

Auckland Regional Public Health Service

Rātonga Hauora ā Iwi o Tamaki Makaurau



Working with the people of Auckland, Counties Manukau and Waitemata

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AUCKLAND REGIONAL PUBLIC HEALTH SERVICE

SUBMISSION ON THE DRAFT FRANKLIN DISTRICT COUNCIL WALKING AND CYCLING STRATEGY 2008

1. Thank you for the opportunity for the Auckland Regional Public Health Service (ARPHS) to provide a submission to the Franklin District Council Draft Walking and Cycling Strategy. ARPHS would like to be heard at any submissions hearing.
2. The following submission represents the views of the Auckland Regional Public Health Service and does not necessarily reflect the views of the three District Health Boards. Please refer to Appendix 1 for more information on ARPHS.
3. ARPHS understands that all submissions will be available under the Official Information Act 1982, except if grounds set out under the Act apply.
4. The primary contact point for this submission is:

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1.0 EXECUTIVE SUMMARY AND KEY RECOMMENDATIONS

5. ARPHS acknowledges Franklin District Council for making the link between active transport and the benefit to population wellbeing through increased opportunity for physical activity and the potential for improved air quality through the reduction of car dependency.
6. ARPHS suggests strengthening the draft strategy through the integral use of additional public health benefits such as reduction in obesity, type 2 diabetes and cardiovascular disease, whilst formulating the final document.
7. The draft strategy makes frequent reference to safety and encouragement for people to increase walking and cycling as a transport mode and for recreation.
 - **Foreword – paragraph 3** – “What would make our roading network safer for walking and cycling?”
 - **Introduction – paragraph 6** – “The draft strategy acknowledges that safe, user-friendly environments need to be created for walking and cycling.”
 - **Introduction - The types of actions proposed are - point 9** - “Install traffic calming measures where appropriate to reduce traffic speeds in residential and retail areas to create safe environments for pedestrians and cyclists.”
 - However there is no specific reference to traffic calming through design or speed reduction in residential and retail areas in the **Associated Policies** or within the **Action Plan (Appendix A.)**
8. ARPHS supports planning that encourages and provides for safe walking. ARPHS recognises that traffic calming is one of the most important solutions to this end and believes council should adopt a district-wide traffic calming strategy, focused on areas with high numbers of vulnerable road users.
9. The City of Hull in the UK has achieved impressive reductions in road traffic injury with widespread traffic calming (reducing speed to under 30km/h) – see following link:
<http://www.hullcc.gov.uk/pls/portal/docs/PAGE/HOME/TRANSPORT%20AND%20STREET/TRANSPORT%20PLANNING/LOCAL%20TRANSPORT%20PLAN/LTP%202006-2011%20DOWNLOADS/HULLLTPCHAPTER5.PDF>
for further information on Hull’s experience. The increase in safety for pedestrians and cyclists – including better perceived safety – will help to promote more walking and cycling. Traffic calming will also significantly contribute to Franklin District’s vision of ‘a country lifestyle in harmony with our environment where walking and cycling are safe and enjoyable forms of transport and recreation’. Traffic calming should be a key measure in any walking and cycling strategy.
10. As traffic speeds are an important influence on walking and cycling rates they should be monitored, such as by using traffic samples in the district’s main areas. ARPHS would like to see the **Targets** include more explicit measures for monitoring traffic speed and showing the impact of any traffic calming measures.
11. ARPHS would like to see in the **Targets** section a more ambitious change in the proportion of commuter trips made by walking and cycling. Acknowledging that pedestrian and cycle numbers are relatively low in the Franklin district, the target proportion of walking and cycling trips could also be raised above the census based

proportions to fall more in line with the 1% cycling and 18% walking trips¹ estimates used in the Ministry of Transport's Getting There - On Foot, By Cycle Strategy.

12. ARPHS applauds the proposal to apply Crime Prevention Through Environmental Design (CPTED) principles – **Associated Policies – Objective Two – 2.6**. ARPHS suggests that the National Guidelines for CPTED² be included in the **'types of actions'** stating that the principles of CPTED will be applied to all action plans. Hon Annette King in her opening address to the New Zealand Walking Conference 2006 made reference to overseas research, now being replicated in New Zealand; that provides evidence of the link between increased urban pedestrian surveillance and a reduction in crime. She stated research "shows that having more people walking around in urban areas contributes to a decrease in crime, but for this to happen we need more pedestrian areas in the first place."
13. ARPHS commends the encouragement, education and safety for children in particular work with schools. If we believe that the habits established in childhood influence the rest of one's life then a focus around children would bring long term benefits. In the above mentioned opening address, Hon Annette King stated that she was "amazed to learn that today over half of New Zealand primary school children are driven to school" and "that travel surveys show that 40 per cent of peak time car journeys are now education-related."
14. ARPHS believes it would enhance the strategy to include recognition of the health benefits of reduced air pollution. The ARPHS State of Public health in the Auckland Region (SOPHAR) Report³ identifies air pollution as a health issue. "There is increasing evidence that exposure to unacceptable levels of pollutants in air can shorten life expectancy and contribute to a range of health problems."
15. ARPHS proposes inclusion in the Walking and Cycling Strategy document (maybe in the Foreword or Introduction) the New Zealand Energy Strategy (NZES)⁴ as one of the reference documents. The NZES recognises "the role that cycling and walking have in reducing carbon emissions and energy consumption, and in promoting health through cleaner air and exercise."
16. ARPHS believes that it is increasingly urgent to address climate change. ARPHS suggests the strategy be enhanced by inclusion of reference to the important role improved walking and cycling plays with regard to impact of vehicle emissions and climate change.

¹ NZ Ministry of Transport, (2005) Getting There - On Foot, By Cycle Appendix 1, 56.

² Ministry of Justice, National Guidelines for Crime Prevention through Environmental Design in NZ, November 2005 <http://www.justice.govt.nz/pubs/reports/2005/cpted-part-1/cpted-part-1.pdf>

³ The SOPHAR report is more formally "Improving health and wellbeing: A public health perspective for local authorities in the Auckland region", 2006 Auckland Regional Public Health Service accessible through http://www.arphs.govt.nz/Publications_reports/reports/sophar06/sophar06_report.asp

⁴ EECA, NZ Energy & Efficiency and Conservation Strategy, October 2007 <http://www.eeca.govt.nz/eeca-library/eeca-reports/neccs/report/nzeecs-07.pdf>

2.0 REASONS WHY ISSUE IS IMPORTANT TO PUBLIC HEALTH

17. The SOPHAR Report states “If more people were physically active, there would be a reduction in the rates of chronic diseases and overall morbidity. Regular physical activity is linked with reduced rates of obesity, cardiovascular disease, certain cancers and diabetes.”
18. Good urban design which leads to the creation of attractive and desirable “active living communities” reduces dependency on the private vehicle. This delivers a two fold public health dividend as individuals increase the level of physical exercise taken as a normal part of going about their daily lives and as vehicle air pollution is reduced. (SOPHAR report)
19. The current obesity epidemic is a major public health issue. Any measures that contribute to reversing the declining levels of physical activity will assist reduction in obesity. In her opening address to the New Zealand Walking Conference 2006, the Hon Annette King stated “the benefits of walking for individuals and for the country are very clear. The economics alone make great sense, in terms of our health system, as walking is the cheapest way to beat obesity.”

3.0 SPECIFIC COMMENTS ON DRAFT DOCUMENT

21. ARPHS recommends actively involving pedestrians and cyclists in the planning and design of the pedestrian and cycle pathways. ARPHS would also like to see the inclusion of Local (urban and rural) business and retail operators given the opportunity to be involved in all consultations. This promotes participation, partnership and protection.
22. ARPHS would like to see inclusion of Maori, in particular the community leaders. The purpose is to provide an historical account to areas of significance the path ways travel through or nearby. Providing the Maori names and historical accounts along the pedestrian and cycle pathways allows the route to become a teaching and learning tool for all.
23. ARPHS would like to see the strategy include reference to inequalities. Accessibility plays an important role in exacerbating or reducing health inequalities and decisions around walk-ability will have far ranging influence around the determinants of health. In this respect ARPHS proposes that Franklin District Council prioritises low socio-economic areas in the initial implementation stage.
24. For the document to remain consistent with the Foreword and Introduction, ARPHS recommends that an express reference to traffic calming and the reduction of traffic speeds be included in the Associated Policies and Action Plan.
25. ARPHS recommends the Strategy and Action Plan includes prioritisation of pedestrians and people with mobility problems. ARPHS supports the concept of establishing a hierarchy of transport users, prioritising people access/pedestrians within all transport planning, for example, the City of York's Transport Plan, hierarchy of transport users. (Appendix 2) This scheme gives priority to walkers and cyclists in planning decisions. This is appropriate, since shifting from car use to walking and cycling benefits everyone – particularly other car users through reduced congestion; conversely, a shift to greater car use has adverse effects on everyone. Thus, walkers and cyclists warrant priority in planning decisions.

4.0 CONCLUSION

ARPHS strongly recommends the consistent reference within the Strategy and the Action Plan to the comprehensive benefits to health and wellbeing through increased opportunity for physical exercise and improved air quality as a result of less dependence of the use of private motor vehicles.

Thank you for the opportunity to make this submission.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Frank Booth', enclosed in a light grey rectangular box.

Frank Booth
Service Manager
Auckland Regional Public Health Service

A handwritten signature in blue ink, appearing to read 'Julia Peters'.

Dr Julia Peters
Professional & Clinical Director
Auckland Regional Public Health Service

Appendix 1 - Auckland Regional Public Health Service

Auckland Regional Public Health Service (ARPHS) provides public health services for the three district health boards (DHBs) in the Auckland region (Auckland, Counties Manukau and Waitemata District Health Boards), with the primary governance mechanism for the Service resting with Auckland District Health Board.

ARPHS has a statutory obligation under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of people and communities in the Auckland region. The Medical Officer of Health has an enforcement and regulatory role under the Health Act 1956 and other legislative designations to protect the health of the community.

ARPHS' primary concern is to improve population health rather than deliver personal health services. It actively seeks to influence any initiatives or proposals that may affect population health in the Auckland region to maximise their positive impact and minimise possible negative effects on population health.

The Auckland region faces a number of public health challenges through changing demographics, increasingly diverse communities, increasing incidence of lifestyle-related health conditions such as obesity and type 2 diabetes, outstanding infrastructure needs, the balancing of transport needs, and the reconciliation of urban design and urban intensification issues.

Policy to effect health gain is often marginalised to medical care. Health, however, is influenced by a broad range of policy decisions and is therefore a multi-sector responsibility and not solely the responsibility of the health sector. Statutes such as the New Zealand Public Health and Disability Act, Local Government Act, Resource Management Act and Building Act (amongst many others) all have elements designed to deliver outcomes promoting, protecting and maintaining the health of the community. Planning and policy decisions by central government, local government, non-government agencies and the commercial sector can have a large impact on health outcomes. ARPHS, therefore, has a role to play in policy advocacy. Population health and wellbeing can be improved if policy decision makers are considering long term outcomes. ARPHS aims to influence public policy to create a supportive environment for the communities of Auckland.

Appendix 2

Designing cities around people, not cars

The City of York has won numerous awards for developing an integrated transport network that does not rely on private cars and meets local air quality objectives. An integral part of that strategy promotes sustainable active alternatives to the private car that are both convenient and reliable by using public transport, walking and cycling. York was one of the first local authorities to adopt a hierarchy of transport users when making decisions related to land use and transport and in implementing transport measures. The order of priority is:

- | | |
|---|--|
| 1. Pedestrians | 5. Powered two-wheelers |
| 2. People with mobility problems | 6. Commercial or business users (includes deliveries and heavy goods vehicles) |
| 3. Cyclists | 7. Carborne shoppers and visitors |
| 4. Public transport users (includes bus, coach, water, taxi and rail) | 8. Carborne commuters |

Source: Edwards P, Tsouros A. *Promoting physical activity and active living in urban environments: the role of local governments*. Geneva: World Health Organization, 2006: 8.

http://www.york.gov.uk/content/45053/64877/64891/Local_transport_plan/Local_transport_plan_summary.pdf.