

Submission to: Porirua City Council

From: Healthy Futures Charitable Trust and the Child Obesity and Type 2 Diabetes Prevention Network (the Network).

The Network and Healthy Futures would like the opportunity to present the submission to the Porirua City Council. Please contact Anna Ferguson, anna@healthyfutures.org.nz or Miranda Walker, miranda@healthyfutures.org.nz, to arrange a time for an oral submission.

Subject: Provision of public drinking water fountains with bottle refilling stations.

Recommendation: Increasing the number of public water fountains with bottle refilling stations, particularly in areas where children, adolescents and families gather. This will support the health and environment of the community Porirua City Council (PCC) serves.

1. Background

- 1.1. Healthy Futures promotes healthy lifestyles in the Wellington region with the specific aim of reducing obesity and type 2 diabetes, particularly in children. We are writing on behalf of the Child Obesity and Type 2 Diabetes Prevention Network (the Network). The Network is a multidisciplinary group of over 130 professionals from the Wellington region who share a concern over the increasing number of children with obesity and type 2 diabetes. Network members include diabetes nurse specialists, endocrinologists, paediatricians, dietitians, researchers, public health experts, dentists, NGO and local government representatives, physical activity specialists, teachers, marketing experts and concerned members of our community (see Appendix for membership list). The Network's vision is for all New Zealand children to live in an environment that enables and supports healthy eating and physical activity patterns.
- 1.2. We present this submission based on the collective expertise and interest of the Network members in preventing obesity and type 2 diabetes in Porirua children. The submission is evidence-based and links with the goals and strategies set out in the 2016/17 PCC Annual Plan and the PCC Long Term Plan, 2015-2025.
- 1.3. First we provide evidence of the health situation that underpins our recommendations, outlining the evidence linking sweetened drinks with high rates of child obesity and related health conditions. We then review the benefits of providing public water fountains as a tool to make choosing water the easy choice. We provide national and international examples of cities that have installed public water fountains. We close with a summary of Healthy Futures'

and the Network's recommendations for Porirua City.

2. Introduction

2.1. New Zealand children are the third most overweight and obese children in the OECD.¹ In 2014/15 just over one in five New Zealand children aged 2-14 years were overweight (21.7%) and one in ten (10.8%) children were obese. Obesity prevalence is significantly higher for Māori and Pacific children, and children from the most deprived neighbourhoods.²

2.2. In the CCDHB area, which includes Porirua, 28.5% of children aged 2-14 years were classified as overweight or obese in the 2011-2014 New Zealand Health Survey.³

2.3. Child obesity is a key risk factor in the development of type 2 diabetes.^{4,5} Paralleling the increasing prevalence of child obesity in New Zealand is the increasing incidence of type 2 diabetes in New Zealand children.^{6,7}

“Obesity prevention and treatment requires a whole of government approach in which policies across all sectors systematically take health into account, avoid harmful health impacts and thus improve population health and health equity”.

World Health Organisation¹⁵

Traditionally a disease diagnosed in older adulthood, children are now presenting with the disease. There are currently three children with pre-diabetes, and ten children under the age of 14 with advanced type 2 diabetes who access Diabetes Services at Kenepuru Hospital, with the youngest being just 6 years old.⁸ This figure underestimates the actual prevalence, since we know that there are many more children with diagnosed (and undiagnosed) diabetes who do not seek medical attention.

2.4. The immediate and long-term consequences of overweight and obesity, and type 2 diabetes are considerable. Children's quality of life is substantially reduced, and they are at greater risk of developing other chronic conditions such as cardiovascular disease, musculoskeletal disorders, and mental health problems.^{9,10} If developed in childhood, many chronic conditions continue through into adulthood. Such conditions place substantial financial burdens on individuals and society.^{11,12} Consequently, child overweight and obesity, and its related conditions, have been identified as a key issue facing children and society that require urgent action.^{13,14}

2.5. A recent World Health Organisation (WHO) Report of the Commission on Ending Childhood Obesity concluded that children are growing up in an obesogenic environment, one that encourages weight gain and obesity.¹⁵

- 2.6. Added sugar is a key dietary contributor to obesity, and a significant causative factor of tooth decay. Sugar-sweetened beverages are of particular concern because they are easy to access, cheap, energy-dense and nutrient-poor. The consumption of sugar-sweetened beverages is associated with an increased risk of tooth decay, weight gain, type 2 diabetes, gout and poor bone health.¹⁶⁻¹⁹
- 2.7. The WHO recommends that sugar intake should not exceed 5% of all energy intake.²⁰ In New Zealand, sugar-sweetened beverages alone contribute 6-8% of children's total energy intake, accounting for about a quarter of the total sugars consumed by them.^{21,22} A substantial proportion of New Zealand children consume sugar-sweetened beverages more frequently than recommended (less than 250ml/week).²³
- 2.8. The WHO has recommended that consumption of sugar-sweetened beverages be restricted, and the World Cancer Research Fund has recommended that consumption be avoided.³⁰ A key to restricting and avoiding sugar-sweetened beverage intake is changing people's environment and providing settings where it is easier for them to make the healthier choice of water. Currently, accessing free drinking water in Porirua City is difficult, especially in spaces frequently visited by children, teenagers and families.
- 2.9. Healthy Futures surveyed those attending Creekfest 2017, asking if people would like to see more water fountains with bottle refilling stations (hereafter referred to as water fountains) in Porirua City, and asking for them to nominate spaces they would like to see them in. There was overwhelming support for more water fountains. The preferred locations suggested by members of the public at Creekfest are shown in Box 1 (right). Parents reported that they often resort to buying sugar-sweetened beverages in the absence of free water. Teenagers reported buying sugar-sweetened beverages because they are cheaper than bottled water. These stories do not portray Porirua as a health-promoting city.
- 2.10. The availability of, and easy access to, public water fountains ensures that the people are able to easily make the healthy choice of water. In the absence of public water fountains, people are more likely to purchase nutritionally-void,

**BOX 1: PREFERRED
LOCATIONS FOR PUBLIC
WATER FOUNTAINS (in order
of popularity)**

1. North City Plaza
2. Cannons Creek shops
3. Near Te Rauparaha Arena
4. Skate parks
5. Waitangirua shops
6. Beaches
7. Parks

sugar-sweetened beverages. Furthermore, the waste associated with bottles and cans negatively impacts the environment and adds to recycling costs.

2.11. The provision of public water fountains in Australian and other New Zealand cities

“There’s no need to spend on bottled water, which is damaging for the environment, when we have water fountains around the city where you can fill up your reusable bottle....it’s good for the environment, good for the pocket and good for the body”

Lord Mayor, City Of Melbourne²²

demonstrates their commitment to making water a healthier and easier choice and sets a precedent for other councils. For example, the City of Melbourne, in collaboration with Vic Health, recently installed 60 water fountains across the city and promoted the initiative by distributing 11,000 reusable water

bottles. The locations of the water fountains are available on the Melbourne City website, and a free smart phone app enables people to find the location of the closest water station.²⁴

2.12. In the Wellington region, Wellington City Council have committed to installing five water fountains around the Great Harbour Way and amended the 2016/17 Annual Plan following a submission from Healthy Futures and the Network to install two more water fountains in Cuba Street and Lombard Lane. Hutt City Council (HCC) , Community Facilities, have recently purchased 7 new public water fountains and the HCC Parks and Gardens Team are installing further public water fountains across parks with high foot traffic.²⁵

2.13. Nelson, Queenstown, Waitemata and Tauranga have been proactive in providing access to free drinking water. For instance, the Nelson City Council has installed 18 water fountains across the city, with their locations shown on a map on their web site. Other organisations such as the Nelson branch of the New Zealand Dental Association and the City of Nelson Civic Trust, have provided funding for additional water fountains. Such action shows councils’ commitment to working collaboratively with community partners to improve children’s health and reduce environmental waste.



Figure 1: City of Melbourne Hydration Station

2.14. Excessive sugar consumption has negative long-term economic impacts for communities through the direct costs of increased health care, and indirect

economic costs through the loss of productivity. A recent report by Morgan Stanley Research identified that at current consumption levels, New Zealand's economic growth would reduce by more than 20% as a result of the health impacts associated with sugar consumption.²⁶



Figure 2: City of Melbourne Hydration Station

2.15. We note that in the Porirua City Council Long Term Plan 2015-2025²⁷, the priorities for the city include: children and young people at the centre of city decisions, a great village and city experience and a growing, prosperous and regionally connected city. Without action, it is possible the economic impacts described will hinder the achievement of the PCC's goals for the city to 2025 and beyond.

2.16. We acknowledge that vandalism of the water fountains is a concern. However, Perth City Council, which led the way on public water fountains in Australia, report vandalism of their public water fountains has not been an issue.²⁸ Queenstown Lakes District Council report similar findings.²⁹

3. Recommendations

3.1. The Network commends the PCC on its commitment to 'put children and young people at the centre of city decisions' and work to 'ensure every Porirua child can access everything they are entitled to', recognising that Porirua is the youngest community in New Zealand, with 25% of the population under the age of 15 years.²⁷

3.2. In view of the obesity epidemic and the implications for future generations, we propose that PCC funds the installation of public water fountains in areas where children, adolescents and families frequently use. This will entitle children to free water and provide a supportive health promoting city experience.



Figure 3: Free drinking water in Waitemata, part of a network of water stations

- 3.3. Initially, we would suggest North City Plaza, Cannons Creek Shops, the Cobham Court redevelopment and the area around Te Rauparaha Arena as sites for water fountains.
- 3.4. We recommend new and existing water fountains are signposted in the same way public toilet facilities are signposted.
- 3.5. We would recommend a uniform design that is easily recognised. Figures 1-6 illustrate a variety of public water fountain installations by the City of Melbourne, Lakes District Council (Queenstown), Nelson City Council and Waitemata.
- 3.6. We would also suggest that the locations of the water fountains are featured on the PCC website, and made easily accessible via smartphones through integration with a suitable map enabled app.
- 3.7. We suggest that PCC conduct a campaign to promote water as the healthy, easy choice.



Figure 4: City of Melbourne Hydration Station, showing impact on elimination of waste



Figure 5: Queenstown Lakes District Council drinking water refill station

3.8. We suggest that the installation of a water fountain becomes a requirement of the consent process in all future developments, especially in areas that are likely to be frequently used by children and families.

3.9. We note that the city centre revitalisation process seeks collaboration and partnership with business, investors and the community.²⁷ Healthy Futures understands that the Wellington Branch of the New Zealand Dental Association is willing to purchase one water fountain in Porirua City. We recommend this collaborative offer is accepted to serve as an excellent model for other sponsors to extend the availability and accessibility of free water to Porirua children.

In conclusion, the Network believes that achieving good health for all requires solutions that transcend the health sector. We believe that health must be a fundamental objective underpinning PCC decision-making in developing a resilient city. We believe that the provision of public water fountains would be an important step in supporting a healthy environment for those living in and visiting Porirua, with benefits extending across health and the environment. Healthy Futures and the Network look forward to working with PCC to support those in our community to live healthy lives.

This submission was prepared by members of Healthy Futures with the Child Obesity and Type 2 Diabetes Prevention Network. All the members of the Network have agreed to have their details published in an appendix to this submission to recognise their high level of support for this proposal.



Figure 6: Nelson City drinking station

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APPENDIX: CHILD OBESITY PREVENTION NETWORK MEMBERSHIP LIST

NAME	POSITION
Dr Gabrielle Jenkin	Post-Doctoral Research Fellow
Tess Clarke	Clinical Nurse Specialist - Diabetes Inpatients
Dr Moira Smith	Research Fellow, PhD Candidate and Dentist
Lorna Bingham	Diabetes Nurse Practitioner
Pip Cresswell	Diabetes Research Nurse
Dr Amanda D'Souza	Public Health Physician, Senior Lecturer & PhD candidate
Associate Professor Louise Signal	Associate Professor
Kirsty Newton	Diabetes CNS - Adolescents / Young Adults
Associate Professor Jeremy Krebs	Consultant & Clinical leader Diabetes/Endocrine
Dr Amber Parry-Strong	Research fellow & Diabetes Dietician
Nikki Chilcott	Central Region Manager – Health Promotion
John White	Research Officer/ PhD Candidate Public Health
Casey Williams	Parent Coordinator
Dr Janine Williams	Teaching Fellow
Alison Pask	National Project Manager
Dr Esko Wiltshire	Associate Professor Paediatrics/Paediatric Endocrine Consultant
Sera Tapu-Taala	Diabetes CNS Kenepuru
Gilli Lewis	Paediatric Diabetes CNS
Lindsay McTavish	Diabetes CNS and CNM
Maurice Priestley	
Jeannine Stairmand	Health Promotion Certificate Coordinator

Debbie Rickard	Nurse Practitioner – Child Health
Ann Gregory	Paediatric dietitian
Raewyn Sutton	Manager – Health Promotion
Emma Hickson	Director of Nursing, Primary Care & Community
Ruth Richards	Public Health Physician, Health Promotion
Emma Morrow	Senior Systems Development Manager – Child & Youth
Vicki Robinson	Consultant Dietitian
Lesley Gray	Senior Lecturer, Primary Health Care & General Practice
Dr Anna Ferguson	Dentist/Sweetened Beverages Projects Manager
Dr Rosemary Hall	Endocrinologist
Heather Campbell	Midwife/ CNS – Diabetes in Pregnancy
Kathy McConville	Physical Activity Advisor
Siaosi Anamani	Health Promotion Coordinator
Vanessa Broughton	Physical Activity Advisor
Sarah Satherley	Clinical Programme Facilitator
Susan Knox	Manager Nutrition Advisors, Southern
Nicky Boughtwood	Newsletter Coordinator
Julie Cedarman	
Maria Hakaraia	Clinical Midwife Specialist Lactation (Maori and Pacific)
Fran McEwen	Health & Wellbeing Partnership Manager
Inge Mautz-Cooreman	Project Manager
Luiza Rigutto	Teacher/HOD Technology
Jo Stewart	Senior Dietitian
Annabel Wilton	Occupational Health & Wellness Advisor
Kathryn Hutchinson	Year 13 Dean & Social Science teacher

Judith Yeabsley	Picky Eating Specialist
Christine Curry	Diabetes Nurse
Dr Marion Leighton	General Physician
Dr Jayne Krisjanous	Senior Lecturer, School of Marketing & International Business Studies
Nicola Potts	Food, Nutrition & Hospitality Teacher
Mary MacFarlane	Food & Nutrition Teacher
Sene Kerisiano	Senior Advisor, Public Health
Janine Nash	Public Health Advisor
Catherine Nelson	Wellbeing Nurse
Erin Searle	Diabetes Nurse Specialist
Kathryn Levy	Nutrition & Food Technology teacher
Meg Thorsen	National dietitian
Mary-Jane Smith	Paediatric Staff Nurse
Libby Paterson	Victoria University
Michelle Green	HOD Nutrition and Food Technology
Todd Morton	Manager
Mike Mercer	Manager – Sport and Recreation
Hayley Goodin	Manager – Healthy Families Lower Hutt
Dr Riz Firestone	Research Officer
Rob Quigley	Director
Miranda Walker	Clinical Nurse Specialist - Diabetes
David Fa'atafa	Pacific Health Committee Member
Dr Osman Mansoor	Public Health Physician
Tricia Keelan	General Manager – Maori and Population Health
Nooroa Kippenberger	Community Health Worker – Nutrition and Physical

	Activity
Brianna Tekii	Project Energize, Team Leader
Jennie Henton	
Vikki Ambrose	Health Promotion Advisor, Nutrition and Physical Activity & Tobacco Control
Michael Hale	Public Health Physician
Katherine Stokes	Head of Food Technology/Hospitality
Jessi Morgan	Projects Manager
Geoff Simmons	CEO
Nick Castro	MAEd/PhD Student
Delwyn MacKenzie	Life-style Nutrition and Natural Health
Jane Wyllie	Dietitian, Preventative Health and Chronic Disease Group
Jessica Jones	Health Promotion Advisor – Healthy Communities
Dr Robyn Haisman-Welsh	Dentist
Dr Javier Stroud	Medical Registrar
Debbie Hughes	Diabetes Nurse
Candice Apelu	Project Manager
Rachel Bridgeman	
Heather Cotter	National Training Coordinator
Helen Lockyer	
Henry Iona	Public Health Advisor, Community Health
Lucy Leppard	Health 4 Life Educator
Chris Te'o	Health Promoter and Pacific Health Advisor
Sherylene Orsborn	Owner-Operator / Personal Trainer
Emma Smith	
Paulien van Geel	Lead Healthy Families Coach

Cheryl Linge	CEO
Tanya Radford	
Kate Calvert	Team Leader – Early Intervention Team
Ashleigh Baker	Green Prescription Programme Support
Stacey Kung	PhD Student
Saya Hashimoto	Nutrition Advisor – Pacific
Fiona Roberts	Nutrition Advisor
Bradley Brosnan	Mental Health Dietitian
Alaina Kalyan	Dental Hygienist
Tara Forde	Political and Media Advisor
Mike Bedford	PhD Student
Emilee Walby	Dental Hygienist
Jodi Caughley	Service Development Manager, Strategy Planning & Outcomes
Amanda Cuneen	Hospital Territory Manager
Nikki Blair	General & Community Paediatrician
Ana So’otaga	Healthy Families Lower Hutt – Settings Coordinator
Erin Adams	Healthy Families Lower Hutt – Communities Advisor
Katie Siuvea	Healthy Lifestyles Team Lead – Child & Whanau
Ranei Wineera-Parai	Porirua Social Sector Trial Lead
Jo Stewart	Dietitian/Professional Leader - Dietetics
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Rebecca Morahan	WELLfed Programme Manager
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