



31 March 2017

Submission to the Ministry of Transport:

Government Policy Statement on land transport for 2018/19 – 2027/28

The New Zealand College of Public Health Medicine would like to thank the Ministry of Transport for the opportunity to make a submission on the Government Policy Statement on land transport for 2018/19 – 2027/28 (GPS2018).

The New Zealand College of Public Health Medicine (NZCPHM) is the professional body representing the medical specialty of public health medicine in New Zealand. We have 225 members, all of whom are medical doctors, including 186 fully qualified Public Health Medicine Specialists with the majority of the remainder being registrars training in the specialty of public health medicine.

Public Health Medicine is the branch of medicine concerned with the assessment of population health and health care needs, the development of policy and strategy, health promotion, the control and prevention of disease, and the organisation of services. The NZCPHM strives to achieve health gain and equity for our population, reducing inequalities across socioeconomic and cultural groups, and promoting environments in which everyone can be healthy.

Position

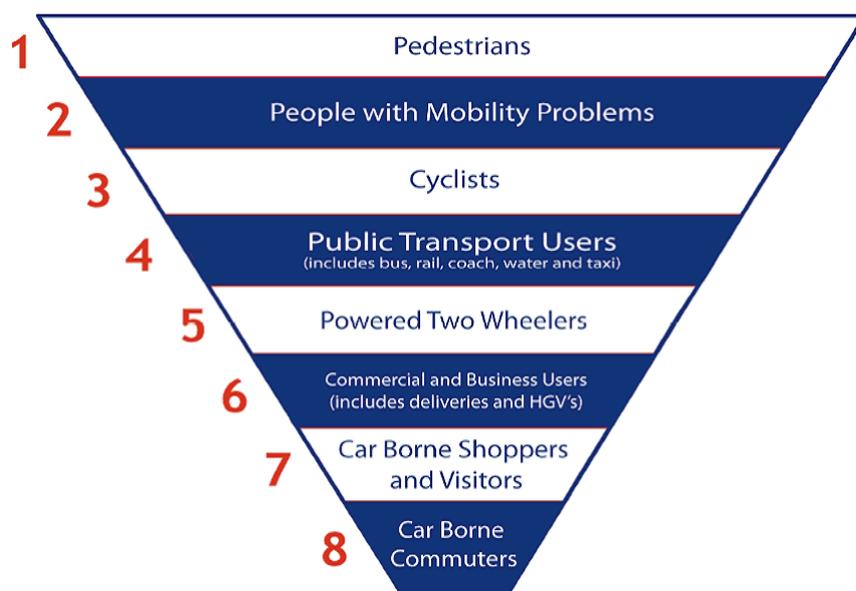
The NZCPHM welcomes the opportunity to comment on the GPS2018 as we recognise the links between transport and health. We also acknowledge the Ministry of Transport's recognition of the relationship between public health and transport in this document.

The NZCPHM recognises the links between transport and health as:

- Active and sustainable modes of transport (such as walking and cycling) positively affect health;
- The current reliance on private vehicle transport has negative impacts on health through road traffic crashes, air and noise pollution, greenhouse gas emissions and increased sedentary time.¹

The NZCPHM supports transport users' hierarchy (Figure 1)² approaches for strategic planning, prioritisation of funding and implementation of all transport and urban design projects such as the GPS2018. We recommend a transport hierarchy such as this is used for the development of the GPS2018.

Figure 1: Transport User's Hierarchy (City of York)



* Note: Pedestrians with mobility problems are given the highest priority

Health in All Policies

The NZCPHM supports a health in all policies (HiAP) approach which is defined by the World Health Organization as "an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity".³ This approach acknowledges that health and wellbeing is significantly determined by factors that lie outside the health and disability sector itself, for example in the transport sector.

In this context it is encouraging to see the New Zealand Health Strategy and other public health initiatives being acknowledged and applied in the GPS2018. However the NZCPHM recommends the list of Government policies listed on page 6 should also include the New Zealand Health Strategy. One of the key themes of the New Zealand Health Strategy is 'closer to home' and this will not be achievable without effective transport systems providing increased access to health care, no matter where people live.

Active Transport

It is encouraging to see that the GPS2018 supports active transport and acknowledges that 'walking and cycling support a more efficient and cost effective transport system, provide transport choice and provide substantial health benefits'. There is strong evidence between 'incidental exercise' (such as that from active transport) and improved health including, mental health, community life, social wellbeing and community safety.⁴

Public Transport

Although active transport brings greatest overall benefits to health, the use of public transport rather than private transport still brings additional health benefits. Therefore the NZCPHM supports the GPS2018 and the intention to see improved returns from public transport. However the NZCPHM recommends that the potential health and other benefits of public transport are acknowledged in the GPS 2018; these are described below.

Using public transport often incorporates active transport as a part of the journey and therefore encourages physical activity.⁵ In addition, at average occupancy, public transport produces less harmful emissions compared with car use and so is the preferred mode of long distance travel.⁶

Public transport can often meet the needs of people where active transport may be less feasible – for example people who are aged, have physical disability, those with young dependents, and those needing to travel long distances. Improved mobility for women, children, the elderly, and low income groups enhances health equity.⁷

Climate Change

The NZCPHM recognises climate change as a serious emerging risk to global public health, development and equity.⁸ Therefore we acknowledge the GPS2018 specifically mentioning the 'mitigation of adverse environmental effects, including reduced CO₂ emissions' as well-designed policies to reduce emissions, such as this, can bring about substantial health and health equity co-benefits.^{1,8} These co-benefits arise because some emission reduction measures impact on important determinants of health.⁸ For example, greater use of low-emission transport (walking, cycling, public transport) increases physical activity, and can reduce air pollution and road traffic injuries⁸.

However, the New Zealand Government is committed to reducing carbon emissions by 50% from 1990 levels by 2050⁹ and given the transport sector represents 20% of emissions and is the fastest growing sector,¹⁰ the NZCPHM recommends higher priority be given to reducing carbon emissions in the GPS2018.

Opportunity Cost of Roothing projects (including health benefits forgone)

Active transport and public transport should be seen as cost-effective options. Sustainable healthy transport policy is not just about investing in active and public transport as 'additions', but directly opposing the investment in sedentary private transport infrastructure that undermines the viability of public and active transport, as well as creating considerable health costs.

Persistence with large-scale motorway infrastructure projects in the face of poor benefit: cost ratios (e.g. Roads of National Significance (RoNS) projects) can be at the expense of safety improvements to other roads, regional active and public transport modes, or other public services. This in effect is an opportunity cost.

Some RoNS projects have negative economic evaluations^{11,12,13} – with added likely undercounting of health costs, let alone the opportunity costs of such investments instead of, for example, improved child health outcomes. This is a vicious cycle that ultimately does not address road congestion, yet is of considerable cost to the taxpayer, both directly through road construction and indirectly through detriments to population health.

The College therefore calls for the take-up of active/public transport, and opposes poorly cost-effective roading with high opportunity costs.

Thank you for the opportunity for the NZCPHM to submit on the Government Policy Statement on land transport for 2018/19 – 2027/28. We hope our feedback is helpful and please do not hesitate to contact the NZCPHM if we can be of further assistance.

Yours faithfully,



Dr Felicity Dumble, President Elect, NZCPHM

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