Pathways and Policy

Approaches to Community Resource Access, Health and Wellbeing in Two New Zealand Cities

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in

Public Health

at Centre for Social and Health Outcomes Research and Evaluation,

Massey University, Albany,

New Zealand

Adrian Christopher Field

2004

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CANDIDATE'S DECLARATION

This is to certify that the research carried out for my Doctoral thesis, entitled *Pathways and Policy: Approaches to Community Resource Access, Health and Wellbeing in Two New Zealand Cities*, in the Centre for Social and Health Outcomes Research and Evaluation (Research School of Public Health), Massey University, Auckland campus, New Zealand is my own work and that the thesis material has not been used in part or in whole for any other qualification.

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SUPERVISOR'S DECLARATION

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CERTIFICATE OF REGULATORY COMPLIANCE

This is to certify that the research carried out in the Doctoral Thesis entitled *Pathways and Policy: Approaches to Community Resource Access, Health and Wellbeing in Two New Zealand Cities*, in the Centre for Social and Health Outcomes Research and Evaluation (Research School of Public Health) at Massey University (Auckland campus), New Zealand:

(a) is the original work of the candidate, except as indicated by appropriate attribution in the text and/or in the acknowledgements;

(b) that the text, excluding appendices/annexes, does not exceed 100 000 words;

(c) all the ethical requirements applicable to this study have been complied with as required by Massey University, other organisations and/or committees (University of Auckland Human Subjects Ethics Committee) which had a particular association with this study, and relevant legislation;

Ethical Authorisation code: University of Auckland Human Subjects Ethics Committee 2001/252 (PhD enrolment transferred to Massey University in December 2002).

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Abstract

This research examines access to community resources – services, facilities and amenities that are potentially health promoting – in two New Zealand territorial authorities, and the policy and planning frameworks of each regarding community resources.

International research evidence indicates that community resource access is potentially beneficial to health and wellbeing, through creating supportive environments for health, and providing venues to facilitate social connections. Review of the urban design and planning literature indicates that community resource access is strongly influenced by the dominant urban design and planning models.

Geographic information systems were used to develop a Census meshblock-based indicator of community resource accessibility (the Community Resource Accessibility Index). Quantitative analysis examined associations of resource access with socio-economic and demographic population patterns. Qualitative analysis, using key informant interviews and document analysis, explored policies on community resource access, and the role of health and wellbeing as a policy goal for each territorial authority.

Quantitative analysis revealed the socio-economically wealthier city had higher overall levels of community resource access, but within each city, more deprived areas had higher levels of access. The location of community resources within poorer areas reduces the mobility costs of people within these areas to access such resources, and makes more available the general health benefits of community resources.

Qualitative analysis indicated community resources are important components of urban strategies. Historic patterns of community resource development, aggregated city wealth and local policies were important determinants of the level of community resource access.

In New Zealand, as will be the case internationally to varying degrees, there is considerable scope for territorial authorities to enhance local health and wellbeing, through direct delivery of community resources, and through collaboration with external agencies to develop community resources that are outside the direct responsibilities of territorial authorities. When these findings are considered in the context of the passage of local government legislation in late 2002, there is growing potential for territorial authorities to use a variety of levers to enhance community resource access, and by implication, health and wellbeing. Health promoters have opportunities to engage with local government and contribute to urban development strategies, for the purposes of enhancing population health and reducing health inequalities.

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