BEFORE THE HEARING COMMISSIONERS

IN THE MATTER	of the Resource Management Act 1991
AND	
IN THE MATTER	of submissions by the National Public Health Service of Health New Zealand (submitter # 164) on Waitaki District Council Proposed Plan

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STATEMENT OF EVIDENCE OF ON BEHALF OF

NATIONAL PUBLIC HEALTH SERVICE

HEALTH NEW ZEALAND

20 May 2026

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1. INTRODUCTION

1.1 My full name is John Eastwood

1.2 I am a medical doctor. I am employed as a Public Health Medicine Specialist of Health by National Public Health Service – Te Waipounamu, currently based in Dunedin. I have been in this role since May 2022. I hold a statutory role as a gazetted Medical Officer of Health. I am also a specialist Paediatrician. I am an honorary Clinical Professor at the Department of Preventive and Social Medicine at the University of Otago and the Sydney Medical School. I am also an Honorary Adjunct Professor at the School of Population Health of the University of New South Wales. I have current advisory roles for Maternal, Child and Adolescent Health for the World Health Organisation. In the past I have been Clinical Director – Localities, Interim Health New Zealand (2021-22), Acting Chief Medical Officer, Southern District Health Board (2021-22), Director, Healthy Homes and Neighbourhoods Integrated Care Initiative, Sydney Local Health District, Lieutenant Colonel, Officer Commanding, 2 Field Hospital, RNZAMC, 1987-2003, Deputy Director Research and Education, Royal New Zealand Plunket Society, 1987-1990, Senior Advisor Child Health, New Zealand Department of Health, 1990-93, Group Director, Policy and Programmes, New Zealand Public Health Commission, 1993-95 (disestablished 1995).

1.3 As a public health medicine specialist, I am primarily concerned with the health and care of populations rather than focusing on individual health needs. I have an interest in and active projects in the field of integrated care. My current projects locally are about programmes that aim to reduce hospitalisation. This ranges from all-age immunisation clinical leadership to work aimed at addressing issues for those who frequently attend the emergency department. I am working with the Regional Public Service Commissioner on programmes aimed at preventing diabetes. I have been part of collaborative programmes with NIWA (now Earth Sciences) looking at air quality and its impact on health in South Invercargill and Gore.

2. CODE OF CONDUCT

2.1 I can confirm that I have read the Code of Conduct for Expert Witnesses set out in the Environment Court's Practice Note 2023. I have complied with the Code of Conduct in preparing this evidence and will continue to comply with it while giving oral evidence at the hearing. Except where I state that I am relying on the evidence of another person, this written evidence is within my area of expertise. I have not omitted to consider material facts known to me that might alter or detract from the opinions given in this evidence.

3. **SCOPE OF EVIDENCE**

3.1 My statement relates to your proposed District Plan and Policy RESZ-P7 and its potential to enhance the more specific needs of certain population groups of the Waitaki community. I have prepared this statement on behalf of Health New Zealand as it relates to its function to meet the health and wellbeing needs of our community.

3.2 Health is where we live, work, and play and is a foundational principle of modern public health, emphasising that wellbeing is determined by our environments and daily lives rather than just medical care. District Plans are fundamental to how we shape our environments where we live, work, and play, and a well-drafted District Plan will contribute to good health outcomes in the community.

3.3 International evidence suggests that good urban design is one of the most cost-effective levers in supporting a healthy urban population.[1] We believe that the provisions enabled by the Waitaki Proposed District Plan will go a long way to supporting this objective.

4. This statement is about Universal Design. It is a physical environment principle with the core idea that if environments are made accessible for those with disabilities, they will be easier environments for everyone to operate in.[2] Further definition identifies it as the practice of designing products, buildings and environments so that they can be easily accessed, understood and used by everyone – regardless of age, size ability, or disability without a need for special adaptation. It is specifically designed to make environments (including buildings) accessible to all peoples of all abilities and disabilities at any stage of life. Universal Design includes people who use wheelchairs or other mobility aids, people with impaired vision and people who are elderly or very young (including those in push chairs). We assert that Universal Design is not restricted to internal environments. It has equal relevance to how streets are designed and crossed and how buildings are entered from the street. We therefore challenge Emily McEwan's Section 42a report that rejected our support of this provision - only with the need to not restrict it to retirement villages. Photos depicting examples of Universal Design can be found in the Appendix.

4.1 As a principle we agree with Emily's assertion that Universal Design is a broad concept that cannot be backed up with specific rules. We would however ague that it needs to be plan-enabled at a strategic level. It is our view that this can be backed up with Code of Practice that can incorporate examples of good Universal Design. We took this approach recently with

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[1] World Economic Forum: Wellbeing and Mental Health Urban planners are promoting active lifestyles. Here's how: Apr 16 2025 Accessed from https://www.weforum.org/stories/2025/04/urban-planners-promoting-active-lifestyles/ 06/05/2026

[2] Ron Mace (dec). North Carlina University 1997: https://disabilityandmultimodality.wordpress.ncsu.edu/universal-design-ud/

Plan Change 2 at Invercargill City and it was accepted. We understand the Auckland Council takes a similar approach.

4.2 This statement will now focus instead on providing information from a public health perspective on the population factors relevant to the Waitaki District that emphasise why Universal Design being enabled by the District Plan is so important for our local community.

THE WAITAKI DISTRICT HAS A POPULATION THAT IS AGEING AND A HIGHER THAN AVERAGE YOUNGER POPULATION THAT HAS ACTIVITY LIMITATIONS

4.1 When we look at the 2023 Census their quick stats for Waitaki, we identify the population at 24,600. Of that 2,241 (or 9.1%) are identified as being of Māori ethnicity. More significantly the median age of Invercargill residents is 40 years compared to 46.1 years which is the over the average of New Zealand median age. Māori typically have a younger population than that of New Zealand as a whole, and in Waitaki their median age is 26.4 years compared to a national average of 26.8 years.[3]

4.2 A population pyramid is a way of looking at a region's population by specific age bands. In Invercargill's case, generally the younger population (under 40 years) are less than the average for the general population of New Zealand. Correspondingly the older population (all age bands over 60 years) are higher than that of the average population of New Zealand.[4]

4.3 The 2023 Quick Stats for Waitaki indicate that the district has a higher proportion of their population with activity limitations (an indicator of disability) than the average population of New Zealand. It should be noted that this is across all age bands except those over 65. Activity limitations are measured using the Washington Group Short Set on Functioning. There are six activities that a person might have difficulty with: seeing, hearing, walking or climbing stairs, remembering or concentrating, washing all over or dressing, and communicating. A person was considered disabled in the 2023 Census if there was at least one activity that they had a lot of difficulty with or could not do at all.[5] While the over 65's in Waitaki are marginally more able than the average population, it should be noted that they are more than double less able than their 30 – 64 age band counterparts.

4.4 Statistics New Zealand have done some projections on the age distribution of the population of Waitaki to 2053. At 2023 we know that the proportion of the population of Waitaki people

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[3] Statists New Zealand: 2023 Census: Quick Stats Invercargill: https://tools.summaries.stats.govt.nz/places/TA/invercargill-city accessed 06/05/2026
[4] Statistics New Zealand: 2023 Census: Quick Stats Invercargill: https://tools.summaries.stats.govt.nz/places/TA/invercargill-city accessed 06/05/2023
[5] Statistics New Zealand: 2023 Census: Quick Stats Invercargill: https://tools.summaries.stats.govt.nz/places/TA/invercargill-city accessed 06/05/2023

over the age of 65 was 22.8%. Projecting out to 2053 the estimated proportion of the population of Waitaki over the age of 65 will increase to 24.2%. The population under 65 will increase slightly from 72.6% of the total population to 75.8 by 2053.[6]

AS PEOPLE AGE THEIR NEEDS CHANGE

5.1 Like most Western jurisdictions New Zealand adopts a life course approach to achieving the aim of healthy ageing. WHO defines healthy ageing as 'the process of developing and maintain the functional ability that enables wellbeing in older age". As a population group, older people have much higher rates of long-term chronic health conditions, and disabilities that require support. To achieve equity, we need to understand and remove barriers that prevent equitable health outcomes. Some of these barriers are physical and can be easy to identify and remediate[7]. The Ministry of Social Development have indicated that 59% of those over 65 in New Zealand are classified as disabled. This compares to 21% of adults under the age of 65.[8]

5.2 "Ageing in place" is favoured in policies on ageing and is the preferred option of many older people. To achieve this, the Ministry of Social Development have 10 goals that were monitored and reported in 2014. Goal 3 identifies affordable and appropriate housing options for older people. It should be noted that a target within that goal is that of progressing housing and related infrastructure based on the principles of Universal Design.

5.2 The Ministry of Social Development's Positive Ageing Strategy 2014 Progress report[9] identifies that there is a general lack of data on future housing trends involving older people. MSD did however commission some research in an attempt to understand this issue. The September 2016 Downsizing and the Housing Stock – Realities for Older People report[10] identifies that while the idea of smaller dwellings are best for older people, the reality is that many older people wish to stay in their own homes. The report identifies the scenarios why older people should not retain larger homes:

- Where older individuals and couple are seen as retaining possession of larger homes that could be made available to larger families.

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[6] Statistics New Zealand: 2023 Census: Subnational population projections: 2023 (base)-2053: Database downloaded from: https://www.stats.govt.nz/information-releases/subnational-population-projections-2023base-2053/ 06/052023

[7] Ministry of Health 2016: Healthy Ageing Strategy: Downloaded from https://www.health.govt.nz/publications/healthy-ageing-strategy 06/052023

[8] Ministry of Social Development: Office for Senior Citizens: 2014 Report on the Positive Ageing Strategy https://www.officeforseniors.govt.nz/assets/documents/our-work/Ageing-research/Positive-ageing-strategy-report-2014.pdf accessed 06/05/2023

[9] Ministry of Social Development: Office for Senior Citizens: 2014 Report on the Positive Ageing Strategy https://www.officeforseniors.govt.nz/assets/documents/our-work/Ageing-research/Positive-ageing-strategy-report-2014.pdf accessed 06/05/2023.

[10] Dr Kay Saville-Smith et al. September 2016 Downsizing and the Housing Stock – Realities for Older People: Accessed https://downsizing.goodhomes.co.nz/wp-content/uploads/2017/06/Dwelling-size-and-downsizing-22-Sept.pdf 06/05/2026

- Moving from a larger to a smaller home could allow an older person to withdraw some equity.
- Moving from a larger to a smaller home could relieve some of the physical and financial burden if the older person(s) become less able to maintain the house and/or garden.

This latter point is crucial enabling factor for ageing in place.

The report also looked at the availability of suitable 2-3 bedroomed homes that would be more conducive to ageing in place. A survey done by the Housing Taskforce of Stronger Waitaki identified that several survey respondents commented on a lack of smaller, 1-2 bedroom units to meet the needs of an increasing number of elderly. Agencies noted that the highest demand is for 1-2 bedrooms and reasons for unmet demand can be diverse, including social issues and limited supply.[11]

CONCLUSION

6.1 Understanding communities' population demographics is important in any planning process. Built environment interventions that make physical activity the easy/default choice are essential to improve the health and wellbeing of our community. Safe footpaths lighting, traffic calming and accessible public transport all reduce sedentary behaviour in older adults. Evidence from international examples suggests that good urban design is among the most effective cost levers in healthy ageing.[12] From the available data, the Waitaki district is projected to have a stable ageing population which will benefit from this proposed plan change.

6.2 The principles of universal design are integral to achieving this objective and we implore that they are plan enabled as outlined in Policy RES1Z-P7. We ask that these provisions are reinserted in the final Waitaki District Plan. This will not only benefit the older population, but it will also benefit other groups within the local community that have activity limitations. This extends to make life easier for everyone and can include parents with very young children. While Universal Design has relevance in the internal built environment, it has equal relevance in outdoor environments.

Professor John Eastwood
2 November 2026

[11] Stronger Waitaki Housing Taskforce 2022: Healthy homes for all - A Community Housing Strategy
[12] World Economic Forum: Wellbeing and Mental Health Urban planners are promoting active lifestyles. Here's how: Apr 16 2025 Accessed from https://www.weforum.org/stories/2025/04/urban-planners-promoting-active-lifestyles/ 06/05/2026

Appendix 1. Examples of Universal design:









