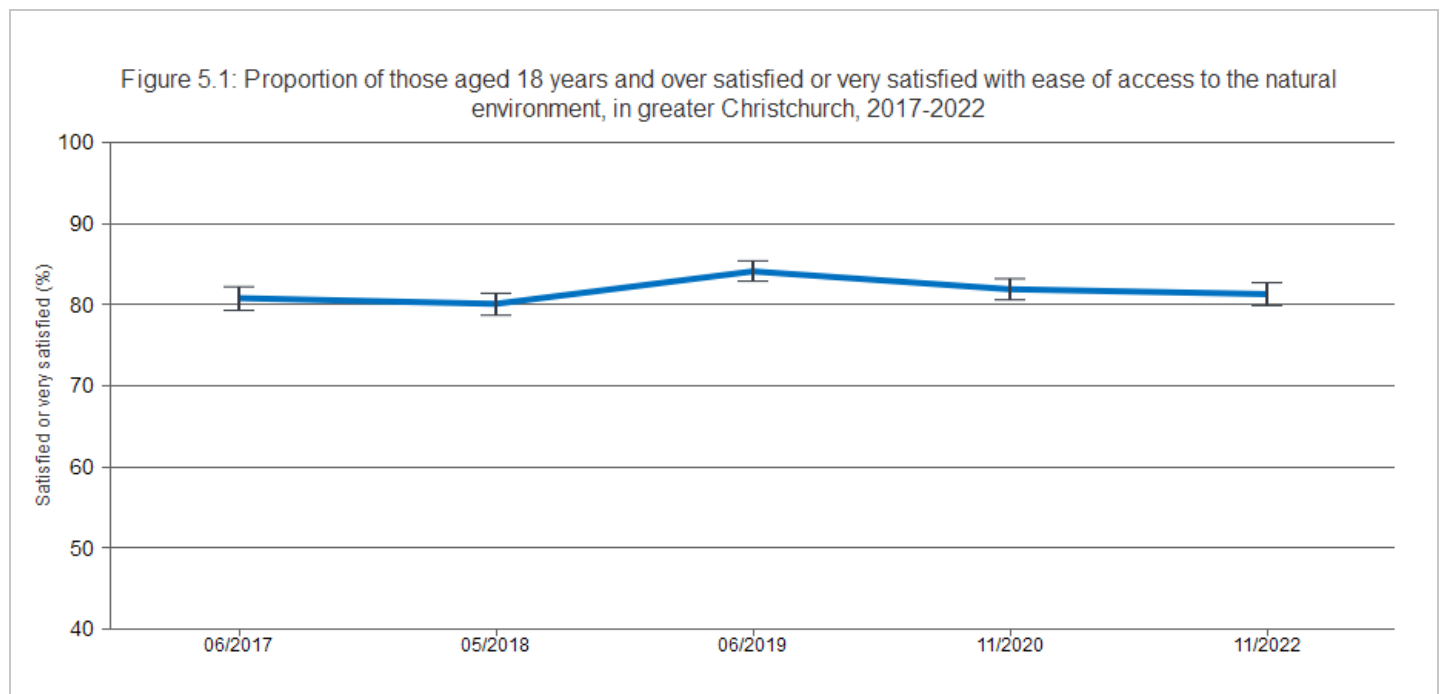


Environment: Access to natural environment

Downloaded from <https://www.canterburywellbeing.org.nz/our-wellbeing/environment/access-to-natural-environment/> on 20/05/2024 10:06 AM

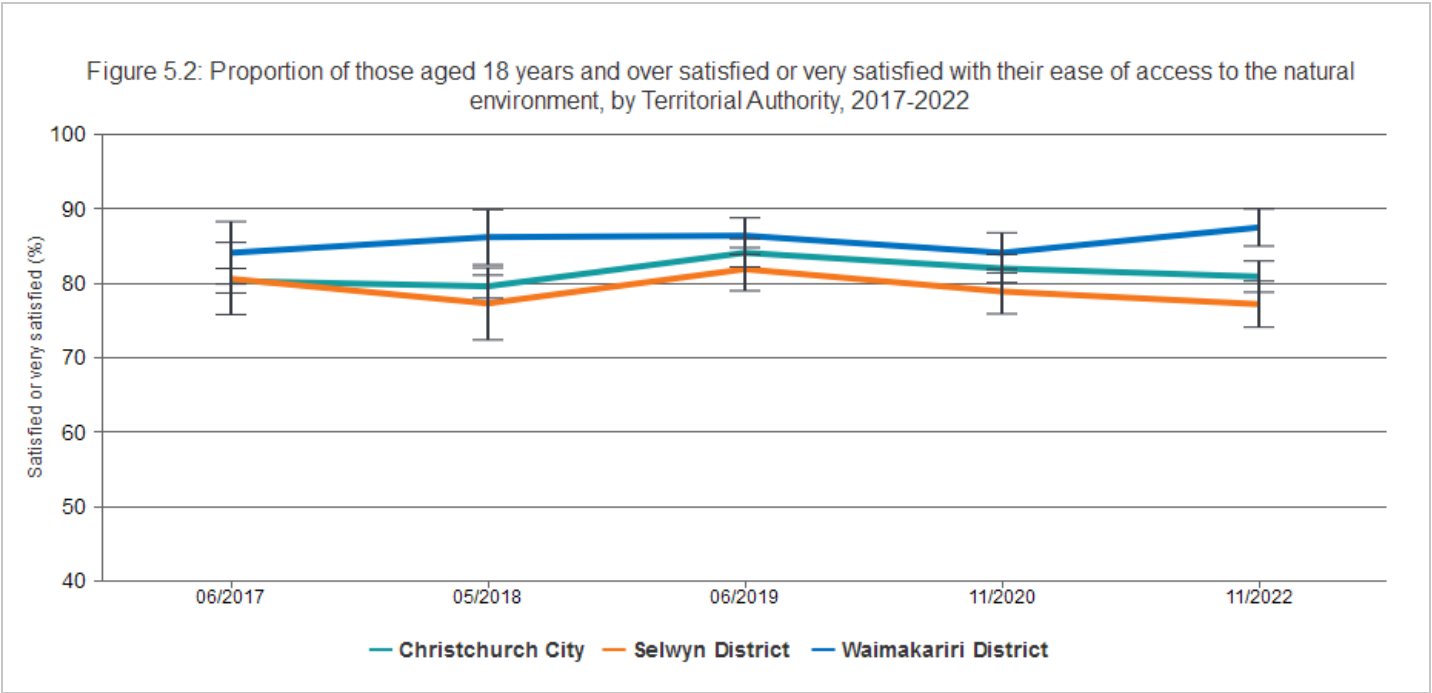
Access to natural environments can buffer stress [4], and visits to public conservation areas can improve mental health and wellbeing [5]. This indicator is based on the Canterbury Wellbeing Survey's 'access to the natural environment' question, that broadly defines the natural environment as "rivers, lakes, beaches, wildlife, areas, parks, and walking tracks" [25].

This indicator presents the proportion of those 18 years and over satisfied or very satisfied with their ease of access to the natural environment.



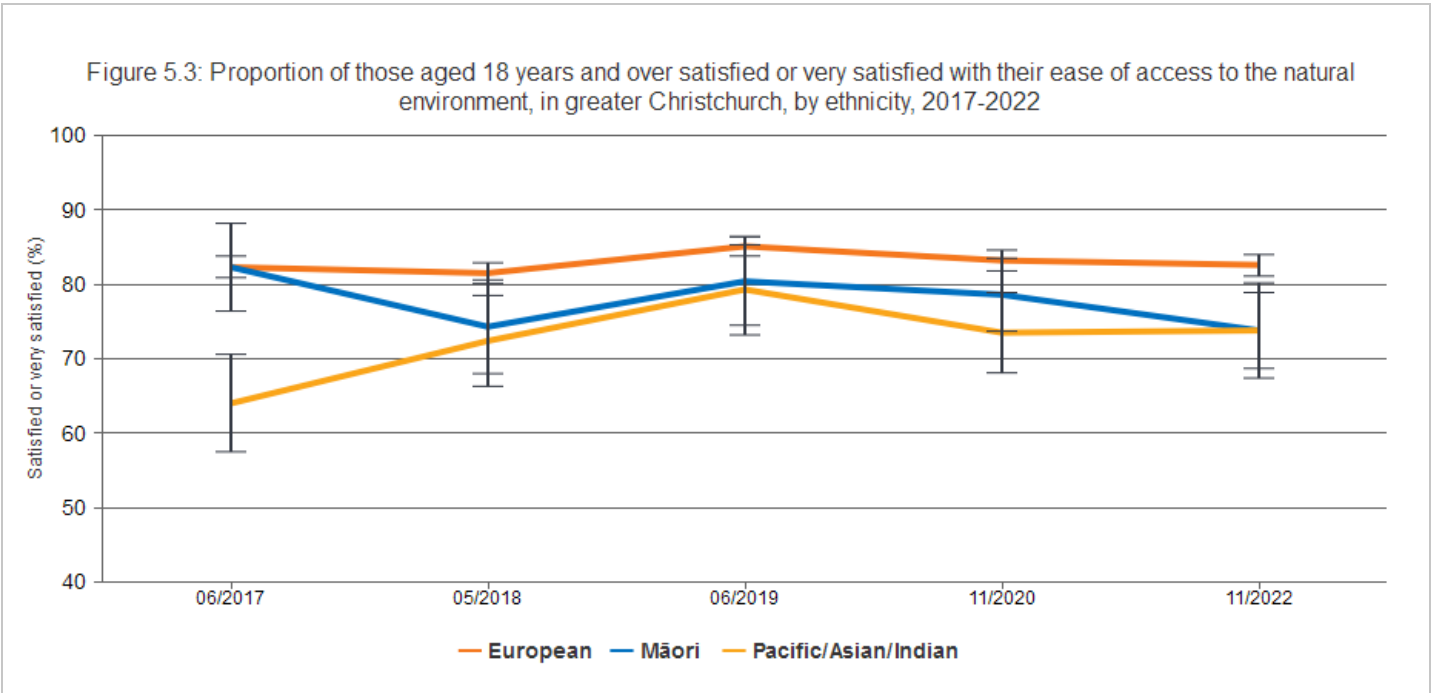
The figure shows that more than eighty percent of greater Christchurch respondents expressed satisfaction with their ease of access to the natural environment, from 2017 to 2022 (81.3% in 2022).

Breakdown by Territorial Authority



The figure shows in 2022, a statistically significantly higher proportion of respondents from Waimakariri District were satisfied with their ease of access to the natural environment compared with Christchurch City and Selwyn District residents (Waimakariri District 87.5%; Christchurch City 80.9%; Selwyn District 77.2%).

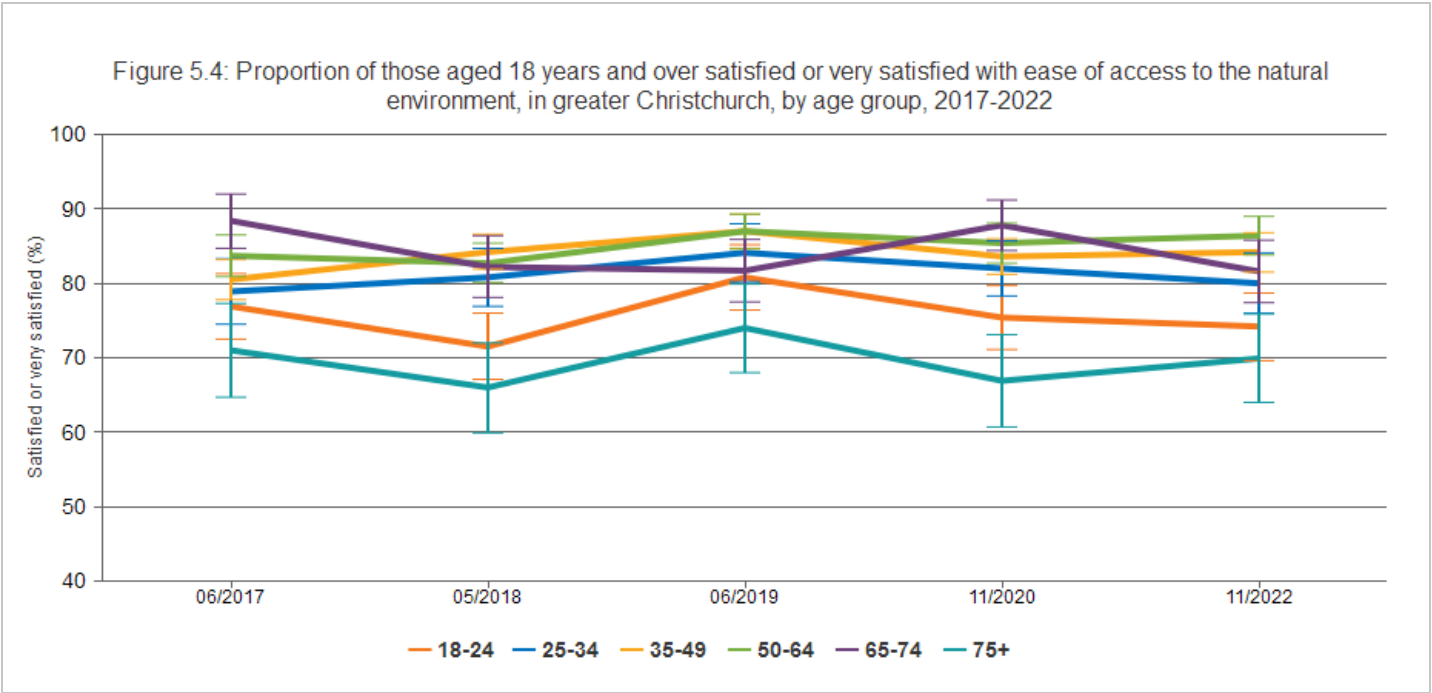
Breakdown by ethnicity



The figure shows in 2017, 2018, 2020, and 2022 a statistically significantly lower proportion of Pacific/Asian/Indian respondents were satisfied or very satisfied with their ease of access to the natural environment, compared with European respondents (and compared with Māori respondents in 2017). Between 2017 and 2022 the proportion of Pacific/Asian/Indian respondents satisfied with their ease of access to the natural environment increased notably (64.0%in 2017 to 73.8% in 2022).

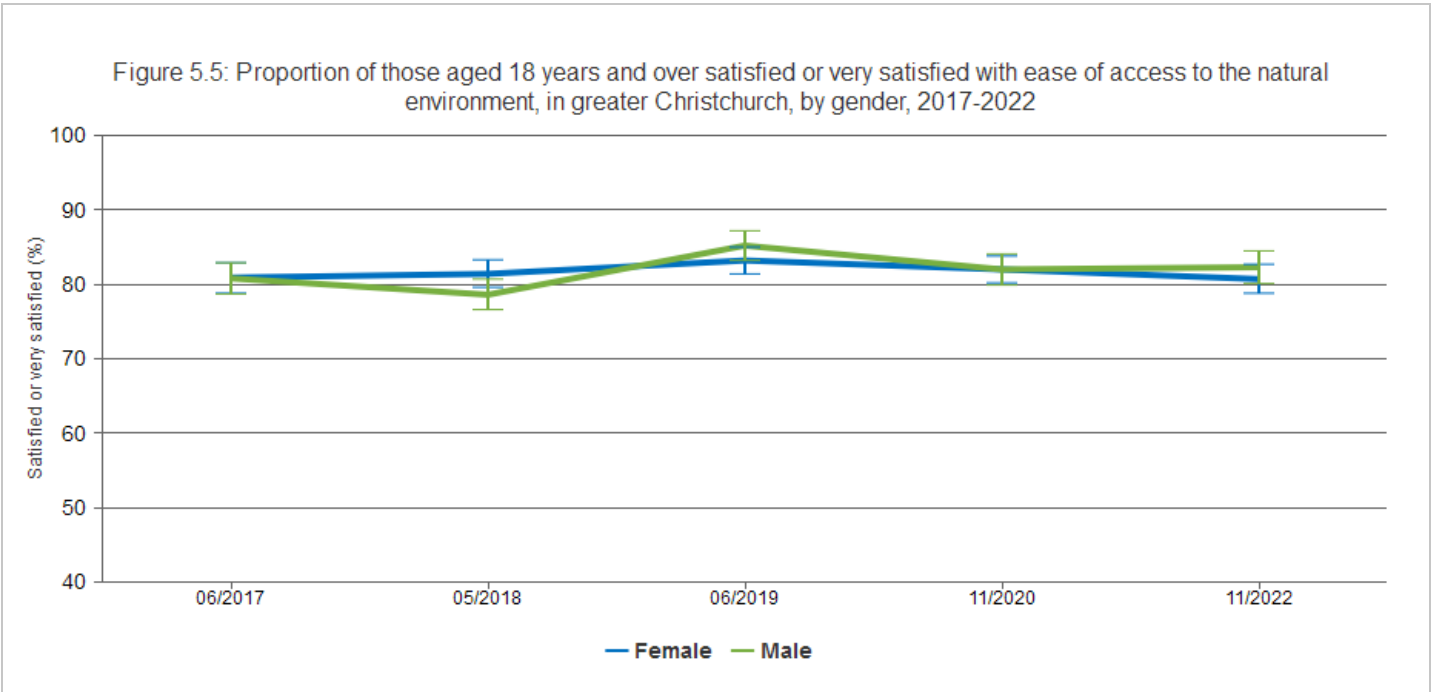
The figure also shows that a statistically significantly lower proportion of Māori respondents were satisfied or very satisfied with their ease of access to the natural environment in 2022, compared with European respondents (73.8% and 82.6% respectively).

Breakdown by age



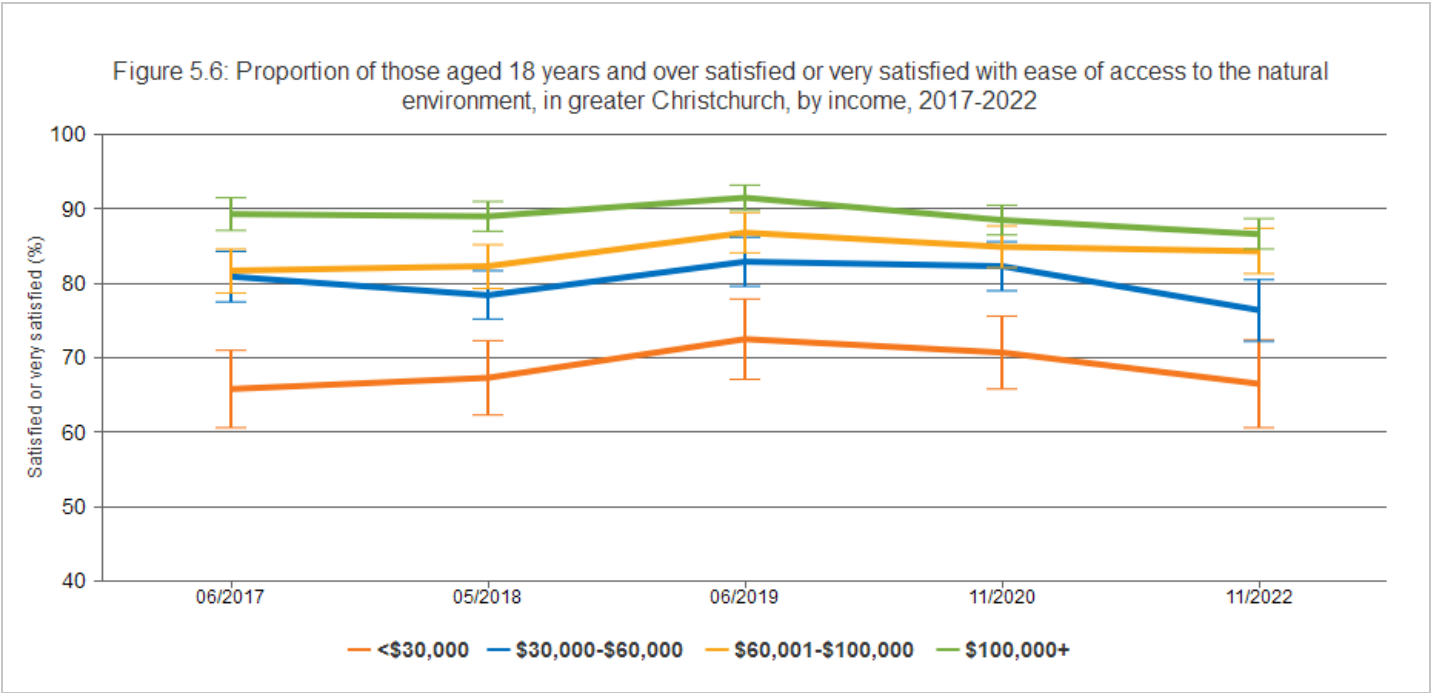
The figure shows that a majority of respondents, across all age groups, reported being satisfied or very satisfied with their ease of access to the natural environment, in greater Christchurch, from 2017 to 2022. The 2022 result indicates that the youngest age group and the oldest age group are both less satisfied with their access to the natural environment than the other age groups (75+yrs 69.9%; 18-24yrs 74.2% vs. 50-64yrs 86.4%). The differences between the oldest age group (least satisfied) and all other age groups (except the 18-24 years group) are statistically significant.

Breakdown by gender



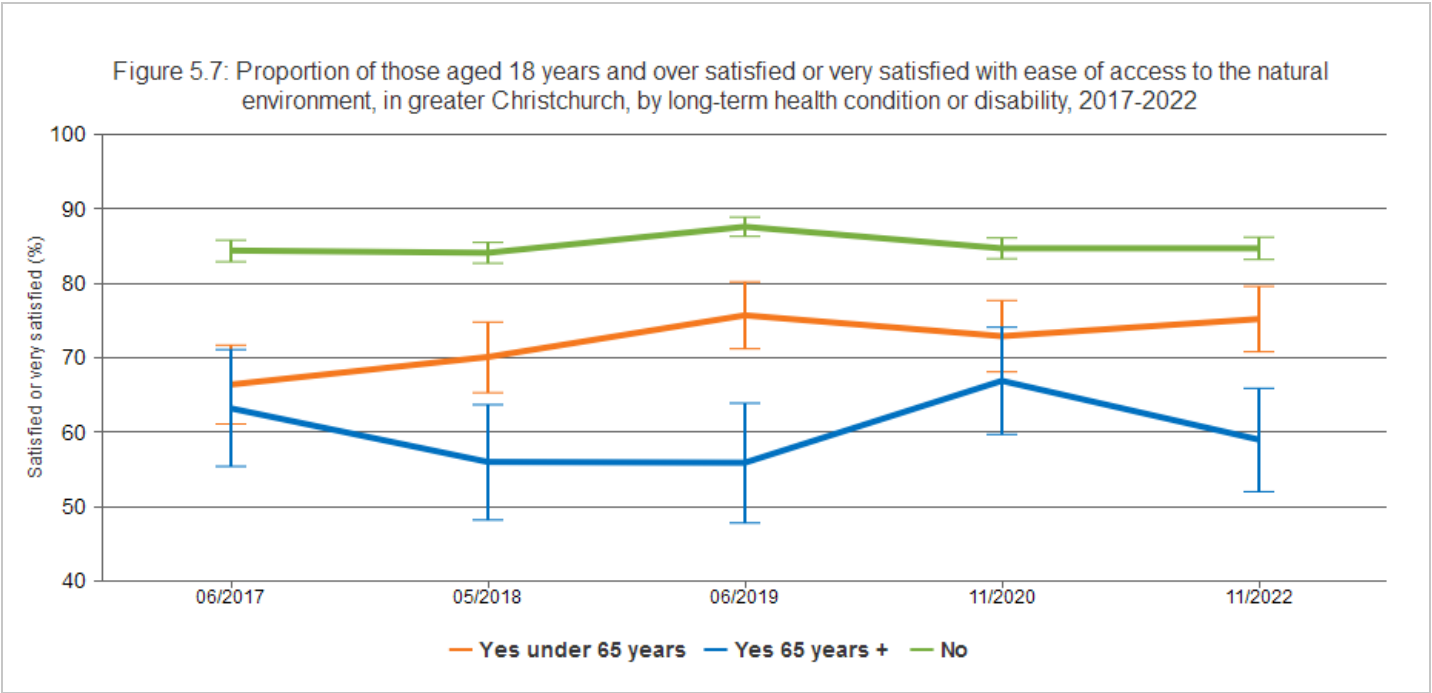
The figure shows that there are no statistically significant differences in the proportion of respondents who indicated that they were satisfied or very satisfied with their ease of access to the natural environment in greater Christchurch, by gender, at any point across the time series shown.

Breakdown by income



The figure shows some statistically significant differences between income groups in the proportion of respondents who indicated that they were satisfied or very satisfied with their ease of access to the natural environment, from 2017 to 2022. There is a clear pattern of increasing satisfaction with increasing income. In 2022, 86.6 percent of respondents in the \$100,000+ annual household income group were satisfied with their ease of access to the natural environment compared with 66.5 percent of respondents in the <\$30,000 income group. The difference between the <\$30,000 income group and all other income groups was statistically significant at all time points.

Breakdown by disability



The figure shows a substantial and statistically significant difference in the proportion of respondents with and without a long-term health condition or disability (irrespective of age group), who indicated that they were satisfied or very satisfied with their ease of access to the natural environment between 2017 and 2022. In 2022, 84.7% of those without a long-term health condition or disability were satisfied or very satisfied; compared with 75.2% of those aged under 65 years with a long-term health condition or disability and 59% of those aged 65 years and over with a long-term health condition or disability.

A higher proportion of the younger (under 65 years) age group with a long-term health condition or disability was satisfied or very satisfied with their ease of access to the natural environment, compared with the older group, at all timepoints. This difference was statistically significant in 2018, 2019, and 2022.

Data Sources

Source: Te Whatu Ora Waitaha Canterbury - formerly Canterbury District Health Board.
Survey/data set: Canterbury Wellbeing Survey to 2022. Access publicly available data from Te Mana Ora | Community and Public Health website www.cph.co.nz/your-health/wellbeing-survey/
Source data frequency: Annually.
Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/our-wellbeing/index-data>

REFERENCES

This is the full reference list for **Environment**.

- 1 Handy SL, Boarnet MG, Ewing R, Killingsworth RE (2002) How the built environment affects physical activity. *American Journal of Preventive Medicine* 23: 64-73.
- 2 Perdue WC, Stone LA, Gostin LO (2003) The built environment and its relationship to the public's health: The legal framework. *American Journal of Public Health* 93: 1390-1394.
- 3 Sallis JF, Spoon C, Cavill N, Engelberg JK, Gebel K, et al. (2015) Co-benefits of designing communities for active living: An exploration of literature. *International Journal of Behavioral Nutrition and Physical Activity* 12: 30.
- 4 Björk J, Albin M, Grahn P, Jacobsson H, Ardö J, et al. (2008) Recreational values of the natural environment in relation to neighbourhood satisfaction, physical activity, obesity and wellbeing. *Journal of Epidemiology and Community Health* 62: e2.
- 5 Blaschke P (2013) Health and wellbeing benefits of conservation in New Zealand. *Science for Conservation* 321.
- 6 de Dios Ortúzar J, Willumsen LG (2011) *Modelling Transport*. New York: Wiley.
- 7 Bennett H, Jones R, Keating G, Woodward A, Hales S, et al. (2014) Health and equity impacts of climate change in Aotearoa-New Zealand, and health gains from climate action. *New Zealand Medical Journal* 127.
- 8 Royal Society Te Apārangi (2017) *Human Health Impacts of Climate Change for New Zealand: Evidence Summary* Wellington.
- 9 Canterbury Earthquake Recovery Authority (2012) *CERA Wellbeing Survey 2012 Report, prepared by AC Nielsen for the Canterbury Earthquake Recovery Authority*. AC Nielsen and the Canterbury Earthquake Recovery Authority.
- 10 Cameron MP, Cochrane W, McNeill K, Melbourne P, Morrison SL, et al. (2012) Alcohol outlet density is related to police events and motor vehicle accidents in Manukau City, New Zealand. *Aust N Z J Public Health* 36: 537-542.
- 11 Livingston M, Chikritzhs T, Room R (2007) Changing the density of alcohol outlets to reduce alcohol-related problems. *Drug and Alcohol Review* 26: 557-566.
- 12 Popova S, Giesbrecht N, Bekmuradov D, Patra J (2009) Hours and days of sale and density of alcohol outlets: Impacts on alcohol consumption and damage: A systematic review. *Alcohol and Alcoholism* 44: 500-516.
- 13 Cameron MP, Cochrane W, Gordon C, Livingston M (2013) *The locally-specific impacts of alcohol outlet density in the North Island of New Zealand, 2006-2011. Research report commissioned by the Health Promotion Agency*. Wellington: Health Promotion Agency.
- 14 Browne M, Bellringer M, Greer N, Kolandai-Matchett K, Langham E, et al. (2017) *Measuring the burden of gambling harm in New Zealand*: Central Queensland University and Auckland University of Technology.
- 15 Abbott M, Bellringer M, Garrett N (2018) *New Zealand National Gambling Study: Wave 4 (2015). Report number 6*. Auckland, New Zealand: Auckland University of Technology, Gambling & Addictions Research Centre.
- 16 Rook H, Rippon R, Pauls R, Doust E, Prince J (2018) *Gambling harm reduction needs assessment*. Wellington, New Zealand: Sapere Research Group.
- 17 Kristiansen S, Trabjerg Camilla M (2016) Legal gambling availability and youth gambling behaviour: A qualitative longitudinal study. *International Journal of Social Welfare* 26: 218-229.
- 18 Welte JW, Barnes GM, Tidwell M-CO, Hoffman JH (2009) Legal gambling availability and problem gambling among adolescents and young adults. *International Gambling Studies* 9: 89-99.
- 19 Pearce J, Mason K, Hiscock R, Day P (2008) A national study of neighbourhood access to gambling opportunities and individual gambling behaviour. *Journal of Epidemiology and Community Health* 62: 862-868.
- 20 Binde P (2013) Why people gamble: A model with five motivational dimensions. *International Gambling Studies* 13: 81-97.
- 21 Wardle H, Keily R, Astbury G, Reith G (2014) 'Risky places?': Mapping gambling machine density and socio-economic deprivation. *J Gambli Stud* 30: 201-212.
- 22 Beckert J, Lutter M (2009) The inequality of fair play: Lottery gambling and social stratification in Germany. *European Sociological Review* 25: 475-488.
- 23 Orford J, Wardle H, Griffiths M, Sproston K, Erens B (2010) The role of social factors in gambling: Evidence from the 2007 British Gambling Prevalence Survey. *Community, Work & Family* 13: 257-271.

- 24 Abbott M, Binde P, Hodgins D, Korn D, Pereira A, et al. (2013) *Conceptual Framework of Harmful Gambling: An International Collaboration*. Guelph, Ontario: Problem Gambling Research Centre (OPGRC).
- 25 Easton B (2002) Gambling in New Zealand: An economic overview. In: Curtis, B, editor. *Gambling in New Zealand*. Palmerston North: Dunmore Press. pp. 45-58.
- 26 Department of Internal Affairs Gambling in Pubs and Clubs (Class 4). Wellington: The Department of Internal Affairs.
- 27 Canterbury DHB (2019) *Canterbury Wellbeing Survey, June 2019: Report prepared by Nielsen for the Canterbury District Health Board and partnering agencies*. Christchurch: Canterbury District Health Board.
- 28 Environment Canterbury Regional Council (2018) *Air Quality in the Canterbury Region- Winter 2018 Update: Environment Canterbury Environmental Snapshot Report*. Christchurch: Environment Canterbury Regional Council.
- 29 World Health Organization (2013) *Health effects of particulate matter*. Copenhagen: World Health Organization.
- 30 World Health Organization (2005) *WHO Air quality guidelines for particulate matter, ozone, nitrogen dioxide and sulfur dioxide: Global update 2005, Summary of risk assessment*.
- 31 McNamara KE, Buggy L (2017) Community-based climate change adaptation: a review of academic literature. *Local Environment* 22: 443-460.
- 32 Ebi KL, Semenza JC (2008) Community-based adaptation to the health impacts of climate change. *American Journal of Preventive Medicine* 35: 501-507.