

KOI TŪ: THE CENTRE FOR INFORMED FUTURES



Deliberative forum on the future of transport in Auckland

Day 1 2 September 2023







Mentimeter

www.menti.com
Code: 47831507
OR code on your tables



Your facilitators for this session



Anne Bardsley



Tatjana Buklijas



Finlay Harvey



Kristiann Allen

Table hosts

- Imogene Woodmass
- Rizky Wijaya
- Pokpak Limboonngam
- Keith Salarda
- Julia Albuquerque-Vajda
- Jillian Hildreth
- Parsa Kaviani
- Teofilo Eugenio
- Calvin Mann

- Campbell Guy
- Jess Stubbing
- Aimee Brock
- Connie Rowe
- Josephine Newman
- Carol Hayward
- Helene Pacalin
- Jean Cathcart
- Rochelle Pethybridge

History of Tāmaki and transport Robbie Paora







VVVV

Te Raki





Black lines are undergrounded streams and waterways. Light blue areas are aquifers. (Boffa Miskell / Auckland Council)



Where are those rivers now? And their Taniwha?

Map by Tim Welch, University of Auckland



Rivers were buried and engineered for development and transportation corridors

Tunamau: Western Park

Waihorotiu: Queen St

Waipururu: SH16

Waipapa: Southern Line / Western Line





Queen St sewer built around Waihorotiu in 1860. Auckland Libraries Heritage Collections

J.G.Mitford Grafton Gully 1843 This view is taken from where Khyber Pass Road is now. The foliage shown here is probably manuka, Tree Ferns, cabbage trees and pittosporums. Symonds St Cemetery is seen on the hillside.





Suburb in Newton Gully: Gone to motorway construction

Greetings and remit from the Auckland Council

Cr John Watson, Chair of the Transport and Infrastructure Committee



Do you usually take part in community consultations? Why / why not?



What is deliberation?

A form of conversation where people:

- Tackle issues that are not easily solved, and where people disagree
- Look at issues with an open mind, listening to different perspectives
- Weigh benefits and trade-offs of different courses of action
- Think about what matters most to them what they really value when they can't have everything.
- Look for common ground for decisions they all can live with

Our plan for the day

Activity	Time
Registration	8.30-9.15
Session 1: Welcome and introduction	9.15-10.45
Morning tea	10.45-11.15
Session 2: Building understanding	11.15-12.55
Lunch	12.55-1.40
Session 3: What can be done?	1.40-3.15
Afternoon tea	3:15-3:45
Expert panel Q&A	3:45-4:30
Wrap-up	4:45

Observer guidelines

As an observer, we ask that you adhere to the following:

- attend during the times specified for the open sessions and only leave during a break.
- refrain from interacting with the group members. If observers have any comments or questions, there is an assigned 'observer message board' they can add to. The group will review these when they can, although we cannot promise these will be directly responded to.
- refrain from forecasting any results before they are finalised by the group. Nothing is a final recommendation until the end of the final day.
- must follow the facilitators instructions. For example, the group members may decide to close a previously open session. If they do, the facilitators will ask observers to leave.
- understand that the agenda and timings are not exact. If the group members want to continue a discussion, the facilitators will let that happen.
- seating is limited and attendance will be restricted in each open session. Observers are invited to express interest in attending and will be allocated to sessions in a manner that is fair for everyone.
- formally sign-in and include any formal interest/affiliations (interest group, government role and community group). Facilitators will advise the group members of who is in the room at the start of each open session.

- official video recording and photography may be occurring.
 By attending observers need to understand you may end up in images used to explain the process.
- no audio or video recordings or photos are to be taken by observers whilst observing the process, unless agreed by the participants.
- maintain a standard of behaviour that does not disrupt the work of the group members. Observers are asked not to engage in conversations with each other/group members, or make phone calls whilst sitting in the observation area.
- a water, tea and coffee station is available, however catering is not provided for observers.
- respect the privacy of individuals. Group members will be exploring issues, asking questions, sharing stories and forming opinions. These may change over the duration of the process.
- posts to social media are considered published public comment. Observers are asked to **be polite and respectful** of others and their opinions.

How we travel now and what does it cost

Professor Simon Kingham Ministry of Transport & University of Canterbury

Transport impacts – congestion and emissions

Lisa Malde Waka Kotahi



Transport and public health

Dr Michael Hale 2/09/2023

> Auckland Regional Public Health Service | Rātonga Hauora-a-Iwi o Tāmaki Makaurau arphs.health.nz

What is public health?

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"We only spend maybe 30 minutes a year with a doctor. The other 365 days, 24/7, we spend outside the hospital. It's where we live, where we learn, that determines how healthy, or unhealthy, we are."⁶²

Leanna Wen, Baltimore City Health Commissioner

Transport and health





Three ways transport impacts our health How has this happened?

What needs to change?

Trauma Air quality and Physical activity climate change & wellbeing



Transport and trauma



Every week

12

people die or have a serious injury due to a crash on Auckland's roads

Road injuries are a leading cause of death and serious injury



Both sexes, 5-14 years, 2019, Percent of total deaths i				
Road injuries	n _a			
Congenital defects	2			
Brain cancer	3			
Leukemia	4			
Self-harm	5			
Endo/metab/blood/immune	6			
Other malignant neoplasms	7			
Drowning	8			
Interpersonal violence	9			
Idiopathic epilepsy	10			
IHME fron	n: http://www.healthdata.org/new-zealand			

This isn't normal or necessary

9

New Zealand performs poorly compared with many other OECD nations...in deaths by population



The toll is higher for some more than others

City - Whole Country

Figure 7. Risk of fatality per unit distance travelled, by mode, in cities and at country level, 2011-2015

Cyclists, pedestrians and people on scooters are disproportionately at risk

Notes: Country-level risk figures from Castro et al. (2018). Country-level motorbike risk figures not available

Santacreu, A. (2018) "Safer City Streets Global Benchmarking for Urban Road Safety" International Transport Forum Working Document, OECD Publishing, Paris.



Transport, air quality and climate change



HAPINZ 3.0

Poor air quality harms our health

Air pollution does significant harm to our people, especially our tamariki. Clean air matters to Kiwis: making improvements in air quality makes a difference to people's health.

Health impacts from human-made air pollution (2016)



Transport is a major contributor to climate change



40% of our GHG

emissions are from transport 82% increase in transport emissions since 1992

see(<u>https://www.stats.govt.nz/indicators/new-zealands-greenhouse-gas-emissions</u>) New Zealand's national inventory(external link))

The impacts are already here





Transport, physical activity & wellbeing

And it's costing us more each year

Trends in air pollution and social costs (2006-16)

Improvements in PM2, were offset by increased exposure to NO2.

Change of PM_{2.5} and NO₂ population-weighted concentration and associated cost (2006-16) Exhaust gas (NO₂) +28.4% +13.2% -9.4% -9.4% Concentration Social costs





HAPINZ 3.0

The health burden of air pollution

3,683 preventable deaths from transport per year in NZ



Adapted from, Briggs, D., Mason, K., & Borman, B. (2015). Rapid Assessment of Environmental Health Impacts for Policy Support: The Example of Road Transport in New Zealand. *International Journal of Environmental Research and Public Health*, 13(1), Kuschel *et al* (2022). *Health and air pollution in New Zealand 2016 (HAPINZ 3.0): Volume 1 – Finding and implications*. Report prepared by G Kuschel, J Metcalfe, S Sridhar, P Davy, K Hastings, K Mason, T Denne, J Berentson-Shaw, S Bell, S Hales, J Atkinson and A Woodward for Ministry for the Environment, Ministry of Health, Te Manatū Waka Ministry of Transport and Waka Kotahi NZ Transport Agency, March 2022.

We spend our lives sitting in cars



Physical inactivity - a major cause of disease



			EENTEENTE NA ASTREE ENVELTEENTE NA MERINE AND AN AN	
		Physical Inactivity		
RR (adjusted)		1.28 (1.21-	13.6)	V
PAF (NZ)		12.7% (10.2-15.4)		
Non-communicable diseases	Injuries			
 Cancers Cardiovascular diseases Chronic respiratory diseases Digestive diseases Neurological disorders Mental disorders Substance use disorders Diabetes and kidney diseases Skin diseases Sense organ diseases Musculoskeletal conditions 	 Transport Unintention Injuries Self-harm interperson violence 	injuries onal and onal	Communicable, maternal, neonatal and nutritional diseases	



How has this happened?

Land use influences our health

Whether *intentional or unintentional,* environmental decision making influences health outcomes.

- Infectious diseases (e.g. cholera, typhoid sewage systems)
- Health risk factors (e.g. Poor nutrition, physical inactivity urban design)

Design matters.





Option 1



"People ... today don't have less willpower and are not more gluttonous than previous generations. Nor is their biology significantly different to that of their forefathers.

Society, however, has radically altered over the past five decades, with major changes in work patterns, transport, food production and food sales.

These changes have exposed an underlying biological tendency, possessed by many people, to both put on weight and retain it."

Foresight Report 2007









ROAD TO



What needs to change?

Health Dept posters 1948



banned 1963 Pack warnings increase 1985 SE Act 1990 & sponsorship

What we can learn from tobacco control

Jock Phillips, 'Smoking - Smoking under attack: 1960–2000s', Te Ara - the Encyclopedia of New Zealand, http://www.TeAra.govt.nz/en/graph/38983/tobacco-consumption-per-new-zealand-adult-1920-2010



A safer, healthier future is possible



Transport is a **significant** public health issue



We need to change the system – the environment



This is in our control, and brings extra benefits too:

- Address climate change
- Improve mental wellbeing
- Improve physical functioning
- Increase community cohesion
- · Enhance brain function and learning
- Good value for money



The solution = Safe system + decreased combustion + increased active modes + public transport

I V V VI AM

Auckland communities are already piloting change











Pre-treatment







Charlton, S. G., H. W. Mackie, P. H. Baas, K. Hay, M. Menezes and C. Dixon (2010). "Reduced Speeds and Improved Safety Resulting From a Self-Explaining Roads Process." Accident Analysis & Prevention 42: 1989-1998.

Changing environments changes behaviours



- People are nudged towards more physical activity rather than having to rely on willpower
- Moving more as part of normal daily life
- Changing the default environment from health preventing to health promoting

Imagine a transport system focussed on wellbeing







Safer streets reduce death and serious injury



46.3% drop in KSI in calmed zone (background 3.8%)

Greatest KSI drop seen

Car occupant (61.8%) > Motorbike (39.1%) > Cyclist (37.6%) > Pedestrian (34.8%)

• Reductions were largest for children

	(95%	
after introdu		

In 20 mph zones	Adjacent areas
41.9	8.0
48.5	9.7
46.3	7.9
50.2	5.4
34.8	-2.1
37.6	-2.1
39.1	3.2
61.8	24.4
	In 20 mph zones 41.9 48.5 46.3 50.2 34.8 37.6 39.1 61.8

Grundy, C., Steinbach, R., Edwards, P., Green, J., Armstrong, B., & Wilkinson, P. (2009). Effect of 20 mph traffic speed zones on road injuries in London, 1986-2006: controlled interrupted time series analysis. BMJ (Clinical Research Ed.), 339, b4469–b4469. https://doi.org/10.1136/bmj.b4469

Road speed limits: the difference between life and death

- Children living in the most economically deprived areas had a three times higher injury rate than children living in the least deprived areas.
- High speeds extend the time spent in hospital (Purro, Shen, Neyens 2016)
- An increase of speed increased the amount of motor vehicle crashes (9%-24%) and a decrease in speed led to a lower amount of motor vehicle crashes (25.9%- 38%) on both urban and rural roads (ITF, 2018).



km/h collision with a vulnerable road user



km/h collision with a vulnerable road user



km/h collision with a vulnerable road user



Hosking J et al. 2013 (ANZJPH): https://onlinelibrary.wiley.com/doi/epdf/10.1111/1753-6405.12034



Ngā mihi nui

Auckland Regional Public Health Service | Rātonga Hauora-a-Iwi Ō Tāmaki Makaurau arphs.health.nz





Interventions: A brief overview

Professor Simon Kingham Ministry of Transport & University of Canterbury

	VALUE / CRITERIA							
CHANGE	Travel choice/ freedom	Health and safety	Accessibility/ Equity	Affordability	Sustainability/ environment	Productivity/ efficiency	Local amenity/ place function	

Expert panel

Kirsty Wild Stacey van der Putten Simon Kingham Michael Roth



Wrap-up

Thank you for your questions! We will do our best to answer them

See you **online on 12 September at 7 pm** for a session with experts

See you in person on 16 September at 8.45 am

Deliberative forum on transport