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Whangārei District Council

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## Whangārei District Council Long-Term Plan 2024–2034

Thank you for the opportunity for the National Public Health Service – Northern Region, Health New Zealand –Te Whatu Ora to provide a submission on Whangārei District Council's Long-Term Plan 2024–2034.

The National Public Health Service – Northern Region welcomes an opportunity to meet with you to discuss our submission.

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## Executive summary

The National Public Health Service (NPHS) is a directorate within Health New Zealand | Te Whatu Ora (Health NZ), responsible for protecting and promoting the health and wellbeing of populations in Aotearoa/New Zealand. NPHS and Whangārei District Council (WDC) have common goals in Whangārei to protect and improve community wellbeing and health and reduce inequities within the population. NPHS acknowledges the complexities faced by WDC in addressing major financial challenges in a region facing significant social, economic, and environmental pressures.

This submission does not provide detailed feedback on all the proposals and activities outlined within WDC's Long-Term Plan 2024-2034 (LTP) consultation document. Rather, NPHS has reflected its expertise, where combined with that of WDC and its other partners, to indicate collaboration and synergy opportunities for maximum population health and wellbeing benefit in Whangārei. NPHS has aligned its response with the WDC's Community Outcomes to highlight the ownership of population health throughout society and encourage prioritisation of these areas in WDC's planning.

### **Sustainable and resilient future**

- (1) *climate change*: NPHS supports collaborative whole-of-government approaches to climate change, such as Te Tai Tokerau Climate Action program across local authorities and other agencies and programs such as MPI projects and mental wellbeing fund.
- (2) *water resilience*: NPHS recommends investment in climate resilience activities with a heavy emphasis on water supply resilience.

### **Diverse and inclusive culture:**

- (3) *WDC's role as a Te Tiriti o Waitangi partner*: NPHS recommends that WDC carries out its roles and functions in a way that recognises He Whakaputanga and actively adheres to and implements Te Tiriti o Waitangi.
- (4) *equity-centred planning*: NPHS acknowledges the complex decisions before WDC regarding investment in several areas that are core to upholding public health. These include the potential deferment of active transport projects, development of a park and ride facility, and sport/leisure facility upgrades and developments. NPHS recommends that the decided mix of investments be distributed with equity as the leading priority, such as by focussing investment in areas experiencing higher socioeconomic disadvantage, and that an equity-focused accountability framework be adopted to monitor and measure success.

## **A great place to call home:**

- (5) *access to healthy housing*: NPHS recognises that equitable access to healthy housing is influenced by systemic sociopolitical and economic drivers that extend beyond the exclusive control of local government and notes that designing and implementing solutions requires collaboration across all sectors. NPHS encourages WDC to work closely with local as well as government organisations, and iwi and hapū, to create sustainable housing solutions, especially for Māori. To support climate change objectives, NPHS also recommends that WDC prioritises reducing emissions from existing and new houses while maximising health and equity co-benefits.
- (6) *access to fluoridated water*: NPHS supports the directive by the Director General for the installation of the fluoride dosing equipment and subsequent fluoridation of the four water supplies (Whau Valley water treatment plant, Ruddell's water treatment plant, Bream Bay water treatment plant, and the Poroti water treatment plant) in Whangārei.

# 1. Overview

To prosper, the people of Whangārei require a safe and healthy environment, good health, productive lives and the feeling of inclusion and contribution to society. Good health is contingent upon various societal factors, including cohesive communities, access to socioeconomic resources, quality education, and a health-promoting physical environment. The enjoyment of the highest attainable standard of health is a fundamental human right.<sup>1</sup> Both the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and the Convention on the Rights of the Child (CRC) affirm the right to equitable access to the determinants of health and wellbeing, acknowledging the needs and perspectives of those more likely to experience barriers to access, including indigenous peoples and children.<sup>2,3</sup> Providing the social, economic, cultural, and environmental conditions that promote wellbeing within present and future communities is one of the main purposes of local government.<sup>4</sup> The adoption of broader, more integrated and sustainable approaches to improve quality of life for communities into the future is reflected within local and central government; and at an international level through Aotearoa/New Zealand's commitment to the Sustainable Development Goals.<sup>5</sup>

The World Health Organization defines public health as “the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society”. National Public Health Service (NPHS) is tasked with pursuing this objective within Aotearoa/New Zealand, with a particular emphasis on reducing inequities, influencing social determinants and supporting people to be healthy where they live, learn, work and play. This submission is from the Northern Region of the NPHS, which has core objectives for protecting and promoting population health within Te Tai Tokerau/Northland and Tāmaki Makaurau/Auckland.

Whangārei faces several health challenges such as: climate change; potentially avoidable hospitalisations for issues such as oral health respiratory infections; high rates of people living in substandard housing and experiencing homelessness; and a rising prevalence of long-term health conditions; including those associated with poor oral health. The Long-Term Plan 2024 – 2034 (LTP)

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<sup>1</sup> World Health Organisation (WHO). (2024). WHO remains firmly committed to the principles set out in the preamble to the Constitution. Geneva: WHO. Retrieved from <https://www.who.int/about/governance/constitution>

<sup>2</sup> United Nations General Assembly. (2007). United Nations Declaration on the Rights of Indigenous Peoples (Resolution A/RES/61/295). Retrieved from: [https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP\\_E\\_web.pdf](https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf)

<sup>3</sup> United Nations General Assembly. (1989). Convention on the Rights of the Child (Resolution A/RES/44/25). Retrieved from: <https://www.unicef.org/child-rights-convention/convention-text>

<sup>4</sup> NZ Government. (2002). *Local Government Act 2002, section 10 (1)*. Wellington: NZ Govt. Retrieved from <https://www.legislation.govt.nz/act/public/2002/0084/latest/DLM170873.html>

<sup>5</sup> United Nations. (2024). What are the Sustainable Development Goals? New York: UN. See [https://www.undp.org/sustainable-development-goals?qad\\_source=1&gclid=CjwKCAjww\\_iwBhApEiwAuG6ccF-y3RX3c5FvnVR9t73fEjnzQ55QIlwmCCcdVR1LUbu03B9GLfLsZBoCDsoQAvD\\_BwE](https://www.undp.org/sustainable-development-goals?qad_source=1&gclid=CjwKCAjww_iwBhApEiwAuG6ccF-y3RX3c5FvnVR9t73fEjnzQ55QIlwmCCcdVR1LUbu03B9GLfLsZBoCDsoQAvD_BwE)

needs to incorporate the reality of growing demand for quality infrastructure and services because of these challenges, prioritising actions that advance equity and safeguard the needs of future generations. Addressing these issues is essential to improving community health and wellbeing and the prosperity of Whangārei. NPHS acknowledges the complexities confronted by Whangārei District Council (WDC) in addressing major financial challenges in a region facing significant social, economic, and environmental pressures.

WDC has responsibilities under Te Tiriti o Waitangi and the Local Government Act 2002 that overlap with the objectives of NPHS. To embrace these responsibilities, NPHS recommends that WDC's prioritisation, planning and activities include a focus on community health, wellbeing and equity. NPHS supports opportunities to collaborate with WDC and its other partners to deliver maximum population health and wellbeing benefit in Whangārei, facilitated through intersectoral action and the strengthening of networks. The enclosed response details some key areas through which WDC can take meaningful steps towards reaching these objectives, in relation to identified Community Outcomes.

These include;

- **Sustainable and resilient future: Climate change; and water resilience**
- **Diverse and inclusive culture: WDC's role as a Te Tiriti o Waitangi partner; and equity-centred planning**
- **A great place to call home: Access to healthy housing and fluoridated water**

With overlapping roles and common goals, there are opportunities to work together to address the challenges in a way that optimises benefits for human health and wellbeing, as well as that of the ecosystem, from which it is inseparable. Drawing on this context, NPHS offers feedback on the draft LTP in the following section aligned with WDC's Community Outcomes.

## 2. Key priorities

### 2.1 Sustainable and resilient future

#### ***Climate change***

All aspects of the environment affect public health. The impacts of extreme weather events and other more gradual climate-related changes on human health are increasingly recognised. These impacts in Aotearoa/New Zealand were stated in a recent scientific review:

*“Climate change mitigation is an urgent global priority. The health damaging effects in Aotearoa New Zealand were demonstrated by floods and storms that affected northern parts*

*of the country in early 2023. Climate change affects human health directly, via extreme meteorological events; (deaths and injuries from storms, floods, heatwaves and fires); indirectly, due to changes to the environment and ecosystems; (increases in temperature and/or changes in rainfall patterns affecting food production, food availability, diets and nutrition; altered transmission of communicable diseases) and due to social and economic changes. All of the above impacts will have important effects on livelihoods, household costs and the distribution of income. In turn, these changes have important health impacts.”<sup>6</sup>*

Climate change is a risk multiplier that will exacerbate existing health inequities. Whether looking at direct impacts following extreme events, or indirect impacts from changes to systems, these structural inequities weaken the ability of individuals, families and communities to cope and recover. Rural communities are recognised in Aotearoa as a particularly vulnerable population.<sup>7</sup> Rural communities in Te Tai Tokerau/Northland have already experienced disruption to infrastructure, food and water security; compromised access to healthcare, housing, and income; and impacts on psychosocial wellbeing and community cohesion from weather events. In recent years this has included the Auckland Anniversary weather event (2023), Cyclone Gabrielle, and droughts in 2020 and 2024.

Māori comprise around 32% of the Te Tai Tokerau/Northland population<sup>8</sup>, with a significant proportion living in their turangawaewae who have a generational investment and responsibility to the whenua (land). Principles such as Mauri Ora (healthy individuals), Whānau Ora (healthy families) and Wai Ora (healthy environments)<sup>9</sup> are interwoven threads of how Māori interact with each other, the wider communities and fundamentally how they coexist with the environment.<sup>10</sup>

## **Recommendations**

- NPBS supports collaborative whole-of-government approaches to climate change, such as Te Tai Tokerau Climate Action program across local authorities and other agencies and programs such as MPI projects and the mental wellbeing fund.<sup>3,4</sup>

## **Water resilience**

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<sup>6</sup> Pourzand, F., Bolton, A., Salter, C., et.al. (2023). Health and climate change: adaptation policy in Aotearoa New Zealand. *The Lancet: Regional Health Western Pacific*, 40(100954). Retrieved from <https://doi.org/10.1016/j.lanwpc.2023.100954>

<sup>7</sup> Nixon, G., Davie, G., Whitehead, J., et.al. (2023). Comparison of urban and rural mortality rates across the lifespan in Aotearoa/New Zealand: A population-level study. *J Epidemiol Community Health*, 77(9):571-577. DOI: 10.1136/jech-2023-220337.

<sup>8</sup> Health NZ: Te Tai Tokerau. (2023). *People and population*. Retrieved from <https://www.northlanddhd.org.nz/working-with-us/benefits-of-working-at-northland-district-health-board/living-in-northland/people-and-population/>

<sup>9</sup> The Minister of Health. (2023). *Rural Health Strategy*.

<sup>10</sup> Jones, R., Bennett, H., Keating, G., & Blaiklock, A. (2014). Climate change and the right to health for Maori in Aotearoa/New Zealand. *Health & Hum. Rts. J.*, 16, 54.

The management of water, be it flood protection, quality or adequacy of supply (particularly drinking water), is critical in all aspects of population health in Whangārei. The effects of the 2020 drought transcended individual district council limits, requiring water to be transported from outside of district council and regional boundaries. Future preparedness should include responding to drought in Whangārei, but also recognising that other districts and regions may require water support, should the geographic focus of a drought differ. The same interdependence may occur if critical infrastructure is damaged during a flooding event as was demonstrated by Cyclone Gabrielle.

Section 127 of the Local Government Act 2002, states that “councils have a duty to ensure that the community have access to drinking water if existing suppliers are facing significant issues that pose a serious risk to public health.”

Inadequate supply or compromised water quality poses a serious public health risk, and should be taken into account in the assessments undertaken under Section 125 of the same Act.

## ***Recommendations***

- NPHS recommends ongoing investment in climate resilience activities with a heavy emphasis on water supply resilience.
- NPHS–Northern Region is regularly notified by WDC of sewage spills during rainfall events, due to the potential public health impacts of exposure to diluted sewage. Given the importance of this stormwater activity, NPHS recommends that this issue is mentioned in the LTP.
- NPHS recommends that WDC works in collaboration with Northland Regional Council with regards to Section 125, given the impact of catchments on source water adequacy and quality.

## **2.2 Diverse and inclusive culture**

### ***Council’s role as a Te Tiriti o Waitangi partner***

NPHS have particular responsibilities and accountabilities to Māori through Te Tiriti o Waitangi, expressed through the Pae Ora (Healthy Futures) Act 2022. NPHS works to Te Tiriti principles, as articulated by the courts and the Waitangi Tribunal. These include:

- **Tino rangatiratanga:** Providing for Māori self-determination and mana motuhake.
- **Equity:** Being committed to achieving equitable health outcomes for Māori.
- **Active protection:** Acting to the fullest extent practicable to achieve equitable health outcomes for Māori. This includes ensuring that the Crown, its agents and its Treaty partner

under Te Tiriti are well informed on the extent, and nature, of both Māori health outcomes and efforts to achieve Māori health equity.

- **Options:** Providing for and properly resourcing kaupapa Māori health and disability services.
- **Partnership:** Working in partnership with Māori in governance, design, delivery and monitoring of health and disability services – Māori must be co-designers, with the Crown, of the primary health system for Māori.

In recognition of He Whakaputanga, NPHS strives to engage with iwi in a genuine and authentic manner. This requires careful consideration of its role as a Crown agency, so that iwi can exercise their tino rangatiratanga (their self-determination, independence and autonomy) in relation to the health and wellbeing aspirations of their people.

## **Recommendations:**

NPHS recommends that WDC carries out its roles and functions in a way that recognises He Whakaputanga and actively adheres to and implements Te Tiriti o Waitangi.

He piki tūranga, he piki kōtuku Future of Local Government Review<sup>11</sup> (2023) provided a deep look into a Tiriti-based partnership between Māori and Local Government. NPHS supports the direction of this document and encourages WDC to implement the suggested actions:

- shared decision-making between hapū/iwi and councils in relation to areas of shared priority that relate to Māori rights and interests;
- growing hapū/iwi capacity and opportunity to identify areas of greatest interest and aspiration and enact the change;
- creating the right conditions and spaces for councils and iwi and hapū to collaborate, tell stories of the places they are connected to and passionate about, and build a shared understanding of local whakapapa;
- Māori citizens expressing their culturally specific preferences for services, representation, and participation; and
- creating a greater level of transparency and accountability for both partners.

Upholding rights of Māori under Te Tiriti o Waitangi in local governance creates conditions for shared prosperity and wellbeing. Centring a Te Tiriti o Waitangi partnership and working together with Māori enables Councils to better respond to the growing range of challenges faced by the whole community,

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<sup>11</sup> Future for Local Government Review Panel. (2023). *Review into the Future for Local Government: He piki tūranga, he piki kōtuku*, Wellington: New Zealand. Retrieved from [https://www.dia.govt.nz/diawebsite.nsf/Files/Future-for-Local-Government/\\$file/Te-Arotake\\_Final-report.pdf](https://www.dia.govt.nz/diawebsite.nsf/Files/Future-for-Local-Government/$file/Te-Arotake_Final-report.pdf)



improve community cohesion and achieve equitable access to healthy local environments. NPHS encourages WDC to ensure that the LTP and the development of future plans and policies are aligned to the plans, aspirations, feedback, and advice of tāngata whenua partners.

## **Equity-centred planning**

Promoting equity is an important aspect of achieving the key purpose of local government to promote the social, economic, environmental, and cultural well-being of communities. Health New Zealand | Te Whatu Ora<sup>12</sup> has a similar objective, and defines health equity as:

*“In Aotearoa New Zealand people have differences in health that are not only avoidable, but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.”*

NPHS also applies an equity lens to planning, prioritising, funding and implementation frameworks, recognising “that different people with different levels of advantage require different approaches and resources to get equitable health outcomes”. This helps NPHS meet community needs, informed by circumstances and led through the perspectives and experiences of communities themselves.

The causes of inequity can be complex, including:

- the impact of the wider determinants of health (including socioeconomic deprivation, housing and the physical environment and exposure to harmful commodities including alcohol, tobacco and ultra-processed foods)
- racism and discrimination in how services are designed, commissioned and delivered, including inaccessibility of services; and
- how funding has been historically allocated.”<sup>13</sup>

The factors affecting community wellbeing are broadly similar to those affecting health equity, so should be of joint interest to local government and NPHS. NPHS supports equity issues being a key consideration in achieving these goals through the LTP.

Key health equity issues in Te Tai Tokerau/Northland include:

- Māori health inequity, including an 8-year gap in life expectancy when compared to non-Māori.<sup>14</sup>

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<sup>12</sup> Health NZ. (2024). *Achieving equity*. Wellington: Health NZ. Retrieved from <https://www.tewhātuora.govt.nz/whats-happening/about-us/who-we-are/achieving-equity/>

<sup>13</sup> Ministry of Health. (2022). *Interim Government Policy Statement on Health 2022-2024*. Wellington: Ministry of Health. Retrieved from <https://www.health.govt.nz/system/files/documents/publications/hp8132-igps-v28.pdf>

<sup>14</sup> Health NZ (Te Tai Tokerau). (2024). Our health profile. Wellington: HNZ. Retrieved from <https://www.northlanddhb.org.nz/about-us/about-us/our-health-profile/>

- High levels of socioeconomic deprivation, including for children.
- Inequity for rural people, including longer wait times to access primary care<sup>15</sup> and being less likely to have timely access to emergency medical services, which increases mortality and disability.<sup>16</sup> Access barriers, such as limited transport, also decrease the uptake of preventative and public health initiatives. Rates of children fully immunised by the age of 2-years, for example, are 5% lower for rural children.<sup>17</sup>
- Poor oral health outcomes for children, such as decayed, missing and filled teeth (DMFT), in part related to drinking water supply fluoridation.<sup>18</sup>

### *Accountability*

Working towards and achieving health equity requires ways of monitoring and measuring success. The collection, analysis and reporting of data disaggregated by ethnicity, age, gender, education, income, disability, and other factors is a crucial foundation for this.<sup>19</sup> Special consideration must be given to ethnicity data collection and quality, especially for Māori data.<sup>20</sup>

Qualitative data, including community and whānau perspectives, are also essential to understanding the how and why of inequities. Data must also be linked with information on other determinants such as education to better understand cause-and-effect relationships, i.e., how these other determinants contribute to health inequities. Part of inequity monitoring includes addressing gaps created by gender and other biases in how data has been previously collected, analysed and reported. Data collected for this purpose must be handled in concordance with data sovereignty and Māori Data Sovereignty principles<sup>21</sup>.

### *Engagement and consultation*

NPBS believes collectively local, regional and national government and health services could work more collaboratively to support the health and wellbeing of Whangārei communities. In addition to local government's responsibility to work in partnership with mana whenua, there is also a duty to

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<sup>15</sup> Minister of Health. (2023). Rural Health Strategy. Wellington: Ministry of Health. Retrieved from <https://www.health.govt.nz/system/files/documents/publications/rural-health-strategy-oct23-v2.pdf>

<sup>16</sup> Lilley, R., De Graaf, B., Kool, B., Davie, G., Reid, P., Dicker, B., et al. (2019). Geographical and population disparities in timely access to prehospital and advanced level emergency care in New Zealand: A cross-sectional study. *BMJ*, 9(7): e026026. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/31350239/>

<sup>17</sup> The Minister of Health. (2023). *Rural Health Strategy*.

<sup>18</sup> Ministry of Health. (2023). *Oral health data and stats*. Retrieved from <https://www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/oral-health-data-and-stats>

<sup>19</sup> WHO. (2024). Health equity. Geneva: WHO. Retrieved from [https://www.who.int/health-topics/health-equity#tab=tab\\_2](https://www.who.int/health-topics/health-equity#tab=tab_2)

<sup>20</sup> McLeod, M., & Harris, R. (2023). Action plan for achieving high quality ethnicity data in the health and disability sector. Wellington: Te Aka Whai Ora. Retrieved from <https://www.teakawhaiora.nz/assets/Uploads/Ethnicity-Data-Action-Plan.pdf>

<sup>21</sup> Te Mana Raraunga/Māori Data Sovereignty Network. (2023). *Our Māori data sovereignty principles*. Retrieved from <https://www.temanararaunga.maori.nz/nga-rauemi#OurM%C4%81oriDataSovereigntyPrinciples>

ensure that the diverse voices of the community—including Māori, Pacific peoples, disabled people, rangatahi/youth, refugees, new migrants, and the LGBTQIA+ community—are heard and reflected in decision-making and the shaping of the legacy future generations inherit.

#### *Equitable investment*

Efforts to reduce inequities in health and wellbeing through action on the wider determinants of health will benefit society in many ways. It will have a profound effect on the quality and longevity of life for everyone, and not just those at the bottom of the socio-economic gradient, those who suffer the most from material deprivation, or those who are exposed to negative life course events. It could also benefit the wider economy too - productivity losses through illness, societal costs associated with effects of mental illness, violence (including the costs of law enforcement and incarceration), numbers of people receiving benefits would all decrease through more equitable delivery of government services including health services.<sup>22</sup>

Acting on health equity requires us to prioritise the needs of those experiencing the greatest socioeconomic disadvantage, and shape approaches that are effective in achieving equity. Where universal actions are required, the intensity of these actions must be proportionate to the level of disadvantage, so that those most in need receive the most benefit.<sup>23</sup>

### **Recommendations:**

NPHS notes the complex decisions before WDC regarding investment in several areas that are core to upholding public health. These include the potential deferment of active transport projects, the park and ride facility, and sport/leisure facility upgrades and developments. NPHS recommends:

- an equity-focused accountability framework be adopted to monitor and measure success
- that the decided mix of investments be distributed with equity as the leading priority;
- further collaboration with key partners, including NPHS, and the community in these areas, to find solutions that meet aspirational levels of provision for healthy environments; and
- that WRC develop and invest in their internal systems for managing and promoting good quality engagement with diverse communities to ensure that the voices of Māori, Pacific peoples, disabled people, rangatahi/youth, refugees, new migrants, the LGBTQIA+ community, and other diverse communities are heard and reflected in its decision-making.

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<sup>22</sup> NZ College of Public Health Medicine (NZCPHM). (2023). *Position Statement: Health as an investment, 2017*. Retrieved from <https://nzcphm.org.nz/Policy-Statements/10944/>

<sup>23</sup> NZCPHM. (2023). *Position Statement: Choosing Wisely – Recommendations & explanatory statements, 2019*. Retrieved from <https://nzcphm.org.nz/Policy-Statements/10944/>

## 2.3 A great place to call home

### ***Access to healthy housing***

NPBS appreciates the considerable challenge of prioritising a limited range of fiscal and human resources on broad issues which affect the prosperity and wellbeing of the local community, as well as identifying revenue streams to do so sustainably.

In that context, NPBS advocates for a core LTP focus to be on activities that will contribute to increasing the proportion of the community living with access to safe and affordable housing. NPBS considers this a prerequisite for all other areas of public policy to build on, such as healthcare, education, community safety and an inclusive economy.

Without an equitable change, there remains a risk that a large group in Te Tai Tokerau/ Northland will remain out of reach of more downstream opportunities that other policy development areas may provide, potentially widening the social and health inequities observed and limiting the overall success of other policy interventions.

#### *Substandard housing*

A 2021 analysis of households in Te Tai Tokerau/Northland highlighted a high proportion of people living in substandard housing, particularly in relation to damp and mould, with many households lacking access to basic amenities.<sup>24</sup> It was reported in 2020 that one in three Māori live in cold, damp and/or mouldy homes, in comparison with one in five Pākehā. In Te Tai Tokerau/Northland, 42.9% of Māori live in damp housing.<sup>25</sup> Such conditions, along with overcrowding and other factors of substandard housing, can have significant impacts on health, especially in relation to respiratory infections, chronic lung diseases, rheumatic fever and skin infections.<sup>26</sup> There is strong evidence, nationally and internationally, of improved health outcomes resulting from warmer and drier homes.<sup>27</sup> Improving housing is also an equity issue, with Māori and Pacific families being over-represented in low-income households and in areas of poorer quality and crowded housing. Energy use in housing (building and heating) also impacts carbon emissions.

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<sup>24</sup> George, L., Gowda, S., & Buchwald, K. (2021, March). *Kāinga Kore - Homelessness in Te Tai Tokerau: An overview* (p. 35-36). Whangārei, NZ: Ngā Tai Ora, Public Health Northland, NDHB

<sup>25</sup> McLachlan, L-M. (2020, 2 July). Māori children will end up in hospital due to cold, mouldy homes, say advocates. NZ Herald. Retrieved from <https://www.nzherald.co.nz/nz/maori-children-will-end-up-in-hospital-due-to-cold-mouldy-homes-say-advocates/M3V7R6HNNH6UO4DMFQ2MHGXWLU/>

<sup>26</sup> George, et.al., 2021, p. 35.

<sup>27</sup> Ministry of Health/Manatū Hauora. (2021). Healthy Homes Initiative. Wellington, NZ: MOH. Retrieved from <https://www.health.govt.nz/our-work/preventative-health-wellness/healthy-homesinitiative>

## Homelessness

It is understood that “A home is essential to wellbeing.... [as] a crucial platform for recovery, employment, education and wider community engagement and participation”.<sup>28</sup> In 2019, more than 41,000 people were estimated to be homeless in Aotearoa NZ.<sup>29</sup> Furthermore:

- “Homelessness is no longer dominated by the stereotypical rough sleeper with mental health issues and is now more often a working family with young children”<sup>30</sup>;
- Māori and Pacific people groups, along with new migrants and those with disabilities, have disproportionate rates of homelessness;<sup>31</sup>
- Many have experienced a multitude of disadvantages, including poverty, poor physical and/or mental health, unemployment or low-income rates, and disconnection from cultural institutions<sup>32</sup>;
- The concept of the ‘hidden homeless’ defines homelessness as beyond just those who are sleeping rough, to include those who are ‘couch surfing’, living in overcrowded homes and so on.<sup>33</sup>

It has been recognised that Te Tai Tokerau/Northland has one of the most severe experiences of homelessness, with a disproportionate impact on Māori.<sup>34</sup> In Te Tai Tokerau/Northland, across all age groups, Māori make up a significantly higher proportion of those receiving Emergency Housing Grants:

- in the 15-29-year age group, identified as Māori;
- amongst 30-44 year olds, 83.3% identified as Māori;
- of the 45-59 age group, 79% identified as Māori;

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<sup>28</sup> Office of the Minister of Housing; Office of the Minister for Social Development; Office of the Associate Minister of Housing; & Chair, Cabinet Social Wellbeing Committee. (2019, 14 August). *Preventing and reducing homelessness in New Zealand* (p. 1). Wellington, NZ: NZ Government. Retrieved from <https://www.hud.govt.nz/assets/News-and-Resources/ProactiveReleases/f41acf93b7/Cabinet-Paper-Preventing-and-Reducing-Homelessness-in-New-Zealand.pdf>

<sup>29</sup> Labour Party, Green Party & Māori Party. (2016, 10 October). *Final Report of the Cross-Party Inquiry on Homelessness*. Wellington, NZ: Authors. Retrieved from

<https://www.communityhousing.org.nz/resources/article/cross-party-inquiry-into-homelessnessreleases-report>

<sup>30</sup> Labour Party, et.al., 2016. Amore, K. (2016). *Severe housing deprivation in Aotearoa/New Zealand: 2001-2013*. Wellington, NZ: He Kainga Oranga/Housing & Health Research Programme, Department of Public Health, University of Otago.

<sup>31</sup> Labour Party, et.al., 2016

<sup>32</sup> Richards, S. (2008). *Homelessness in Aotearoa: Issues and recommendations*. Wellington, NZ: New Zealand Coalition to End Homelessness.

<sup>33</sup> Rigby, B. (2017). Responding to homelessness in New Zealand: Homelessness and Housing First for Māori: Meaning and optimisation. *Parity*, 30(8), 41-43. Retrieved from <https://www.housingfirst.co.nz/wp-content/uploads/2019/12/Parity-Vol30-08.pdf>

<sup>34</sup> NZ Government. (2018, 11 May). Programme to fight homelessness to be expanded to Whangārei and Northland. Wellington, NZ: NZ Government. Retrieved from <https://www.beehive.govt.nz/release/programme-fight-homelessness-be-expanded-Whangārei-and-northland>

- 52.5% amongst the 60+ age group identified as Māori; this is more than half the recipients in that age range.<sup>35</sup>

### *Diversifying housing options*

The Te Pouahi o Te Tai Tokerau Māori Housing Trust was established in 2023 to deliver 80 new homes and provide improvement infrastructure for 110 houses across Te Tai Tokerau/Northland<sup>36</sup>. The \$55m package released by then Associate Minister of Housing (Māori Housing) Peeni Henare aimed to contribute significantly to the situation regarding substandard housing and homelessness for Māori in Te Tai Tokerau/Northland.<sup>37</sup> However, significant issues still persist, particularly for areas of high Māori population and within isolated, rural areas. Alternative solutions to housing are now prevalent, with ‘tiny homes’ and container homes a viable option for low-income families who cannot afford standard housing, or to provide extra housing for currently overcrowded homes. These options could be made more accessible with appropriate local government regulations and support regarding alternative housing options. This would also increase employment opportunities for Māori, including building apprenticeships, with positions specifically for Māori apprentices.

## **Recommendations**

NPHS recognises that equitable access to healthy housing is influenced by systemic socio-political and economic drivers that extend beyond the exclusive control of local government. As such, NPHS notes that designing and implementing solutions requires collaboration between central and local government agencies (including the health sector), iwi and hapū, and non-governmental organisations. To support the achievement of this shared vision, NPHS encourages WDC to:

- work closely with local as well as government organisations, and iwi and hapū, to create sustainable housing solutions for Māori, that enable home ownership in ways that are meaningful for Māori, for example, use of multi-owned land.
- prioritise reducing emissions from existing and new houses while maximising health and equity co-benefits. This would support emissions goals, reduce household bills for whānau, and improve health outcomes through making it easier for whānau to keep their homes dry and warm. Pathways to this include:
  - the installation of clean heating and insulation to existing homes
  - supporting and investing in new, zero carbon, healthy, accessible social housing

<sup>35</sup> George, et.al., 2021.

<sup>36</sup> Te Hiku Media. (2023, 30 August). *Te Pouahi O Te Taitokerau: Māori Housing in Northland*. Northland: Te Hiku Media. Retrieved from <https://tehiku.nz/te-hiku-tv/haukainga/39449/te-pouahi-o-te-taitokerau-maori-housing-in-northland>

<sup>37</sup> NZ Government. (2022, 31 October). *Support Package to build new homes in Te Taitokerau*. Press Release. Wellington, NZ Govt. Retrieved from <https://www.beehive.govt.nz/release/support-package-build-new-homes-te-taitokerau>

- enabling high efficiency, low emissions home heating<sup>38</sup>
- working with Māori and iwi with regard to collaborative housing initiatives that are meaningful for Māori.

## ***Access to fluoridated drinking water***

Oral health is an important part of general health and wellbeing. Oral health status impacts on a person's ability to eat, be social and be employed<sup>39</sup>, while poor oral health is also associated with avoidable hospitalisations and lower measures of overall health.<sup>40</sup>

Community water fluoridation is advocated by Manatū Hauora as a safe, effective, and affordable measure to combat tooth decay, particularly benefiting underserved groups like tamariki Māori and Pacific children. Studies over the past six decades, including those conducted in Aotearoa/New Zealand, consistently demonstrate its efficacy in reducing tooth decay rates. Adjusting fluoride levels in drinking water within the range recommended by the World Health Organization and Manatū Hauora, between 0.7 and 1.0 mg/L, is highlighted as the most efficient strategy for preventing dental decay.

The oral health status of the population of Te Tai Tokerau/Northland is marked by significant challenges, with high rates of preventable tooth decay<sup>41</sup>. Notably, Te Tai Tokerau/Northland lacks community water fluoridation, exacerbating the issue and leaving residents without a proven public health preventive measure. Tamariki Māori, Pacific children, and those in underserved communities face particular barriers to accessing adequate dental care. Introducing community water fluoridation would benefit those most in need and thus reduce ethnic oral health inequities across Te Tai Tokerau.

## ***Recommendations***

- NPHS supports the 2022 directive by the former Director-General of Health for the installation of the fluoride dosing equipment and subsequent fluoridation of the four water supplies (Whau Valley water treatment plant, Ruddell's water treatment plant, Bream Bay water treatment plant, and the Poroti water treatment plant) in Whangārei, which would cover nearly 80% of the Whangārei population.

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<sup>38</sup> Ora Taiao, NZ Climate & Health Council. (2020). See <https://www.orataiao.org.nz/>

<sup>39</sup> Tiwari T, Jamieson L, Broughton J, Lawrence HP, Batliner TS, Arantes R, et al. Reducing Indigenous Oral Health Inequalities: A Review from 5 Nations. *Journal of dental research*. 2018 Jul;97(8):869-77. PubMed PMID: 29554440. Epub 2018/03/20. eng.

<sup>40</sup> Jatrana S, Crampton P, Filoche S. The case for integrating oral health into primary health care. *N Z Med J*. 2009 Aug 21;122(1301):43-52. PMID: 19829391.

<sup>41</sup> [Annual Update of Key Results 2022/23: New Zealand Health Survey | Ministry of Health NZ](#)

- NPHS notes the key issue of ‘no operational opex available’ (pg 118, Supporting document for the WDC LTP 2023-24). NPHS recommends that this issue is raised with Manatū Hauora and Health New Zealand | Te Whatu Ora for further discussion and consideration. This could be facilitated by NPHS.
- NPHS supports the WDC’s option: monitor changes and respond as required (pg 124, Supporting document for the WDC LTP 2023-24).
- NPHS supports WDC’s decision to ‘implement fluoridation as required by legislation’ (pg 124, Supporting document for the WDC LTP 2023-24).

## Conclusion

Thank you for the opportunity to submit on WDC’s LTP 2024–2034. NPHS and WDC share a commitment to achieving wellbeing for all who live in Whangārei under Te Tiriti o Waitangi. This submission highlights opportunities for WDC to meet this commitment through their planning activities, namely through:

1. Working in partnership with Māori to design and deliver solutions that respond to the aspirations of tāngata whenua.
2. Delivering a strong equity approach to ensure all communities have access to activities, discussions and resources that affect their ability to achieve better outcomes for their families and communities within Whangārei. This involves embedding equity as a central framework in all planning, monitoring and decision-making.
3. Ongoing investment in activities and programmes that will enhance climate resilience in the Whangārei, with a particular focus on water resilience.
4. Prioritising activities that will contribute to increasing the proportion of the community living with access to safe and affordable housing, and healthy drinking water.

Perhaps the strongest recommendation NPHS can make is that WDC applies a public health and equity lens over all their activities. NPHS—Northern Region is committed to working alongside WDC to achieve common objectives, including promoting the wellbeing of the population of Whangārei and steering the district through the challenges it faces into a healthy, sustainable future.