

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Submission on Road to Zero: A New Road Safety Strategy for NZ

To: Ministry of Transport

Submitter: Canterbury District Health Board

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Proposal: The Government is inviting feedback on a proposed new approach to road safety.

SUBMISSION ON ROAD TO ZERO: A NEW ROAD SAFETY STRATEGY FOR NZ

Details of submitter

1. Canterbury District Health Board (CDHB).
2. The Ministry of Health requires the submitter to reduce potential health risks by such means as submissions to ensure the public health significance of potential adverse effects are adequately considered during policy development.

Details of submission

3. We welcome the opportunity to comment on the Road to Zero: A New Road Safety Strategy for NZ.
4. The CDHB commends the Ministry for adopting such a fundamental paradigm shift via the Vision Zero approach as presented in this Road Safety Strategy. This approach is something that Community and Public Health at the CDHB has recommended for some time given evidence which supports its effectiveness internationally¹.

General Comments

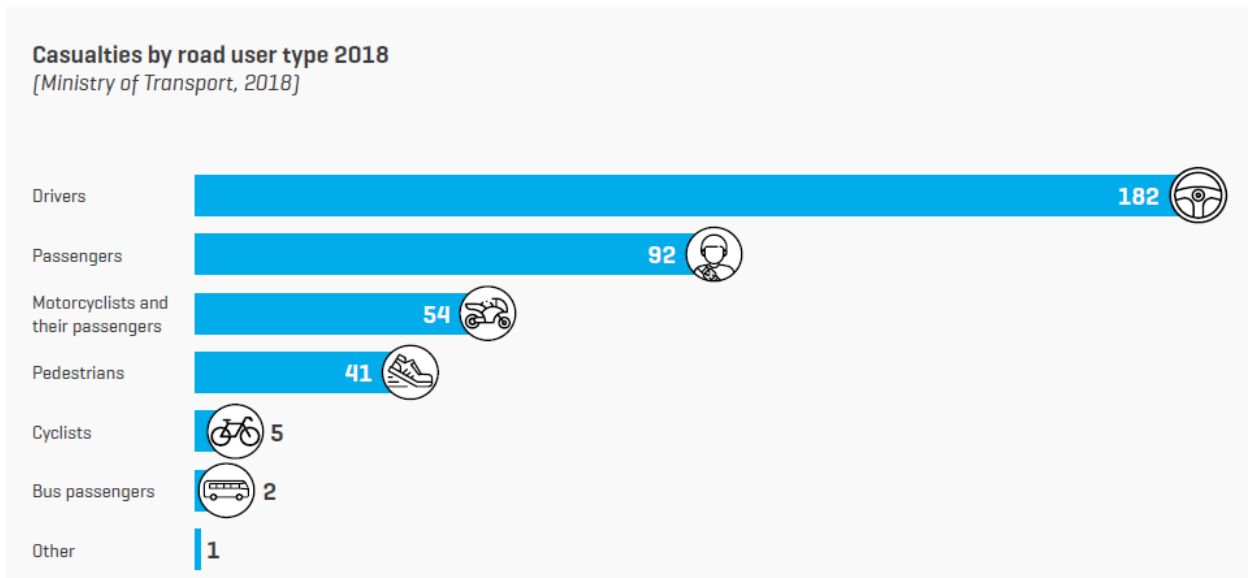
5. As recognised within the strategy, the built environment and its interface with transport is an important determinant of health as how people travel and connect influences a number of health outcomes (see Figure 1 below).

¹ Abley. 2018. Should Vision Zero be Adopted in New Zealand? Retrieved from: <https://www.abley.com/about-us/latest-news/should-vision-zero-be-adopted-in-new-zealand/>



Figure 1: Adapted from Barton & Grant's Healthmap

6. The CDHB is pleased that the role of walking, cycling and public transport is acknowledged throughout the document however more emphasis should be placed on recognising that creating a roading network which prioritises the safety of these modes plays an increasingly vital role in creating safe and accessible cities. Use of public and active transport should be better promoted as a relatively safe form of transport compared to private vehicles as page 12 of the consultation document shows (see below).



7. Additionally an increase in use of active and public transport will result in a number of health and environmental co-benefits, including mitigating the effects of land

transport on the environment and reduction of emissions as well as reducing risk of injury and death for all road users².

Specific comments

Vision

8. The CDHB strongly supports the proposed vision which reflects that of Vision Zero. Communicating a shared responsibility for safety between transport planners, designers and road users is an important step when compared to traditional road safety approaches which have placed unrealistic expectations on perfecting driver behaviour.
9. Leadership from central and local government to champion this vision will be key in ensuring effective measures are implemented under this approach.

Target

10. The CDHB supports incorporating a specific target in addition to the vision in order to track progress and operationalise the vision zero approach. It is important that actions to achieve this target are person-centred with priority given to people, particularly the safety of those using active transport, rather than prioritising an efficient transport system for cars.

Principles

Principle 2: We design for human vulnerability

11. The CDHB supports this principle, particularly where it applies to lowering of speed limits around settings where pedestrian safety is paramount, for example schools, public facilities such as hospitals and libraries, recreation facilities and shopping areas. Of particular concern is speed and design around rural schools, and schools situated on state highways especially where access is via crossing the highway. Measures which reduce severance and designing for safe crossing is recommended in these instances.

² Lindsay, G., Macmillan, A., & Woodward, A. (2011). Moving urban trips from cars to bicycles: Impact on health and emissions. *Australian & New Zealand Journal of Public Health*, 35(1), 54-60. [doi: 10.1111/j.1753-6405.2010.00621.x](https://doi.org/10.1111/j.1753-6405.2010.00621.x)

Principle 3: We strengthen all parts of the road transport system

12. As above, inclusion of this principle is strongly supported as it recognises that improving road safety is not only for car users but those who travel via active means and are more vulnerable to injury if involved in a crash (such as those who walk, cycle and scoot).

Principle 4: We have a shared responsibility for improving road safety

13. The CDHB supports this principle as it communicates a health in all policies approach³ to road safety, which requires many partner agencies to work together to collectively achieve the strategy's vision and target around road safety. A current example of such an approach to road safety, is the school travel plan process which brings together key partners at local schools to improve road safety for their young people.

Principle 6: Our Road Safety Actions Support Health, Wellbeing and liveable places

14. The CDHB strongly supports inclusion of this principle. Recognising the role of road safety strategies and policy in promoting the health and wellbeing of our population (not just defined by injury and fatality statistics) is a significant step change from previous iterations. Road safety should also incorporate a built environment which encourages active transport, facilitates accessibility and provides a place to 'meet, shop and play' as suggested within the strategy. This approach is supported by international models such as 'healthy streets'⁴. Such measures would not only reduce the incidence of poor health outcomes from road traffic collisions, but reduce non-communicable disease related to physical inactivity and air pollution which New Zealand's car-centric environment currently contributes towards⁵.

Principle 7 – We make safety a critical decision-making priority

15. It is significant that wider co-benefits across a number of sectors is recognised here. Priorities should not be seen in isolation, but assessed for multiple impacts and co-benefits. For example this strategy should complement goals of the proposed Clean Car Standard and Discount, as by restricting imports to newer, fuel efficient cars,

³ Community & Public Health. 2019. A Health in All Policies Approach at Community & Public Health. <https://www.cph.co.nz/your-health/health-in-all-policies/>

⁴ Saunders, L. (n.d). Healthy Streets. Retrieved from: <https://healthystreets.com/home/about/>

⁵ Mandic et al. 2018. Turning the Tide: from cars to active transport. University of Otago

vehicle safety standards of imported cars should also improve, thus achieving co-benefits for both emissions reductions and safety.

16. The CDHB recommends investment in public education campaigns which communicate that safety is not at the expense of efficiency to shift societal attitudes in this area.

Focus Areas

Focus Area 1: Infrastructure improvements and speed management

17. The CDHB supports reducing travel speeds on high risk areas of the network; particularly around schools (both urban and rural), urban centres and difficult passes (such as the speed reductions made on the Christchurch to Picton Alternative Route).
18. The CDHB recommends that the strategy incorporates actions around mandating a consistent audit process to ensure all schools have safe walking routes within 1.2km and that such an audit is funded as part of School Travel Plans.
19. The CDHB supports use of road safety infrastructure, namely flexible barriers and rumble strips on high-speed, straight sections of road such as SH1 from Christchurch south. 100km/h may still be an appropriate speed given the roading features, however design to discourage dangerous overtaking such as installation of more passing lanes and central flexible barriers would reduce serious injury and fatalities on this notorious section of road.
20. Although out of scope for the road safety strategy, it is important that budgets allocated by central government to local authorities for road infrastructure improvements are adequate for both the materials and personnel which are required to complete these projects in a timely manner.
21. The CDHB supports creation of a consistent approach to speed limits, however recommends that additional considerations are factored in, for example parts of the network which carry large volumes of heavy freight vehicles which pose a higher risk of fatalities should a crash occur⁶; or challenging sections of road which may be frequented by drivers who do not live locally and are therefore unfamiliar, have

⁶ NZTA. 2017. Truck Crash Facts. Retrieved from:
<http://www.transport.govt.nz/research/crashfacts/truckcrashfacts/>

unsealed sections, or are particularly vulnerable to adverse weather conditions. Speed should be adjusted accordingly and supported by appropriate safety infrastructure, whilst being cognisant of the function of the road⁷.

22. The impact of enforcing speed limits on overall road safety cannot be underestimated. Evidence suggests that the greatest reduction in crashes which cause injury would be achieved by reducing the speeds of vehicles who travel between 1 and 5km/hour over the speed limit⁸. Such evidence suggests that stricter enforcement and alternative measures such as 'average speed' cameras which are highly visible and a tougher demerit point system for speed related offences could improve road safety.

Focus Area 2: Vehicle Safety

23. As already addressed the CDHB recommends improved safety standards for new and used cars which are imported into New Zealand. The phasing out of cars with unacceptable safety standards should also be considered, as equity of access to safe cars could be negatively impacted if not adequately managed. Measures such as safe car subsidies could be considered for those on low incomes who do not have access to quality public transport (provided the proposed public transport green card for Community Service Card holders becomes standard nationally).

Focus Area 3: Work-related Road Safety

24. Budgetary constraints place limitations on DHBs in purchasing newer, safer vehicles compared to second-hand vehicles for fleet use. Therefore ensuring that adequate resource is provided to DHBs to encourage fleet upgrades is important, particularly as a number of health workers are travelling through high-risk network areas to provide health services to rural communities.

25. The CDHB supports strengthening the regulatory framework under the Land Transport Act 1998 to address issues such as driver fatigue in commercial transport. More robust rules around passenger and freight transport, such as shorter maximum daily and weekly allowances and more defined break periods could be

⁷ World Health Organisation. (n.d) *Speed Management: A Road Safety Manual*.
https://www.who.int/roadsafety/projects/manuals/speed_manual/3-What.pdf

⁸ Kloeden et al. 1997. Travelling Speed and the Risk of Crash Involvement. Volume 1: Findings.
https://www.infrastructure.gov.au/roads/safety/publications/1997/pdf/Speed_Risk_1.pdf

adopted such as those found in the European Commission's EC561/2006 Regulations⁹.

26. The CDHB also recommends that mode shift away from road freight to investment in rail and sea freight is incorporated, as this would likely achieve significant gains in reducing fatalities. Un-survivable injuries are disproportionately attributed to crashes involving heavy vehicles in New Zealand (17-23% of fatalities, yet trucks only represent 6% of the total distance travelled on New Zealand roads¹⁰).

Focus Area 4: Road User Choices

27. The CDHB supports Road User Choices as an ongoing area for attention and improvement, however is pleased that this has been positioned alongside other focus areas as there needs to be a balance between personal responsibility for driving choices, creating a safe driving environment and investing in effective enforcement (particularly around high-risk settings such as schools) which limits the ability of drivers to demonstrate poor driving behaviour as much as possible.

28. Alcohol remains a significant factor for road traffic injuries and fatalities¹¹. In Canterbury 12.7% of fatal or serious injury crashes between 2010-2014 were alcohol-related, this is slightly lower than the national average of 12.9%¹². Lowering the legal Blood Alcohol Concentration to .05 in 2014 has reportedly impacted driver behaviour, as 35% of drivers reported drinking less before driving after the limit was lowered¹³. However as the strategy document indicates there remains a high-risk group of people for which penalties for drunk driving are unlikely to alter behaviour. The CDHB supports use of anti-drink driving technology (such as alcohol interlocks) for recidivist drink drivers, however this may not be available in New Zealand for some time, and will only target a small proportion of high risk drinkers. The CDHB therefore recommends ongoing enforcement via random breath testing to continue to deter driving under the influence of alcohol.

⁹ European Commission (n.d). Mobility and Transport: Driving time and rest periods. Retrieved from: https://ec.europa.eu/transport/modes/road/social_provisions/driving_time_en

¹⁰ NZTA. 2017. Truck Crash Facts. Retrieved from:

<http://www.transport.govt.nz/research/crashfacts/truckcrashfacts/>

¹¹ Ministry of Transport. 2017. Alcohol and Drugs: Fact sheet. Retrieved from:

<https://www.transport.govt.nz/assets/Uploads/Research/Documents/6949ac12dd/Alcohol-drugs-2017.pdf>

¹² Ministry of Health and Massey University. (n.d) Healthspace.ac.nz.

¹³ Randerson, S., Casswell, S. & Huckle, T. 2018. Changes in New Zealand's alcohol Environment Following Implementation of the Sale and Supply of Alcohol Act (2012). New Zealand Medical Journal. Vol 131; 1476

29. The CDHB is aware of work underway on a cross-agency road safety action plan for Christchurch. The working group identified risk to older drivers and medical fitness to drive as a key area given older people are over represented in fatal crash statistics for Christchurch¹⁴. The consultation document identifies younger, inexperienced drivers but not older drivers (who may have conditions which impair medical fitness to drive) as high risk groups. The CDHB recommends that this group is included, as older people involved in crashes experience poorer health outcomes than younger people, including higher rates of injury and death^{15, 16}. Increased resourcing for driver skills improvement courses for older people alongside raising public and health professional awareness of how health conditions and medications in older age can impact upon road safety is required.
30. Promoting active and public transport as a viable choice which contributes to reductions in road fatalities and injuries should also be acknowledged within the road users choices focus area. Additionally, the document does not adequately acknowledge that road users are not just those who drive cars, but those who walk, cycle and bus or train, and that most people travel via a combination of these modes at various times. Responsible road user behaviour is applicable to all modes of transport, however those who are the most vulnerable should be prioritised via safety measures.

Focus Area 5: System Management

31. The CDHB supports including post-crash response as part of the road safety system. A health in all policies approach to addressing the complexities of post-crash response, particularly in rural areas is required to ensure all relevant parties are identified and working together to improve injury outcomes. For example, telecommunication agencies, emergency responders, police, receiving hospitals, local government and NZTA all have essential roles in post-crash response, identification of high-risk areas and future crash prevention.
32. It should be noted however, that the majority of road deaths occur at the scene as a result of severe, untreatable injuries. Nationally, Christchurch leads with a 7%

¹⁴ New Zealand Police. 2018.

¹⁵ Li G, Braver ER, Chen L-H. Fragility versus excessive crash involvement as determinants of high death rates per vehicle-mile of travel among older drivers. *Accid Anal Prev* 2003; 35: 227-235.

¹⁶ Siren, A. & Haustein, S. 2014. Driving licences and medical screening in old age: Review of literature and European licensing policies. *Journal of Transport and Health: Vol 2. Issue 1. Pp68-78*

mortality rate for major trauma cases which reach hospital compared to the national average of 9%¹⁷. This suggests that facilitating faster access to trauma units is unlikely to significantly reduce fatalities from such severe injuries and instead priority should be placed on infrastructure improvements which reduces the severity of crashes and subsequent injury and removing or separating heavy freight from dual carriageways.

Measuring Success

33. The CDHB supports the proposed outcomes framework but recommends indicators are added which tracks provision of safe walking and cycling infrastructure in addition to measuring injury and fatality stats and public perception.

Conclusion

34. Thank you for the opportunity to submit on Road to Zero: A New Road Safety Strategy for NZ.

Person making the submission



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¹⁷ Decision Support, Canterbury District Health Board. 2019. (n.p).