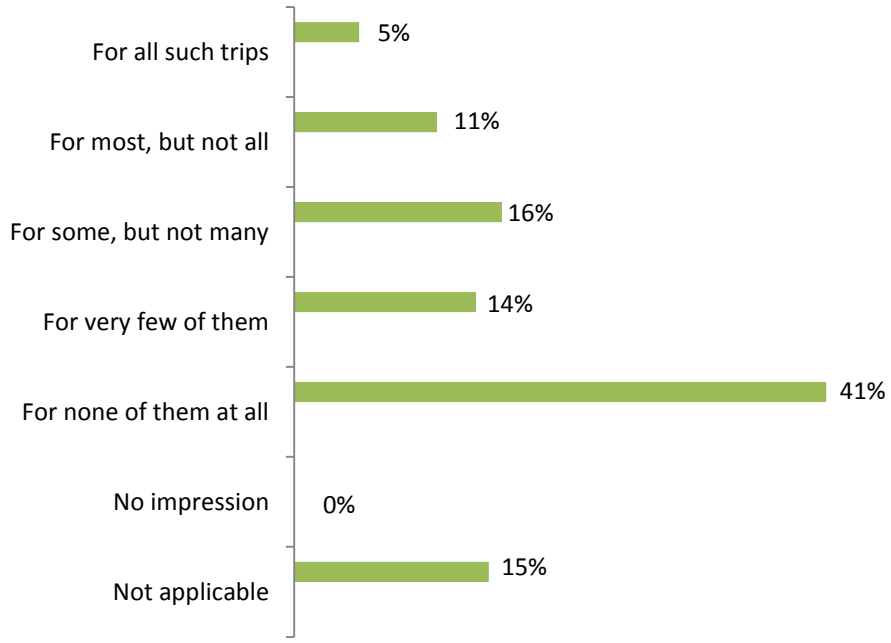


FIGURE 13: Is walking a good option for taking their work or study

Source: Community Perceptions of Personal Transport Choices, Auckland Council 2012

There were no notable differences between districts or socio-economic groups in terms of those respondents who said cycling was a good option for all of their work or study trips.

Cycling or Walking as a Good Option

Respondents who perceived cycling as a good option were more likely to have travelled by bike in the past six months and be younger (13 to 17 years). These sub-groups were also more likely to think cycling was suitable for some but not many trips. Those who thought cycling was only suitable for very few trips were more likely to live in Papakura. Those who did not think it was suitable for any trips to work or study were dispersed across the region and more likely to be aged 40 to 59 years of age.

Respondents who perceived walking as a good option to get to work or study were more likely to live in Franklin. Walking was more likely to be seen as suitable for most, but not all, trips by 13 to 17 year olds and people who live, work or study in Franklin. It was more likely to be seen as suitable for some, but not many trips, by people who lived in North Shore City and for very few trips by people living in Papakura. Those who thought it wasn't suitable at all were more likely to work or study in Auckland or be aged 50 to 59 years.

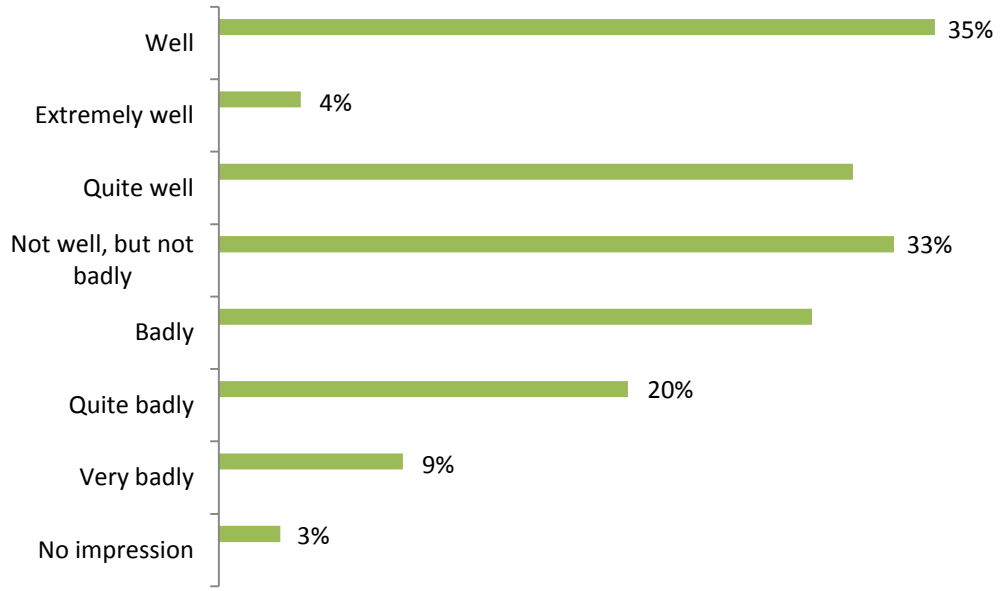


FIGURE 14: Getting around by cycling

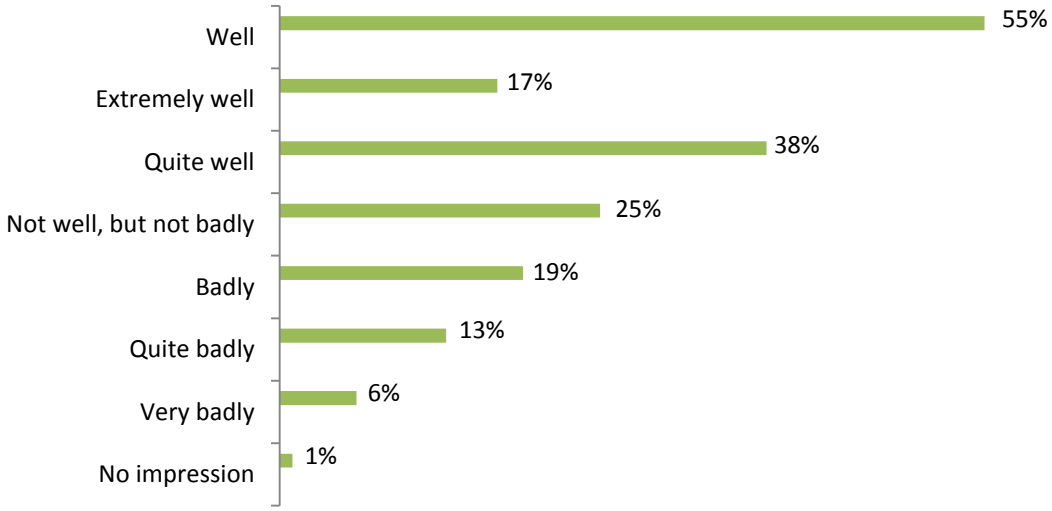


FIGURE 15: Getting around by walking

Source: Community Perceptions of Personal Transport Choices, Auckland Council 2012

Perception of ability to get around by walking or cycling

In relation to how easily people perceive they are able to get around by walking, those who thought they could get around well were more likely to be aged 13 to 17 years, and over 70 years of age, and

those who didn't work or study. Those who perceived their ability to get around by walking as 'badly' were more likely to live, work or study in Rodney or in Auckland.

For cycling, those most likely to think they could get around well were aged 13 to 17 years, and over 70 years, and worked or studied in Rodney or Franklin. Those most likely to perceive their ability to get around by cycling negatively either lived worked or studied in Papakura, all areas of Auckland, or were aged 60 to 69 years.

Table 1: Perception of ability to get around by walking or cycling

Comparison between different modes of transport for taking work or study trips	Public Transport %	Private Vehicle %	Motorcycle %	Cycling %	Walking %
For all such trips	11	37	6	2	5
For most, but not all	18	27	16	9	11
For some, but not many	18	12	14	15	16
For very few of them	13	5	10	15	14
For none of them at all	25	5	38	42	41
No impression	1	-	1	1	-
Not applicable	15	15	15	15	15

Source: Community Perceptions of Personal Transport Choices, Auckland Council 2012

INDICATOR 9: An improvement in neighbourhood walkability by 2020.

Definition

The Walkable Access to Destination Index (WADE Index) measures the proximity of the Auckland urban population to a range of services and destinations from residential addresses. More destinations in walking range results in higher walkability scores. Conversely, fewer destinations, hilly terrain, and poor road/footpath connectivity (e.g. dead end streets) result in lower walkability scores.

The population walk score is a composite score from the eight service and destinations components (as outlined below). Each component is a population weighted average of destination counts in 15 minutes walking range on one of three decay curves (rapid, moderate, late). The decay curves give greater weight to closer destinations. The component scores are then individually scaled from 100 against exemplary areas in the Auckland region. These areas exclude the CBD though have scores indicating very high levels of walkability in the Auckland context.

The eight service and destination components are

- Day to day – grocery type retailers
- Education – early childhood centres, schools
- Public transport – bus, train, and ferry stops

- Sports and recreation – sports, fitness, and exercise facilities
- Entertainment - entertainment venues, dining
- Shops and personal – non-food shops, health and general services (e.g. post office)
- Open space – parks, beaches, civic space
- Neighbourhood efficiency – a neighbourhood score indicating how well connected dwellings are to each other.

Accordingly the population walk score has a potential range of 0-100, where 100 indicates an extremely walkable area across all components. A second measure of the percent of the population within an area with a score of 80 or more is also given. A score of 80 is moderately walkable.

Within Auckland the highest scores are found in the central business district and urban centres as these have the highest concentration of services and public transport. The lowest scores are found in communities on the urban periphery such as Rodney, Upper Harbour, and the Waitakere Ranges Local Board areas; though these areas can have high access to public open-space since their low density limits walkability.

When measuring walkability over larger areas (such as Local Board areas), differences within an area between ethnic groups can arise. This is due to variation in residential concentration of the groups. Pacific peoples in particular can have relatively large differences compared to the general population walkability. In the Otara-Papatoetoe Local Board area, 36% of the total population live in locations with walkability scores of 80 or more, though this decreases to 26% for Pacific Peoples.

On a general note, higher walkability, as measured here, is not indicative of any wider neighbourhood characteristics or desirability.

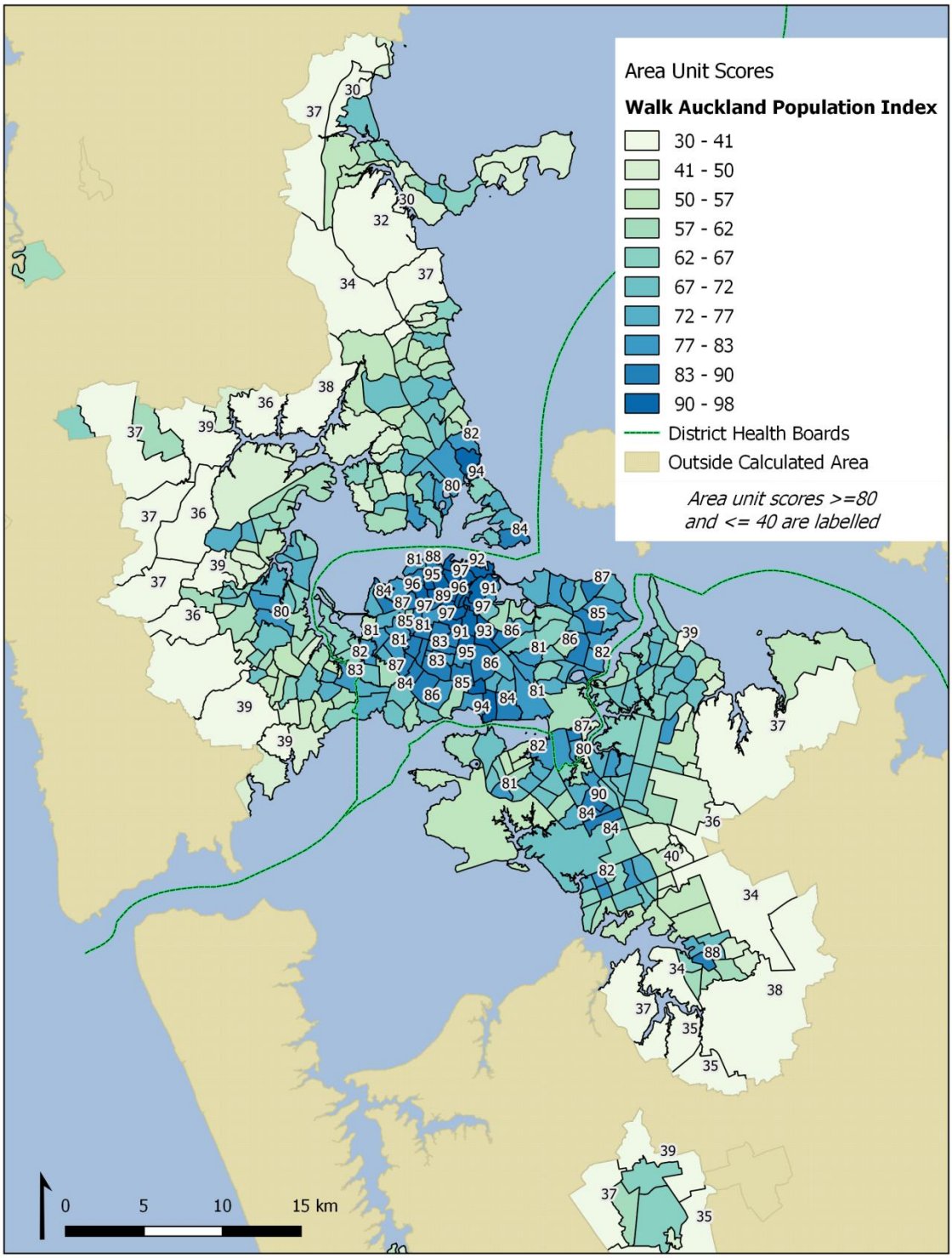


FIGURE 16: Census Area Unit Walk Auckland Population Score

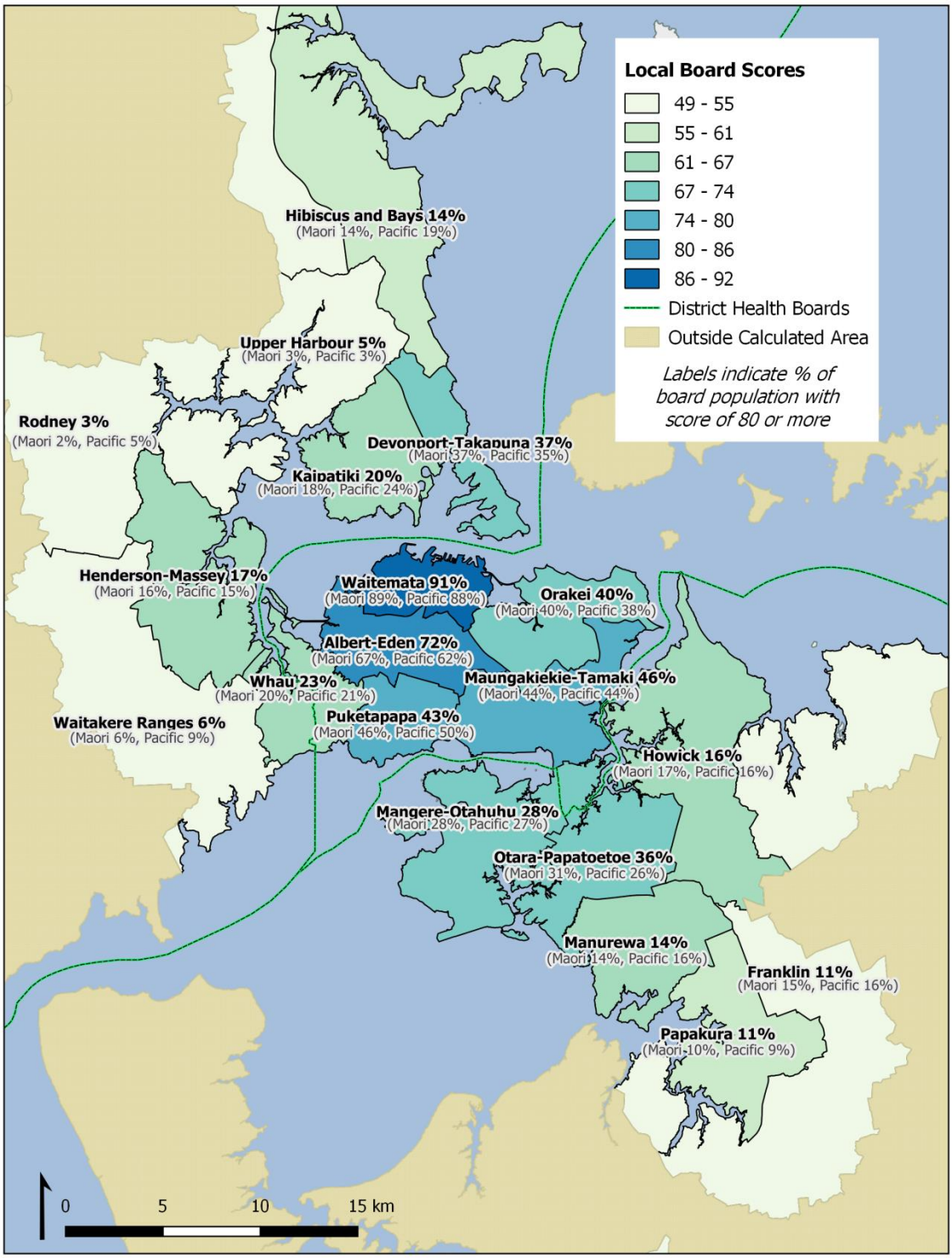


FIGURE 17: Local Board 2013 Walk Auckland Population Score with 80+ Population Catchments

Table 2: Walk Auckland Population Scores by Local Board Area

	W.Auck Population Index			*Local Board Rank*			*Resident Pop with Score 80+*			*Component W.Auck Scores*							
Local Board	**Total**	**Māori**	**Pacific**	**Tot Rank**	**Māori Rank**	**Pacific Rank**	**Total 80+**	**Māori 80+**	**Pacific 80+**	**Day-to-day**	**Education**	**Efficiency**	**Entertainment**	**Open Space**	**Public Transport**	**Shops and Personal**	**Sports and Recreation**
Waitematā	92	91	91	1	1	1	91%	89%	88%	105	95	82	109	91	94	101	101
Maungakiekie-Tamaki	77	77	76	3	3	4	46%	44%	44%	85	84	71	82	82	89	74	70
Albert-Eden	84	82	80	2	2	2	72%	67%	62%	90	94	72	98	79	89	84	83
Devonport-Takapuna	73	73	74	5	6	5	37%	37%	35%	73	76	68	83	76	85	72	71
Puketapapa	76	77	79	4	4	3	43%	46%	50%	81	83	69	78	86	84	70	66
Orakei	73	73	73	6	5	6	40%	40%	38%	71	74	62	78	89	82	66	78
Otara-Papatoetoe	72	70	69	7	7	7	36%	31%	26%	82	97	55	69	82	81	63	63
Whau	67	65	65	9	9	9	23%	20%	21%	73	79	55	67	63	81	62	61
Mangere-Otahuhu	68	68	68	8	8	8	28%	28%	27%	72	91	54	63	91	80	56	58
Kaipatiki	63	63	65	11	12	11	20%	18%	24%	62	72	50	62	88	71	58	55
Manurewa	63	64	65	13	10	10	14%	14%	16%	62	85	48	53	90	71	51	46
Henderson-Massey	63	62	63	12	13	13	17%	15%	15%	64	75	51	59	80	70	60	57
Hibiscus and Bays	58	59	61	15	15	14	14%	14%	19%	51	58	51	61	82	59	54	53
Howick	64	64	63	10	11	12	16%	17%	16%	62	73	51	64	89	56	61	60
Papakura	59	59	58	14	14	17	11%	10%	9%	63	76	47	56	65	56	59	48
Waitakere Ranges	51	53	59	18	17	16	6%	6%	9%	46	55	44	46	75	51	40	52
Upper Harbour	53	52	54	16	19	18	5%	3%	3%	48	58	46	56	77	49	49	49
Franklin	52	57	59	17	16	15	11%	15%	16%	51	66	55	58	65	32	48	57
Rodney	49	53	54	19	18	19	2%	2%	5%	47	55	58	60	66	27	51	50
Auckland Council*	**67**	**66**	**68**	**-**	**-**	**-**	**30%**	**25%**	**27%**	**67**	**76**	**57**	**68**	**81**	**69**	**62**	**62**

Food Environments and Marketing

INDICATOR 10: A reduction in the excess supply of fast food outlets in priority areas by 2020.

Definition

Fast food (and takeaway) supply is measured by counting the number of premises in walking or driving range of a school or residence. The regional average is 2.5 fast food premises within 10 minutes' walk of a primary, intermediate or secondary school. Outside the CBD-dominated Waitematā Local Board area, the next three highest local boards are Maungakiekie-Tamaki, Mangere-Otahuhu, and Otara-Papatoetoe.

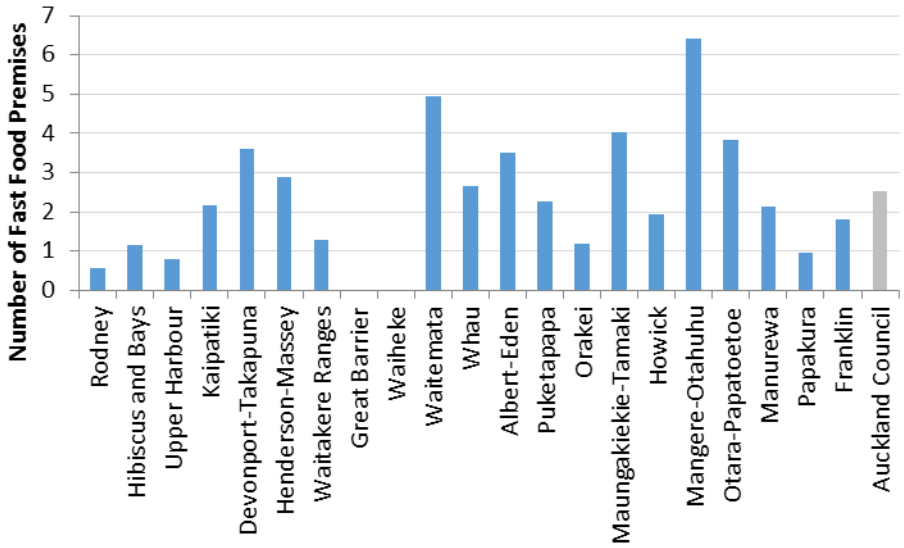


FIGURE 18: Average number of fast food premises in 10 minute walk of schools by Local Board area

The regional breakdown of access to fast food vs. grocers shows a gradient of increasing likelihood of excess fast food premises (defined as having access to more fast food premises than grocers) as neighbourhood deprivation increases.

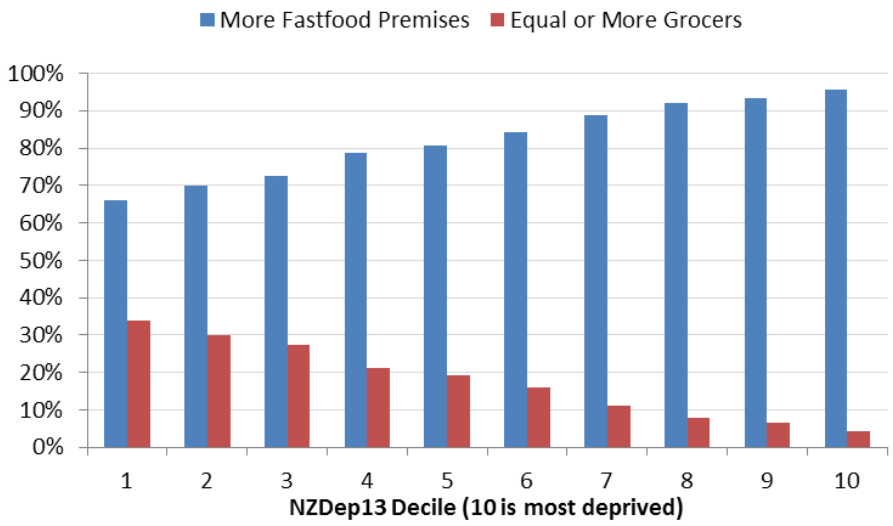


FIGURE 19: Relative proportion of fast food and grocers premises five minutes' drive by residential NZ DEP Decile.

INDICATOR 11: A proportional increase in the availability of healthy food and beverages in food retail outlets by 2017.

Definition

National data, collected as part of the INFORMAS programme of research, have identified that in 2012 **41%** of foods sold through food retail outlets met criteria to carry health claims, meaning they are defined as a healthy food or beverage. This means the majority of food available on retail outlet shelves is not healthy. Refer to the glossary for definitions of health claims, healthy and unhealthy foods used in this programme.

Whilst the data are national, food supply within major regions is relatively consistent across New Zealand. Data will be updated in 2017 and reported once the follow up study is completed and results published.

Schools and ECES

INDICATOR 12: An increase in the number of school students engaged in Auckland Transport's Travelwise and walking school bus programme.

Definition

Trips to school make up around a third of all morning peak trips in Auckland, with just over half being made by car. Travelwise is a schools-based programme that aims to improve road safety and reduce the number of vehicles driving to and from school at peak times, by supporting alternative

travel modes and by making roads safer. It also supports the creation of walking school buses. These programmes form Auckland Transport's active transport programme for schools.

In 2013, **400 of the 538 schools** in Auckland and **202,087** students were engaged in Auckland Transport's active transport programme. This is an increase from 2012, when 319 schools were engaged in Travelwise, with 3,900 children on walking school buses.

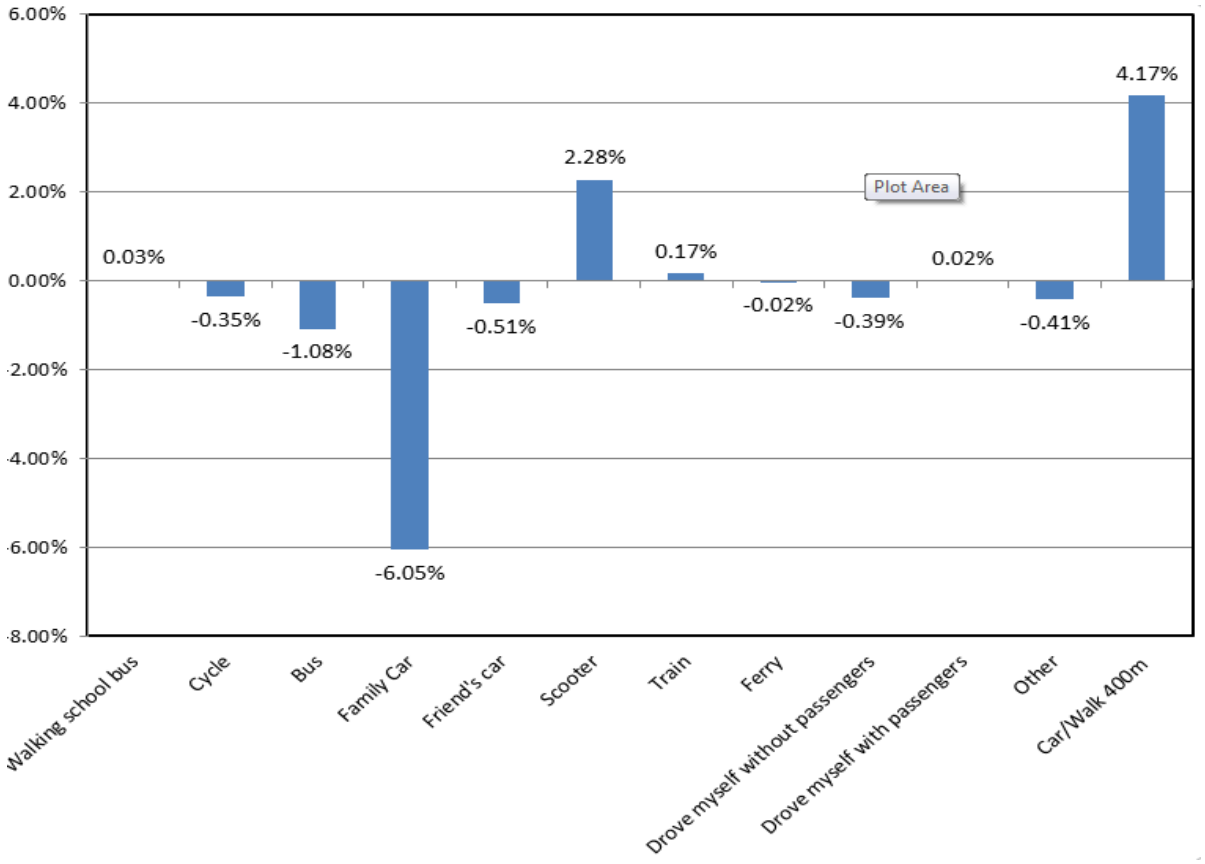


FIGURE 20: Change in transport mode for trips to school: 2013 compared against baseline

Source: Auckland Transport 2013/14 Community Transport Evaluation Report

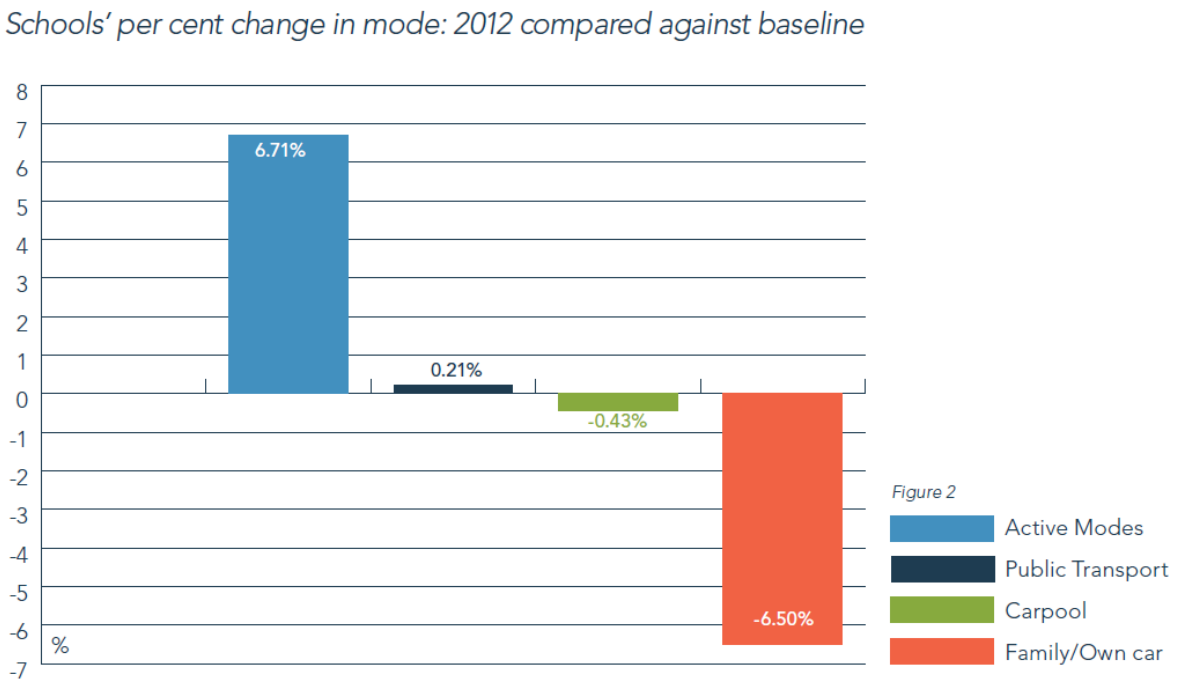


FIGURE 21: Schools' percentage change in mode: 2012 Compared Against Baseline

Source: Auckland Transport 2012/13 Community Transport Evaluation Report

INDICATOR 13: An increase in the proportion of Auckland children using physically active ways to get to and from school.

Definition

These data are derived from the New Zealand Health Surveys between the years of 2011-2014. They describe the proportion of children living in Auckland, aged 5-14 years, who usually use physically active ways to get to and from school.

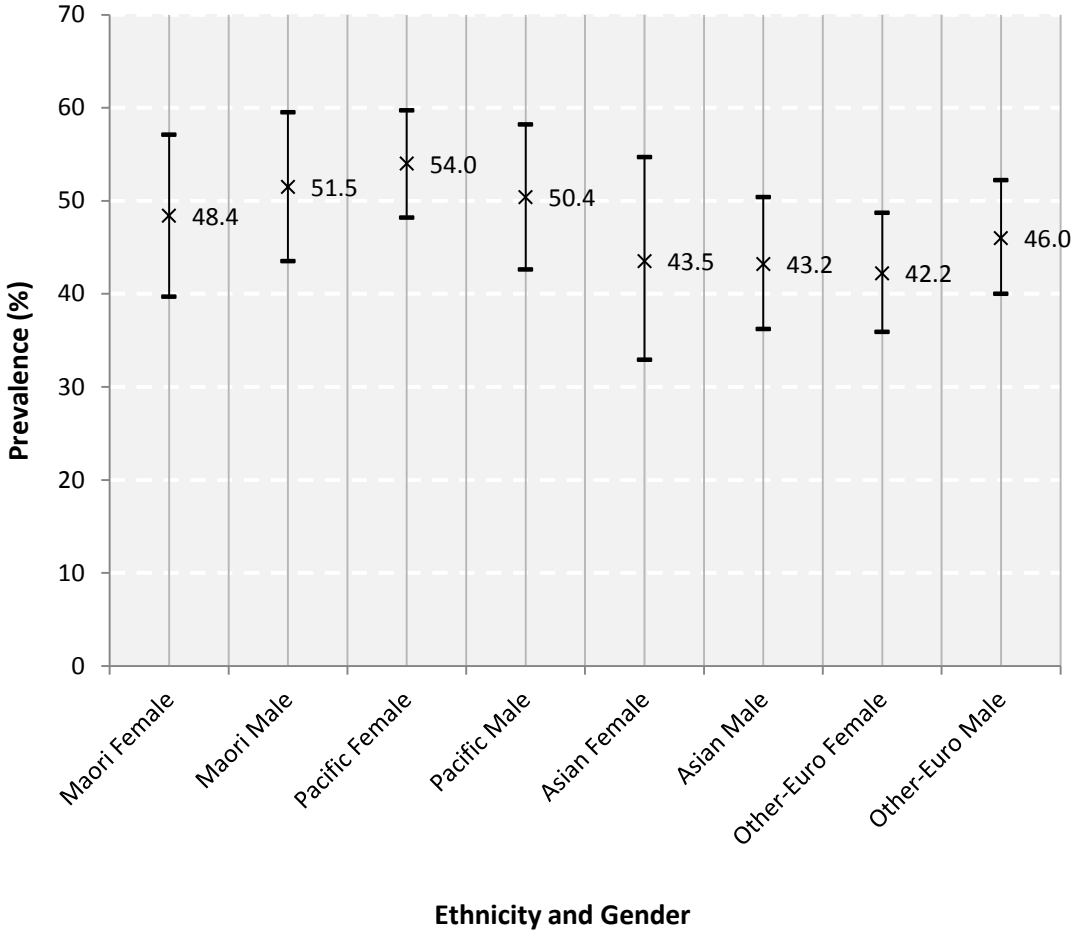


FIGURE 22: Proportion of children 5-14 years of age using physical active means to get to school, by ethnicity and gender (age standardised; 2011-2014, NZHS)

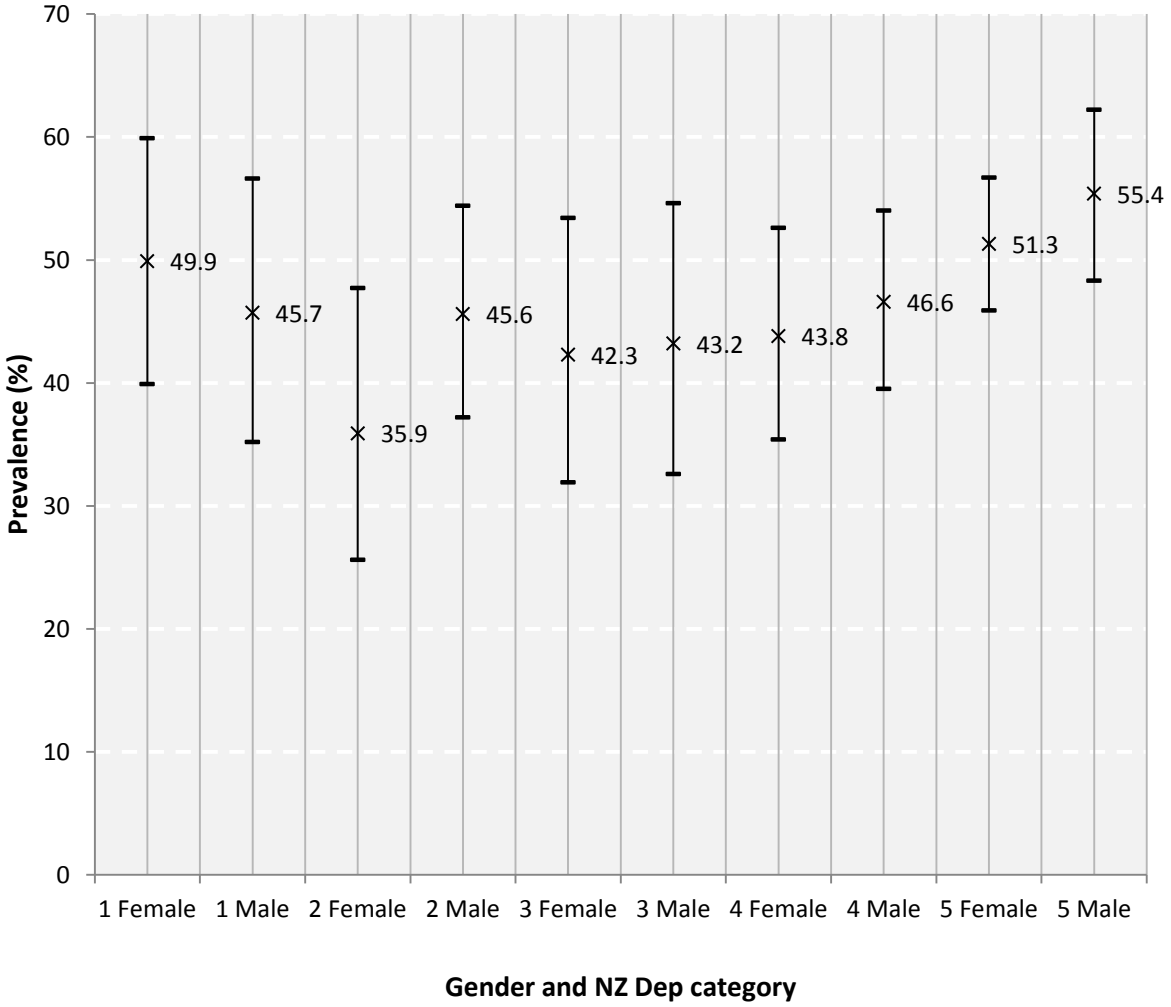


FIGURE 23: Proportion of children 5-14 years of age using physically active means to get to school, by gender and NZ Dep (age standardised; 2011-2014, NZHS)

Note: 1: Least deprived quintile. 5: Most deprived quintile.

Overall, 46.6% of respondents reported that their children used physically active means to get to school. Pacific and Māori children were about 10% more likely to use physically active means than European and Other and Asian children. Children living in middle quintiles of socioeconomic deprivation were less likely to walk or cycle to school, compared to those who lived in the most or least deprived quintiles.

INDICATOR 14: An increase in the number of Auckland schools and ECE services providing a heart healthy environment for children.

Definition

The Heart Foundation works with schools and early childhood centres (ECES) to improve their nutrition and physical activity environment. Currently in the Auckland region, there are **247 ECEs** signed up or holding a Heart Foundation Healthy Heart award, and **47 schools** signed up to or holding a Heart Start award. Schools and ECES situated in lower socioeconomic areas are targeted.

In total there are 1200 ECEs and 540 schools in the Auckland region. Whilst the Heart Foundation programmes are not the only school or ECE programmes available, they are one of the major programmes, with the capacity to expand into more schools and ECEs.

Workplaces

TARGET 15: 80% of Healthy Auckland Together member organisations have implemented a workplace wellbeing programme.

Definition

Member organisations within Healthy Auckland Together have committed to an action to implement workplace wellbeing within their own organisations. With a combined reach to over 40,000 Aucklanders, it is a direct opportunity to lead the way in workplace wellbeing. The aim is for **11/14** Healthy Auckland Together organisations to have a workplace wellbeing framework in place by 2020. Currently **seven** Healthy Auckland Together partners have workplace wellbeing initiatives in place.

INDICATOR 16: An increase in businesses engaged in Auckland Transport's Commute programme

Definition

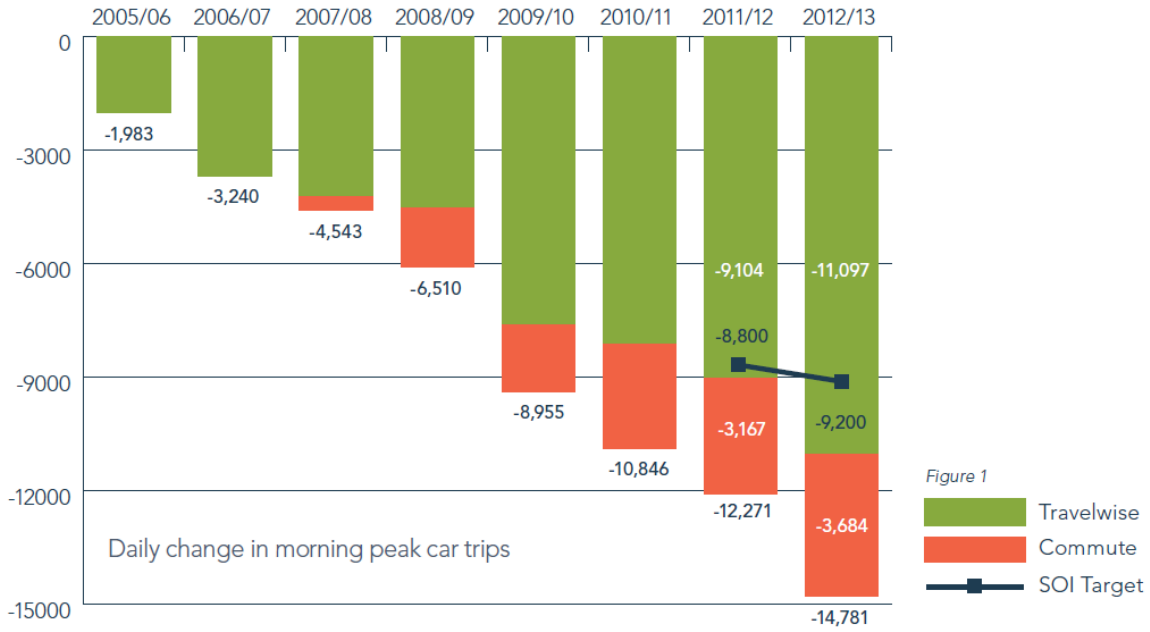
Auckland Transport's Commute Programme provides Auckland businesses with information and planning so staff can find ways to get to work, other than by using their cars for single passenger trips. These alternative modes include public transport, active transport or carpooling. In 2013/14, this programme resulted in **3,851** cars being taken off Auckland's roads each day. This was an increase on 2012/13 when 3,684 cars were taken off the road.

At the end of the 2013/14 year, there were **90 organisations** engaged in the Commute programme. In 2013/14, 23 new businesses/organisations had joined the programme.

Table 3: Organisations signed up to Auckland Transport's Commute Programme

Type	Newly engaged or approached in 2013/14	Total engaged on Commute
Workplace	17	61
Tertiary	0	5
Business Association	6	24
Total	23	90

Source: Auckland Transport's Community Transport Evaluation Report 2013/14



[4] *Or Commute predecessor workplace travel plans*

FIGURE 24: Daily reduction in morning peak car trips: Travelwise and Commute

Source: Auckland Transport's Community Transport Evaluation Report 2012-13

Community Settings

TARGET 17: A 50% increase in the number of Pacific Heartbeat Community Nutrition courses delivered by 2016.

Definition

The Pacific Community Nutrition course is a two-day course focused on healthy eating for Pacific people. Traditional pacific foods and meals are higher in fat, sugar and salt. This course provides information around healthier eating (i.e. foods and meals that are lower in fat, sugar and salt), portion size, shopping tips and the benefits of physical activity. In the year to June 2015, **six courses** were delivered (with 15 to 25 participants each). The target is for **nine courses** to run in the 2015/16 year.

Data Tables

Table 4: Population Indicators

	Indicator	Data source	Target	Rationale for target	Trend data 2006/07	Trend data 2011/12	Baseline	Timing of updates
POPULATION INDICATORS	Mean number of primary teeth with evidence of caries	Auckland Regional Dental Service	10% relative reduction	Relationship of sugar to dental caries	2007 mean total caries for 5 year olds Māori 2.7 Other 1.3 Pacific 3.5	2011 mean total caries for 5 year olds Māori 2.6 Other 1.2 Pacific 3.6	2014 mean total caries for 5 year olds: Māori 2.4 Other 1.3 Pacific 3.4	Annually in June
	% adults meeting recommended fruit and vegetable intake	Regional data from NZ Health Survey, Ministry of Health (self-report)	Annual progress towards a 10% relative increase by 2025 (for the ARPHS region this would be 62.5% of population meeting guidelines for fruit and 57.2% for veges) Rate of progress for Māori, Pacific and/or higher deprivation groups relative to all groups	Protective effects of fruit and vegetable consumption against risk of cardiovascular disease and all-cause mortality.	2006/07 (unadjusted) Fruit WDHB 61.7% ADHB 61.7% CMDHB 57.9% Veges WDHB 55.7% ADHB 56% CMDHB 51.7% Fruit (unadjusted) WDHB Māori 60.5% ADHB Māori 62.5% CMDHB Māori 58.0%	2011/12 (unadjusted) Fruit WDHB 56.9% ADHB 56.8% CMDHB 51.9% Veges WDHB 56.2% ADHB 56.7% CMDHB 41.7%	Average 2011-2014 (age standardised) : Fruit All Auckland 56.8% WDHB 57.2% ADHB 59.1% CMDHB 54% Veges All Auckland 52.0% WDHB 52.9% ADHB 58.3% CMDHB 44.5% Fruit (unadjusted 2011-14) WDHB Māori 51.7% ADHB Māori 51.9% CMDHB Māori 48.7%	Annual update with data analysis by ARPHS.

Indicator	Data source	Target	Rationale for target	Trend data 2006/07	Trend data 2011/12	Baseline	Timing of updates
				Veges (unadjusted) WDHB Māori 55.9% ADHB Māori 65.3% CMDHB Māori 48.0%		Veges (unadjusted 2011-14) WDHB Māori 50.5% ADHB Māori 59.7% CMDHB Māori 43.2%	
% of adult Aucklanders self-reporting they are meeting physical activity guidelines	Regional data from NZ Health Survey, Ministry of Health (self-report)	Annual progress towards a 10% relative increase by 2025 Rate of progress for Māori, Pacific and/or higher deprivation groups relative to all groups		2006/07 (unadjusted) ARPHS 48.4% (age standardised) WDHB 48.5% ADHB 41.9% CMDHB 54.8% (Unadjusted) WDHB Māori 51.6% ADHB Māori 52.1% CMDHB Māori 59.5%	2011/12 WDHB 45.7% ADHB 45.6% CMDHB 40.7%	(2011-2014 age-standardised) ARPHS 43.2% WDHB 42.8% ADHB 47.9% CMDHB 39.1% (Unadjusted 2011-14) WDHB Māori 53.6% ADHB Māori 53.0% CMDHB Māori 40.9%	Average of current and previous two year's data
% of adult Aucklanders self-reporting they are not physically active by 2025 from NZ Health Survey data	Regional data from NZ Health Survey, Ministry of Health (self-report)	Annual progress towards a 10% relative decrease by 2025 Rate of progress for Māori, Pacific and/or higher deprivation groups relative to all groups	Physical activity is beneficial to nearly every human organ system.				
% of children 4-5 years old who are obese	B4 School Checks (measured weights), Ministry of Health	Reduce rates by 2020 Rate of progress	Between 2012 and 2014 rates of normal weight decreased very			Total 2014: 5.87% obese and 16.23% overweight	Annual update. ARPHS analysis of MOH data

Indicator	Data source	Target	Rationale for target	Trend data 2006/07	Trend data 2011/12	Baseline	Timing of updates
		for Māori, Pacific and/or higher deprivation groups relative to all groups	slightly from 78.25 to 77.9%, but this was accompanied by a slight shift from obese to overweight categories			Māori 6.74% obese and 20.73% overweight Pacific 15.58% obese and 26.77% overweight	

Table 5: Action Plan 1 - Streets, parks and places

	Indicator	Data source	Target	Rationale for target	Baseline	Update
BUILT ENVIRONMENT	Proportion of people walking, biking or jogging to work in Auckland	Regional data from Census	9.5%, with at least a 3% increase in priority areas	A 3% point increase would be progress towards Auckland Council's goal of 45% of trips in the morning peak to be non car-based by 2040 The Low Carbon Action Plan (AT Annual Report) has the goal of 5% cycling mode share by 2020	6.5% in 2013	Census 2018 data
	Increased public transport mode share and patronage	Regional data from Census	Increase in proportion of people using the bus or train to get to work to 10% in Census 2018	The Auckland Plan aims for a 22% absolute increase (from 23% to 45%) in non-car mode share in the morning peak (walking, cycling, public transport) between 2013 and 2040, which these two targets will contribute to.	8.4% in Census 2013	Census 2018 data
		Auckland Transport patronage data (from AT Statistics Report and Annual Report)	Progress towards doubling public transport passenger trips to 140 million by 2022	This is an Auckland Council target, as part of the Auckland Plan. There was a 7.7% increase in patronage from Oct 2013 to 2014. To achieve the target requires an increased upward trajectory.	2014 Annual Report 72,396,000	Annually

	Percentage of survey respondents who perceive walking and cycling as suitable for 'most' or 'all' of their trips to work or study	Auckland Council's Transport Perceptions Survey	• Cycling suitable 13% • Walking suitable 20% • Could get around well by cycling 40% • Could get around well by walking 60%	Objective and perceived environments are related to physical activity levels differently, and perceptions (e.g. risk and fear) have a modest impact on activity levels.[Duncan 2005, IJBNPA; Ding 2011]	In 2012: • Cycling 11% • Walking 16% • Could get around by cycling 35% Could get around by walking 55%	Annually
	Neighbourhood walkability by deprivation index (this includes neighbourhood destinations, access to green space, connectivity etc.)	ARPHS modelling	Improvement from 2015	Walkability is a composite measure of a variety of neighbourhood attributes that make it easier for people to move around their neighbourhood by foot.	Data currently being analysed	2020

Table 6: Action Plan 2 - Food Environments and Marketing Indicators

	Indicator	Data source	Target	Rationale for target	Baseline	Update
FOOD ENVIRONMENTS	Density of fast food outlets	ARPHS modelling	Reduction in excess supply of fast food outlets in priority areas	Link between fast food intake and obesity, and the higher prevalence of fast food outlets in more deprived areas	Data analysed	2020
	Proportional availability of healthy and unhealthy food and non-alcoholic beverages in food retail outlets	INFORMAS/National Institute of Heath Innovation	Increase in proportion of food that meets criteria to carry health claims using the Nutrient Profiling Score Calculator thresholds by 2017	Gives an overview of the availability of healthier food in the food supply	41% of foods met criteria to carry health claims in 2012	2017

Table 7: Action Plan 3 - Schools and ECES

	Indicator	Data source	Target	Rationale for target	Baseline	Update
SCHOOLS/ECEs	Number of students actively engaged in Auckland Transport's Travel-wise and walking school bus programme	Auckland Transport's Travelwise Annual Evaluation Survey or AT's Annual Report	Successive annual increase	Progress of HAT in supporting engagement with AT's active transport programmes	2013: 400 of the region's 538 schools, with 202,087 students (AT 2014 Annual Report)	Annually
	Children aged 5-14 years usually use physically active ways to get to and from schools	Regional data from NZ Health Survey, Ministry of Health	Successive annual increase in children aged 5-14 years who usually use physically active ways to get to and from schools, with similar or greater increases in Māori and Pacific and areas of greater deprivation	Due to school zoning, the majority of children in Auckland are likely to live within a walking or cycling distance to school	ARPHS PHU: 47.3% (95% CI 43.2 to 51,5) Combined 2011/12 and 2013/14 data	Annual update. Average of current and previous year's data
	Schools and ECE services provide a heart healthy environment for New Zealand children	Heart Foundation	100% increase in schools and ECEs participating in Heart Foundation school and ECE programmes	Heart Foundation strategic goal	294 schools and ECEs in Auckland (approximately 540 schools and 1200 ECEs in the Auckland region)	End of 2018

Table 8: Action Plan 4 - Workplaces

	Indicator	Data source	Target	Rationale for target	Baseline	Update
WORKPLACE	Member organisations who have implemented a workplace wellbeing programme	HAT survey	80%	Healthy Auckland Together partner organisations employ over 40,000 Aucklanders. Thus, starting with ourselves will have a significant impact	7/14 HAT partners have a workplace wellbeing programme	2017
	Businesses engaged in Auckland Transport's Commute programme	Auckland Transport, Annual Report	Successive annual increase	Progress of HAT in supporting engagement with AT's active transport programmes	In 2013/14 year: 3,851 cars taken off the road daily	2016

Table 9: Action Plan 5 - Community Settings

	Indicator	Data source	Target	Rationale for target	Baseline	Update
COMM-UNITY SETTINGS	Number of courses which train community leaders through the Pacific Heartbeat Community Nutrition course	Pacific Heartbeat	50% increase		Six courses delivered between July 2014 and June 2015 (15 to 25 participants per course)	July 2016

Indicator Gaps

Indicator gaps: food environments	Target
Compliance by advertisers with the Children's Food Code and Think TVs Getting it Right for 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 (e.g. KidsCam in Wellington)

Indicator gaps: school and ECE environments	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 (may include on site vegetable garden or cooking classes)	Data not currently collected

Indicator gaps: workplaces	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

Indicator gaps: communities	Target
Quality and accessibility of recreational facilities and spaces	Data not currently collected

Indicator gaps: communities	Target
in priority areas	
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

Glossary

Health Claims: Health claims refer to a relationship between a food and health rather than a statement of content. There are two types of health claims:

- **General level health claims** refer to a nutrient or substance in a food and its effect on a health function. They must not refer to a serious disease or to a biomarker of a serious disease. For example: calcium is good for bones and teeth.

- **High level health claims** refer to a nutrient or substance in a food and its relationship to a serious disease or to a biomarker of a serious disease. For example: Diets high in calcium may reduce the risk of osteoporosis in people 65 years and over. An example of a biomarker health claim is: Phytosterols may reduce blood cholesterol.

Healthy and Unhealthy foods (as defined in INFORMAS study): This study used two main systems to classify foods as healthy or unhealthy. The Food Standards Australia New Zealand (FSANZ) nutrient profiling system (*nutrient-based* system), and; the New Zealand Food and Beverage Classification System (FBCS) 2007 (rebranded as Fuelled4Life37), classifying foods into 'everyday' and 'sometimes' foods (*food-based* system). International best practice food-based or nutrient-based standards or guidelines may be used as well to classify foods into 'healthy' and 'unhealthy' to allow for international comparisons.

The FSANZ nutrient profiling system (NPSC) is used in Australia and New Zealand to determine whether a food is suitable to make a health claim, based on its nutrient profile. Only foods that meet a certain score will be allowed to have health claims on them.
Health claims are claims which refer to a relationship between a food and a health benefit, such as 'calcium is good for strong bones'.

The NPSC is applied to individual foods. A score is determined based on the amount of energy, saturated fat, total sugars and sodium in the food, along with the amount of fruit, vegetables, nuts, legumes, and in some cases, dietary fibre and protein. The final score determines whether a food is eligible to make a health claim, based on its nutrient profile.

Fuelled4Life is managed by the Heart Foundation. The FBCS was designed specifically for foods and beverages children commonly consume in an education setting. Foods and beverages are classified according to their nutrient profile and the system identifies the healthier options. Foods and beverages are divided into two levels for registration; every day and sometimes.

Everyday foods and drinks are the healthiest choices. Encourage and promote these foods and drinks.

Sometimes foods and drinks should be consumed in moderation. These foods and drinks should not dominate the choices available

The Food and Beverage Classification System is based on the Ministry of Health's Food and Nutrition Guidelines, which identify healthy eating for children and young people.

For people involved in selecting foods and drinks for catered meals, tuck shops and canteens, vending machines, sponsorship deals, fundraisers and other special events, the FBCS identifies the healthier options.

Healthy workplace/workplace wellbeing: The WHO definition of a healthy workplace is "A healthy workplace is one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace by considering the following, based on identified needs:

- Health and safety concerns in the physical work environment;
- Health, safety and well-being concerns in the psychosocial work environment including organisation of work and workplace culture;
- Personal health resources in the workplace; and
- Ways of participating in the community to improve the health of workers, their families and other members of the community.[6]

To help schools achieve a healthier learning environment for students in schools and ECES the Heart Foundation offers a number of awards including:

Heart Foundation Healthy Heart Award: This programme assists ECE services to create an environment promoting healthy eating and physical activity to under 5s and their families. For more information: http://www.aws.learnbyheart.org.nz/index.php/ece/healthy-heart-award

Heart Foundation Heart Start Award: This programme helps schools who are looking to make some basic changes to the healthy eating and physical activity environment at their school. For more information: http://www.aws.learnbyheart.org.nz/index.php/schools/heart-start

Priority Areas (in terms of this report): Healthy Auckland together have identified priority populations in the 2015-202 Action Plan as children and young people, Maori and Pacific peoples and other vulnerable groups. Within each agency, these may also be joined with other targeted populations according to strategic priorities.

[6] Burton, J. (2010). WHO Healthy Workplace Framework and Model: Background and Supporting Literature and Practices. Geneva: Switzerland.