

ACRS Submission on Tasmania's 20-Year Preventive Health Strategy



About the Australasian College of Road Safety

The Australasian College of Road Safety was established in 1988 and is the region's peak organisation for road safety professionals and members of the public who are focused on saving lives and serious injuries on our roads.

The College Patron is Her Excellency the Honourable Sam Mostyn AC, Governor-General of the Commonwealth of Australia.

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Introduction – Australasian College of Road Safety

The Australasian College of Road Safety is the region's peak membership association for road safety with a vision of eliminating death and serious injury on the road. Our members include experts from all areas of road safety including policy makers, health and transport professionals, academics, community organisations, researchers, federal, state and local government agencies, private companies and members of the public. The purpose of the College is to support our members in their efforts to eliminate serious road trauma through knowledge sharing, professional development, networking and advocacy. Our objectives include the promotion of road safety as a critical organisational objective within government, business and the community; the promotion and advocacy of policies and practices that support harm elimination; the improvement of relative safety outcomes for vulnerable demographic and user groups within the community; the promotion of post-crash policies and practices; and the promotion of a collegiate climate amongst all those with responsibilities for and working in road safety.

The College believes that we should prevent all fatal and serious injuries on our roads; the road traffic system must be made safe for all road users; system designers should aim to prevent human error and mitigate its consequences; life and health are not exchangeable for other benefits in society; and that all College policy positions must be evidence based.

The discussion paper on the development of a 20-year preventive health strategy for Tasmania outlines key elements including potential aims, focus areas and enablers, and the roles that all levels of government services and the community can play. Specific actions will be detailed in action plans that will be developed for each 4-year period under the strategy. The discussion paper notes that the strategy will function as both a coordinating tool across sectors and an actionable framework for implementation.

ACRS response to the Discussion Paper

Introduction

Measurable progress in reducing road deaths has been made since the late 1960s, with the number of people killed in land transport crashes being reduced by more than 60 per cent since 1968.⁽¹⁾ Over the past decade in Tasmania, an average of 35 people have died on Tasmanian roads each year.⁽²⁾ Although progress has been made, land transport crashes remain a significant health burden, being the fourth leading cause of Years of Potential Life Lost (YPLL) in 2023, with a median age of death of 44.6 years seeing 46,693 years of potential life lost in 2023 alone.⁽¹⁾ Worryingly, across Australia, the number of fatalities has increased every year since 2020, with 2025 looking to continue this trend.⁽³⁾

However, whilst road deaths remain a leading cause of YPLL, the impact of non-fatal serious injuries (often categorised as a maximum abbreviated injury scale score of 3 or more) resulting from land transport crashes remains a significant burden on Australia's health sector. An average of 280 people have been seriously injured on Tasmanian roads each year over the past decade.⁽²⁾

In 2022-23, transport was identified as the third leading cause of Australian injury hospitalisations by the Australian Institute of Health and Welfare, with 61,178 hospitalisations or 233.5 hospitalisations per 100,000 people.⁽⁴⁾ Furthermore, road traffic injuries cost the Australian health system an estimated \$914 million in

2022-23; \$457.5 million for vehicle occupants; \$203.5 million for motorcyclists; \$197 million for pedal cyclists; \$55.9 million for pedestrians.(5)

Overall, road crashes are estimated to cost the Australian economy around \$30 billion per year.(6)

Critically, road trauma is not only about monetary costs. The true impact of road trauma is the impact on people. Most immediate is the impact that road deaths have on whole communities, however the life-long injuries sustained in non-fatal road crashes also have a substantial long-term impact on individuals, families, and communities, and require an ongoing level of health engagement for many.

The significant cost of road trauma requires a similarly significant response and road safety best practice has the tools and means to prevent road trauma. Tasmania's preventive health efforts can immediately and confidently make a real impact in reducing road trauma and its burden on Tasmania's health sector. While appreciating the broad scope of Tasmania's 20-year preventive health strategy, the College suggests that road trauma be a focal point of action for preventive health in Tasmania moving forward.

Road trauma is preventable.

Preventive health and the Safe System approach to road safety

Road safety policy and practice is guided by a widely accepted principles-based framework known as the Safe System approach. This approach, as described in the Tasmanian Road Safety Strategy 2017-2026 consists of four interacting "pillars":(7)

- Safe road users
- Safe roads and roadsides
- Safe vehicles
- Safe speeds.

A less common pillar, but which is becoming more prevalent, is post-crash response.

The ACRS recognises the importance of a systems thinking approach:(8)

- The road traffic system is a complex interaction of many interrelated components, involving many participants in different situations;
- Many road user errors and crashes are created by the interactions between road system components;
- The design and operation of a safe road traffic system must respond to the capacities as well as the limitations and vulnerabilities of the human user; and
- Understanding the causes of road traffic crashes and injuries requires understanding interactions within the broader road traffic system and other aspects of society.

In this way, we can prevent serious crashes and road trauma.

Preventive health should hold an interest in Tasmania's application of the Safe System approach to road safety. Opportunities around post-crash care such as the response efficiency to crashes or the available capacity of beds and specialists to timely treat instances of road trauma may be considered, alongside other collaborative opportunities to prevent crashes where preventive health will have a vested interest in reducing road trauma.

Response to consultation questions

1. What does a healthy active life mean to you and your community?

Land transport is an essential part of enabling everyday activity and health. The College believes that the cost of going about a person's daily activities, as to achieve a healthy active life, should not result in their death or serious injury because of an individual's use of the land transport system.

2. Are the focus areas appropriate for the next 20 years?

Specifically, in relation to the Focus Areas of the Strategy, the College suggests:

Focus Area 2 consider the impact of harmful behaviours relative to health outcomes on Tasmanian roads.

Harmful behaviours, including those extending from the consumption or exposure to harmful products, such as drink driving, can increase the risk of, and be a factor in, road trauma outcomes.(9, 10) Efforts to reduce harmful behaviour and instances of where it impacts driver or rider behaviours can support Tasmanian health outcomes under Focus Area 2. For example, one study in New Zealand showed that raising alcohol excise taxes would be highly cost effective and could lead to substantial cost-savings for society, including from reduced road traffic crashes.(11)

Focus Area 3 consider all modes of transport.

ACRS strongly supports the focus on safe and accessible public transport, walking and cycling (including infrastructure) in Focus Area 3. The recent 8th Global Road Safety Week focused on the importance of making walking and cycling safe.(12) Australia's National Road Safety Strategy also recognises this through their focus on a Movement and Place approach which incorporates different uses of streets and roads in different contexts and the need for multimodal local streets in urban and built up areas, compared with roads and highways focused more on the rapid movement of people over longer distances.(13, 14)

However, as already highlighted within Focus Area 3, most travel is undertaken by car. Therefore, the safety of vehicular travel should not be dismissed as it can be an enabler for broader health and wellbeing outcomes.

This is most relevant given vehicle occupants remain the greatest road trauma issue by road user type for Tasmania, making up 84 per cent of recent road trauma.(15) There are opportunities for significant gains in preventive health in vehicle road safety.

3. Are the enablers appropriate for the next 20 years?

The College acknowledges that the identified enablers can, if road safety is adequately considered within them, enable road safety outcomes in Tasmania. The College suggests that enabler actions take into consideration road trauma (all modes of transport) as a preventive health opportunity, where possible.

4. Do you have any example actions that could be considered under each focus area and enabler?

Enabler 1

The whole-of-government and whole-of-community enabler (Enabler 1) reflects an opportunity for Tasmania's Department of Health to partner and collaborate closely with other agencies (e.g., the Department of State Growth, and Department of Police, Fire & Emergency Management) and the Tasmanian community to enable road safety outcomes through collaborative preventive investment in road safety using a systems approach to road safety.

Enabler 2

Tasmania's Road Safety Advisory Council (RSAC) can be considered an example of several enabler actions under Enabler 2 – Strong leadership and government. The RSAC works closely with government, and non-government organisations and may be an opportunity for the Department of Health to leverage an existing road safety group with local knowledge and expertise, representative of Tasmanian road users.

Enabler 3

Road safety investment is a good example of linking funding to the demonstration of standards of service and achievement of outcomes within Enabler 3, reflecting how investment can enable preventive health outcomes.

(note: the below example also responds to Question 19 (What funding mechanisms should be put in place to sustain preventive health efforts over the next 20 years?))

For instance, following best-practice road safety guidance, such as that published by Austroads, road authorities (e.g., in partnership with health agencies under a whole-of-government approach to preventive health – Enabler 1) can demonstrate how a preventive health funding model for road safety can reduce road trauma using evidence-based solutions. This can include what the associated health system impact and costs associated with injury response, treatment, and management may be.

This is also relevant for Enabler 5: Use data and evaluation to consistently learn and enable prioritisation, especially the use of health economics to evaluate and prioritise investment into what works.

5. What services and actions are important for your community's health and wellbeing?

Our most important action to support our communities' health and wellbeing is to actively reduce road trauma through application of a systems approach to road safety. No specific action alone will solve the road trauma issue however, the College suggests for partnerships to be formally agreed to with other Tasmanian government agencies and relevant stakeholder groups to collaboratively work towards goals that will have meaningful impact on road trauma over the term of the preventive health strategy.

The most important component being that road trauma is considered in preventive health outcomes and not considered as a standalone transport issue. The College commends the current *Healthy Tasmania Five-Year Strategic Plan 2022-2026*, for having a focus on safe active transport.

6. What is already working well in your community or sector?

Road safety has a well-established evidence base and practical framework of action in place under the Safe System approach to road safety. Preventive health action can utilise existing strategic efforts (such as the Tasmanian Government's *Towards Zero Road Safety Strategy 2017-2026*) to bolster current efforts rather than necessarily needing to derive specific action itself.

7. How can we improve or redesign our current preventive health initiatives?

The College commends the current *Healthy Tasmania Five-Year Strategic Plan 2022-2026*, for having a focus on safe active transport as an alternative to driving, however, notes that road trauma for vehicle occupants remains the greatest road trauma issue for Tasmania, making up 84 per cent of recent road trauma.⁽¹⁵⁾ Initiatives that consider transport, and in particular, travel modes should therefore consider all road users and all travel modes as a health matter, not only sub-sets such as active transport that have broader health benefits (such as improved cardiovascular health).

8. How can we make sure preventive health initiatives are inclusive and respect cultural values and practices?

No comments

9. What are the best ways to keep you informed about preventive health initiatives?

The College suggests a systematic reporting approach be taken alongside the preventive health strategy. Relevant to road safety, the use of 'SMARTER' safety performance indicators (leading indicators) as suggested by Austroads, is an effective means to monitor progress in road trauma before having to wait for crashes to occur (lag indicators).⁽¹⁶⁾

14. How can we make sure our strategy adapts to changing health needs and environments over the next 20 years?

The College believes a strong evidence base must inform policy. Given this, the College suggests an initial step to being adaptive and responsive to future changes in road trauma, is an improved understanding of road trauma through improved road safety datasets. Currently there are significant inconsistencies and barriers making quality data and information difficult to obtain. Quality data and information, including intervention outputs and intermediate outcomes must be collected, analysed and disseminated to enhance road safety. The College suggests that the Department of Health partner with other relevant agencies and stakeholders (e.g., the Department of State Growth and Department of Police, Fire & Emergency Management, and Motor Accident Insurance Board) to build stronger road safety datasets that link road user information, crash data, crash claims, police records, and hospital admissions data (as examples) to better understand road trauma and the impact it has on Tasmania's health sector. Examples of such an approach have already been piloted in Victoria.^(17, 18)

This is also a relevant example against Question 17 (How can we foster collaboration between government agencies, non-government organisations (NGOs) and the private sector to improve preventive health efforts?). Road safety is fundamentally a health issue but represents a whole-of-government challenge. It involves (but not limited to) health services, police services, fire services, road transport agencies and agency-related NGOs and private stakeholders. Effective road safety partnerships, that are grounded in improving road safety but with demonstrated value to the parties involved, can help foster collaboration through shared responsibility. This principle of shared responsibility reflects the Safe System approach to Road Safety. Examples that may be explored or used as the basis for further cross-agency and stakeholder partnerships are detailed against Question 16 below.

15. How can government play a coordinating role?

Road trauma requires strong leadership and cannot rely on government coordination alone. The College suggests that Tasmania's preventive health strategy be a collaborative effort with other Tasmanian government agencies where road trauma is (or should be) a priority. Namely, the Department of Health should collaborate, at a minimum, with Tasmania's road authority (being the Department of State Growth at time of writing) on determining appropriate action for reducing road trauma in Tasmania.

16. What role should public-private partnerships play in preventive health?

Public-private partnerships are important in driving community participation, understanding, and support of road safety efforts. Tasmania's Department of State Growth already supports a range of partnership-based road safety initiatives such as:(15)

- Community Road Safety Program
- Learner Driver Mentor Program (supported by Driver Mentoring Tasmania)
- RYDA Program
- Driving for Jobs Program
- RACT initiatives:
 - Road Safe Program
 - Ready for the Road Program
 - Years Ahead Program
- the Real Mates media campaign
- the Bicycle Network's Ride2School program
- Safety around schools initiative
- Kidsafe child restraint check program
- Full Gear motorcycle safety project.

These partnership-based programs have broader benefits than road safety alone with many providing for community and social engagement (including where anxiety is a barrier to engagement), enabling pathways to employment (see Driving for Jobs), or overcoming disadvantage. Through the preventive health strategy, the Department of Health may look to engage in partnerships with these, or similar, initiatives that can drive community-based road safety outcomes.

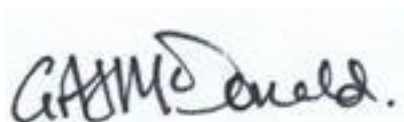
Conclusion and recommendations

The College acknowledges that select road trauma, road safety interventions, and road safety opportunities have been considered in the Discussion Paper (e.g., Focus Area 3). However, the College recommends that stronger emphasis be placed on opportunities for preventive health outcomes resulting from road safety action within the Strategy as, fundamentally, road trauma is a preventable health issue impacting Tasmanian people, families, and communities.

Specifically, the College recommends that:

1. Road trauma be a focal point of action for preventive health in Tasmania.
2. Focus Area 2 consider the impact of harmful behaviours relative to health outcomes on Tasmanian roads.
3. Focus Area 3 consider all modes of transport.
4. Enabler actions take into consideration road trauma (all modes of transport) as a preventive health opportunity, where possible.
5. Enabler actions on road trauma within the strategy and future action plans and initiatives be considered in collaboration with Tasmania's state road authority (currently Tasmania's Department of State Growth) under a partnership approach.

The College appreciates the opportunity to provide comments to this consultation. Please do not hesitate to contact us should you require any further information.



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