

Healthy Environments

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AUCKLAND REGIONAL PUBLIC HEALTH SERVICE

**SUBMISSION ON THE DRAFT RODNEY DISTRICT COUNCIL
WALKING AND CYCLING STRATEGY 2005 - 2025
and
WALKING AND CYCLING ACTION PLAN 2005 – 2009**

To: Walking and Cycling for Sustainable Transport
Rodney District Council
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Orewa, New Zealand
Fax: (09) 426 7280

From: Auckland Regional Public Health Service
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1. Thank you for the opportunity for the Auckland Regional Public Health Service to provide a submission on the Draft Rodney District Walking and Cycling Strategy 2005 – 2025 and Action Plan 2005 – 2009.
2. This submission represents the views of the Auckland Regional Public Health Service (the Service). The Service provides public health services for the three district health boards 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. This submission represents the views of the Service and does not necessarily represent the views of the three District Health Boards.
3. The Service 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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Key issues

5. The Service applauds Rodney District Council for the integral use of public health issues in formulating the Walking and Cycling Strategy and Action Plan.

Introduction

6. Auckland Regional Public Health Service (ARPHS, the Service) has a statutory obligation under the Health Act 1956, to improve, promote and protect the health of people and communities in particular for the Auckland Region.
7. The Auckland Region faces a number of wellbeing challenges through changing demographics, increasingly diverse communities, outstanding infrastructure needs, transport needs and urban design and urban intensification issues.
8. There is a shared responsibility between the health sector, local authorities, central government agencies, non-governmental organisations and individual community members, to advance population health and community wellbeing. There is a need to foster stronger partnerships that work collaboratively to improve the wellbeing of the people of the Auckland Region.
9. The Service has identified six 'vital few' service delivery outcomes that it believes are critical to achieving public health:
 - reduction in the incidence and impact of infectious disease.
 - reduction in the incidence and impact of obesity, diabetes and cardiovascular disease.
 - reduction in the incidence and impact of tobacco and alcohol related harm.
 - reduction in the incidence and impact of cancer.
 - reduction in the incidence and impact of environmental inequalities.
 - reduction in the adverse effects of environmental hazards.
10. The Service believes that public health issues are inseparable from, and integral to, Council's cultural, economic, environmental and social wellbeing processes, which are mandated through the Local Government Act. In addition, Council has a duty to consider health and wellbeing under other legislation such as the Health, Building and Resource Management Acts.

11. To assist councils in providing for the social, economic, environmental and cultural wellbeing of their communities, the Service produced the second in its State of Public Health Reports entitled "Improving Health and Wellbeing: A Public Health Perspective for Local Authorities in the Auckland Region"¹ (SOPHAR Report) in 2006. This report clearly sets out the areas where Council decision-making will have wide influence and impact on the wellbeing (including health) of its community.
12. Public health typically focuses on 'upstream' approaches to prevent disease and promote health.² Action is needed at all levels, but 'upstream' strategies should receive particular emphasis. The Service acknowledges the 'upstream' approach taken within the two documents, in particular planning for environmental protection, future population health and wellbeing and the needs of the predictably ageing population.

General Comments

13. The Service strongly supports the intention of the Rodney District Walking and Cycling Strategy and Action Plan to provide good quality walking and cycling facilities. This and the commitment to improved integration with public transport, will lead to reduced dependency on the private vehicle and greater opportunity for physical activity. Encouraging physical activity is paramount to public health and wellbeing.
14. The Service acknowledges and commends the frequent reference and supporting evidence within the strategy (P18) and action plan to the comprehensive benefits to health and wellbeing as a result of increased opportunities for physical exercise.
15. 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."
16. 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."
17. The Service acknowledges the inclusion of environmental and sustainability 'benefits to the community' (P18). More specifically we acknowledge Rodney District Council's intention to contribute towards a reduction in motor vehicle emissions by promoting and encouraging the community to consider alternate modes of transport. As is well known carbon emissions and other contaminants released from motor vehicle transport impacts negatively on people's health and wellbeing.

¹ http://www.arphs.govt.nz/publications/Sophar06/Sophar_report06.asp

² Wilson N, Watts C, Signal L, Thomson G. Acting upstream to control the obesity epidemic in New Zealand. New Zealand Medical Journal 2006;119(1231).

18. The service believes it would enhance the strategy to include recognition of the health benefits of reduced air pollution. The SOPHAR Report 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."
19. The Service proposes inclusion in the Walking and Cycling Strategy document (Section 1. p7) the New Zealand Energy Strategy 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."

Recommendations

20. **Section 4, Facing the Challenges**, (p14) talks about "opportunities to reduce or at least limit the growth in criminal activity". ARPHS suggests that the National Guidelines for Crime Prevention through Environmental Design be included in preceding documents (Section 1 p7). 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."
21. We further recommend that Injury Prevention through Environmental Design planning tool and Health Impact Assessment are also considered as valuable techniques to help prioritise the content of this and subsequent WCfST Action Plans.
22. **Section 2. Our Strategic Framework** – Our objectives – Increase walking and cycling to work. The Service questions whether it might be useful to identify the percentage increase as including those using mixed modes of transport to either walk or cycle to work.
23. The Service acknowledges the planning around 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"
24. The Service applauds the Strategy and Action Plan intention to prioritise pedestrians and people with mobility problems. The Service 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. 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 (see Appendix One)

25. The Service would also like to recommend *Providing for Pedestrians: Principles and Guidelines for Improving Pedestrian Access to Destinations and Urban Spaces*, July 2003 (available on www.doi.vic.gov.au) as a worthwhile guideline for the development of the walking implementation plan.
26. **Section 9. Creating Safe and User-friendly Walking and Cycling Networks and Action Plan Initiative 1.** The action plan refers to an initiative in Christchurch. The Service supports planning that encourages and provides for safe walking. The Service recognises that traffic calming is one of the most important solutions to this end. The service believes council should adopt a district-wide traffic calming strategy, focused on areas with high numbers of vulnerable road users. 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%20STREETS/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 other objectives, including 'Facilities are pleasant to use and people enjoy cycling and walking', 'Communities are better places' and others. Traffic calming should be a key measure in any walking and cycling strategy.
27. ARPHS would like to see the Rodney District adopt the mantra "Walkable Communities are Liveable Communities"

Conclusion

28. The Service applauds 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 faithfully

Sunil Kushor
Manager Healthy Environments
Auckland Regional Public Health Service

Appendix One

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.