NZMA
New Zealand Medical Association

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Auckland Council
Long-term Plan 2015–2025
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Auckland Council's 10-year budget

"Public health and quality of the urban environment are closely interlinked and there is no single fact or policy concerning the urban environment that does not have a direct or indirect impact on public health"[1]

Dear Sir/Madam

The New Zealand Medical Association (NZMA) wishes to provide feedback on the Auckland Council's 10-year budget (the long term plan).

1. The NZMA is the country's largest voluntary pan-professional medical organisation with approximately 5,000 members. Our members come from all disciplines within the medical profession and include general practitioners, doctors-in-training, specialists, and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders.

2. Our association believes that local government has a substantial impact on the health and well-being of people and communities. Accordingly, our submission is focussed on addressing those aspects of the long term plan that are key determinants of health outcomes.

3. We note that a key issue in the consultation is whether, and how, to significantly improve Auckland's well known transport problems. While the consultation highlights various benefits of improving public transport (eg, improving liveability and prosperity, reducing congestion, improving access for all and supporting improved economic performance), it fails to articulate the

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harmful health impacts of excessive vehicle usage or to specifically identify the health benefits of active transport (eg, walking and cycling) combined with better public transport.

4. Car usage is linked to many harmful health problems including physical inactivity, obesity, death and injury from crashes, and cardio-respiratory disease from air pollution.[2] Conversely, active transport options and improved public transport are associated with improved health. For example, a University of Auckland study found that shifting only 5% of vehicle kilometres to cycling would lead to about 116 deaths avoided each year in New Zealand as a result of increased physical activity, six fewer deaths due to local air pollution from vehicle emissions, but an additional five cyclist fatalities from road crashes.[3] Comprehensive modelling indicates that transforming Auckland's urban roads over the next 40 years, using best practice physical separation on main roads and bicycle-friendly speed reduction on local streets, would yield benefits 10–25 times greater than costs.[4] Similar health gains might be expected with increased uptake of walking.

5. Lack of physical activity is a leading cause of premature death, ascribed to 12.7% of all deaths in New Zealand,[5] and low activity loses around 40,000 disability-adjusted life years (DALYs) each year, representing 4.2% of all health loss.[6] A report by the Auckland Council (with others) indicates that physical inactivity is costing New Zealand approximately $1.3 billion annually, or 0.7% of GDP (2010), including $402 million in Auckland.[7] In a recent policy briefing on tackling obesity,[8] the NZMA noted that for most people, the easiest and most acceptable forms of physical activity are those that can be incorporated into everyday life. Examples include walking or cycling instead of travelling by car. The gains in life expectancy by decreasing physical inactivity, for New Zealand, are estimated at 9 (range 7–11) months.[5] In our policy briefing on tackling obesity, we recommended that public health authorities work closely with local authorities to encourage active travel. The NZMA considers that there are compelling health grounds for the Auckland long term plan to prioritise active transport options such as separate safe cycleways and walkways in addition to public transport projects. Prioritising active methods of transportation has also been recommended by the World Health Organization.[9]

6. Transport choices can have major implications for equity, where health equity is a key issue for the health of New Zealanders and, therefore, for the NZMA.[10] Active transport may be less feasible for people who are aged, frail, have physical disability, need to transport young dependents, need to travel long distances, live in suburbs that are geographically remote, or have to travel in steep topography or during inclement weather. Furthermore, people with limited economic means are particularly impacted by the costs of transport, and perhaps around 8% of households do not have reliable access to private motor vehicles. The NZMA therefore strongly supports measures to improve public transport, which can help meet the needs of people where active transport may be less feasible, and where improved mobility for women, children, the elderly and low income groups enhances health equity.[11] In addition, using public transport often incorporates active transport as a part of the journey and therefore encourages physical activity.[12]

7. The NZMA supports alternatives to (costly) individual car ownership, which complement improved public and active transport, and includes car share schemes. We note there are three levels of car share schemes – informally amongst friends and neighbours, semi-formal by registering private vehicles to share, and formal car share systems (eg, CityHop). Such schemes can tip people in the direction of more active and public transport, with the safety net of private car access when needed. Car share schemes (which some estimates suggest remove an average of 15 private cars) also clear road space for safe cycle paths, designated fast bus lanes and better footpath access, and may help save household budgets from first or subsequent car ownership.[13,14]

8. We note that existing approaches to funding transportation infrastructure in New Zealand are skewed towards subsidising vehicle use (eg, Council's minimum parking requirements induce vehicle travel by reducing the marginal cost of driving and lead to distorted land use). We also note there are important interconnections between private vehicle use and public and active transport modes, both at the household private car investment level and the regional private car infrastructure level. The household and regional levels in turn also interconnect, as follows:

i) Household investment in private car ownership means people are less likely to use public transport or cycle because of perceived additional cost (eg, paying fares for each member of a family to take a trip together by bus versus using their car, especially if on a low income) and/or the area is poorly served by public transport. This reduces demand to improve active and public transport modes.

ii) Regional investment favouring private car infrastructure stimulates greater use of private vehicles and less use of public and active transport, which makes these modalities less viable and less likely to be retained. 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 reduced population health.

9. The NZMA, therefore, supports previous calls by the Auckland Regional Public Health Service for a phased approach to actively reduce vehicle dependency in the Auckland region,[15] as was instigated in Copenhagen, for example.[1] This could entail gradually shifting more of the costs of vehicle travel to the user and is consistent with the Council's own high level strategic aims to increase active and public transport usage and reduce car dependence.

10. Reducing vehicle dependency would also make a substantial contribution towards reducing Auckland's greenhouse gas emissions, a target that the Auckland Council has already committed to as part of its response to climate change. We note that Auckland's two largest sources of greenhouse gas emissions are transport (35%) and electricity / stationary energy (31%), which together account for approximately two thirds of Auckland's total emissions. Climate change has been described in the Lancet as "the defining public health challenge of the 21st century",[16] and the NZMA has called for reducing greenhouse gas emissions to be seen as a public health priority.[17]

11. We welcome Auckland Council's proposal to take a more active role in urban development and are encouraged by the focus given in the long term plan to housing affordability and quality. Housing is a key social determinant of health, and poor quality housing is a major contributor to health inequity.[18] Improving housing quality is consistent with the Council's own target to reduce preventable housing-related hospitalisations by 35% by 2020. We have some concerns at the potential effects on housing affordability of proposals to partner with the private sector to redevelop council owned land. We also have concerns about the fairness and impacts on health equity of reducing rates for business ratepayers while household ratepayers continue to face increases. We recommend that the Council makes routine use of integrated impact assessments, which consider health, social, sustainability and economic impacts, in all its planning activities.

12. The NZMA policy briefing on tackling obesity recommended that local authorities should work with public health officials to conduct health impact assessments of planning decisions to facilitate urban environments that support physical activity. It also recommended an audit of fast food premises by local authorities, with a view to reducing the proximity of fast food outlets to schools and leisure centres. Given the burden of the obesity epidemic (including its economic costs) and its disproportionate impact on Māori and Pacific communities, we recommend that the

Council specifically allocate the resources to conduct these types of assessments in its long-term plan.

Thank you for the opportunity to provide feedback on the Auckland long-term plan. We look forward to the outcome of this consultation process and would be happy to engage further with the Council on any of the points raised in our submission.

Yours sincerely

Dr Mark Peterson
NZMA Chair

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