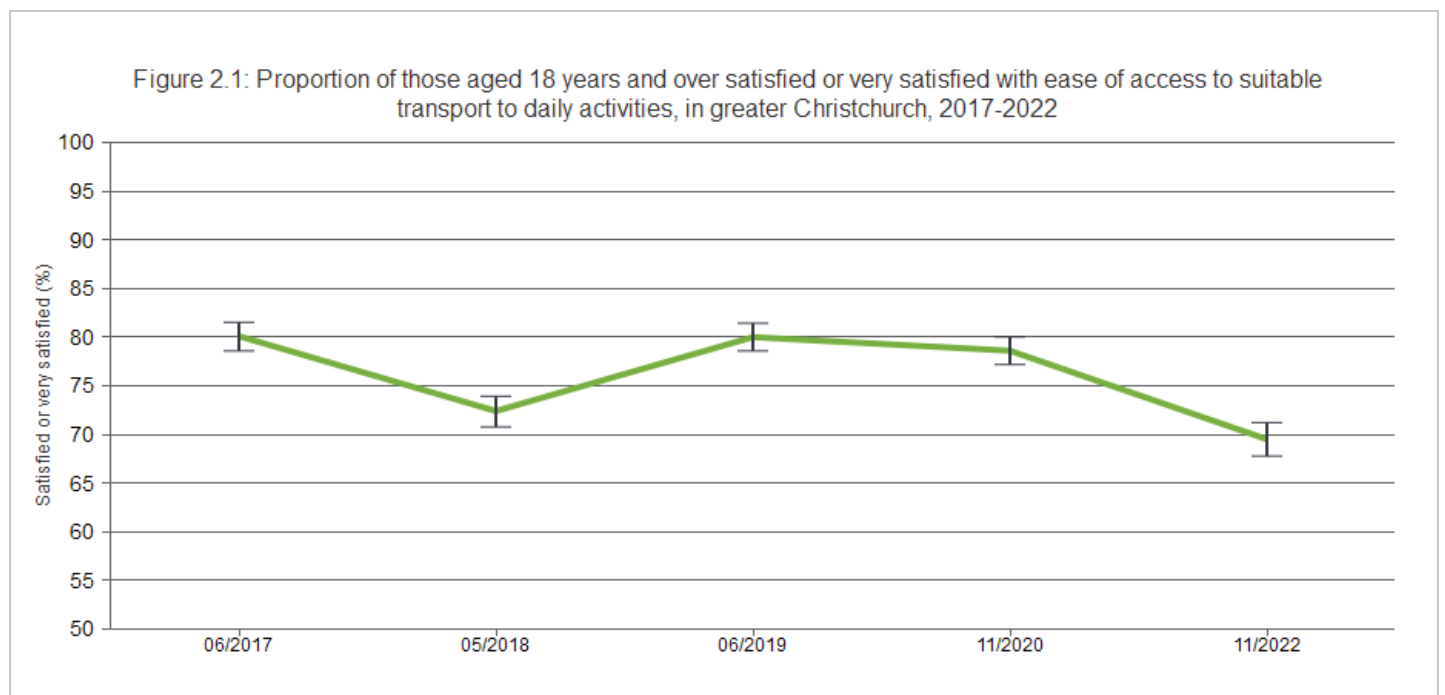


Environment: Access to transport

Downloaded from <https://www.canterburywellbeing.org.nz/our-wellbeing/environment/access-to-transport/> on 27/04/2024 1:56 PM

Transport systems and infrastructure (including public transport) influence health and wellbeing by enabling access to other important resources, such as employment, education, and social and health care services. Transport infrastructure that is safe and easy to navigate increases the likelihood of residents using environmentally sustainable modes of transport, such as walking and cycling [3]. Levels of physical activity are influenced by the walkability and cycle-ability of the local environment [3].

This indicator presents the proportion of those 18 years and over, satisfied or very satisfied with their ease of access to suitable transport to daily activities, using Canterbury Wellbeing Survey data from 2017 to 2022



The figure shows that the proportion of respondents who indicated that they were satisfied or very satisfied with their ease of access to suitable transport to daily activities, increased statistically significantly from 72.4 percent in 2018 to 80 percent in 2019 before declining statistically significantly to 69.5 percent in 2022.

Breakdown by Territorial Authority



The figure shows that satisfaction with ease of access to suitable transport decreased overall over the 2017 to 2022 time period for Christchurch City (80.9% to 70.6%), Selwyn District (68.5% to 63.1%), and Waimakariri District (75.6% to 68.5%). The satisfaction reported by Christchurch City respondents was statistically significantly higher than for Waimakariri District and Selwyn District respondents in 2019 and 2020, however the satisfaction levels were similar across the three Territorial Authorities in 2022.

The proportion of respondents who indicated that they were satisfied or very satisfied with their ease of access to suitable transport to daily activities did not change significantly between 2019 and 2022 for Selwyn District or Waimakariri District respondents and the overall decline over this period (shown in Figure 2.1) was largely driven by Christchurch City.

Breakdown by ethnicity



The figure shows that the proportion of European, Māori, and Pacific/Asian/Indian respondents who reported being satisfied or very satisfied with their ease of access to suitable transport, converged across greater Christchurch from 2017 to 2018. This pattern of convergence has remained stable in 2022 and the differences between ethnic groups were not statistically significant.

Breakdown by age



The figure shows that the proportion of respondents who reported being satisfied or very satisfied with their ease of access to suitable transport decreased overall for all age groups from 2017 to 2022. Broadly, the figure indicates a positive age gradient, with increasing age being associated with higher levels of satisfaction. In 2022, a significantly lower proportion of young people (18 to 24 years, 65.7%) indicated that they were satisfied or very satisfied with their ease of access to suitable transport compared with older people (65 to 74 years, 77.5%).

Breakdown by gender



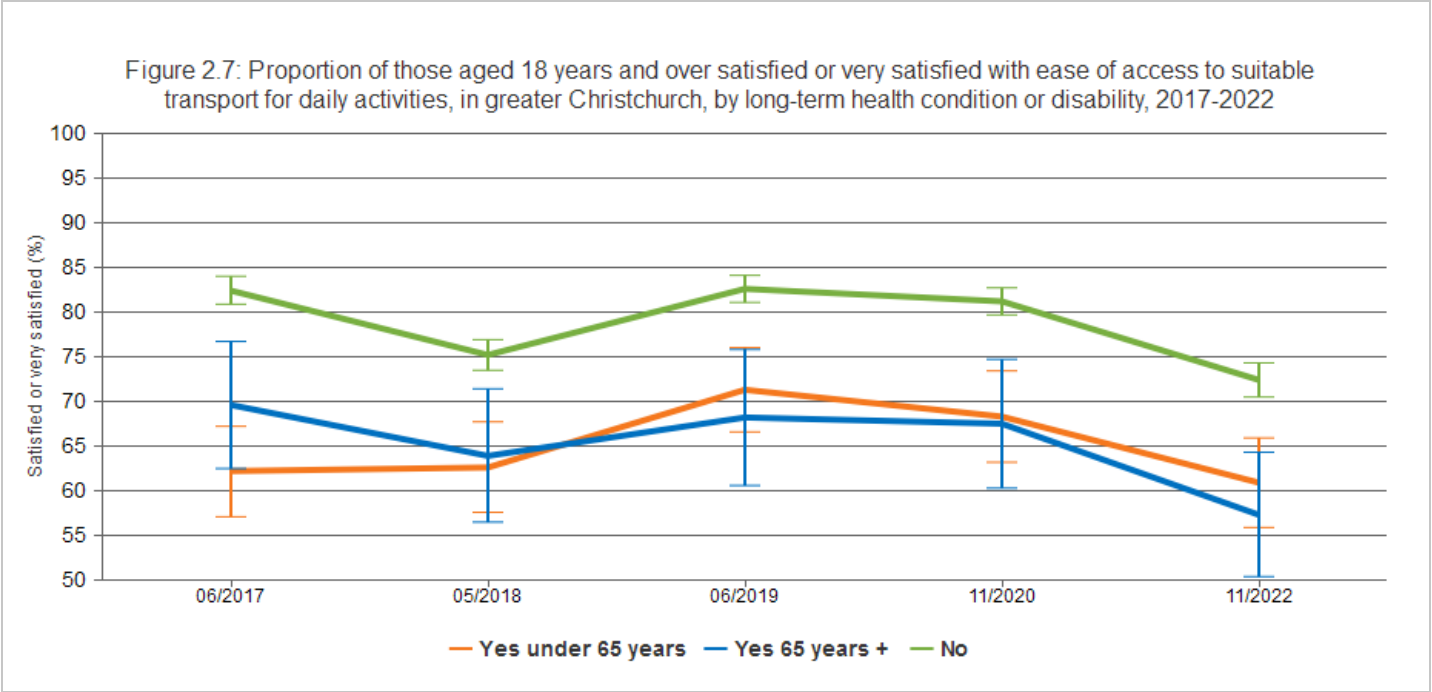
The figure shows no statistically significant differences in the proportion of female and male respondents who reported being satisfied or very satisfied with their ease of access to suitable transport, from 2017 to 2022.

Breakdown by income



The figure shows a general pattern of increasing proportions of respondents who indicated that they were satisfied or very satisfied with their ease of access to transport with increasing income level. In 2019 and 2022, satisfaction with ease of access to transport was statistically significantly different between the lowest and highest income groups (59.8% for <\$30,000 to 72.3% for \$100,000+ in 2022).

Breakdown by disability



The figure shows a statistically significantly lower proportion of respondents with a long-term health condition or disability (irrespective of age group) indicating that they were satisfied or very satisfied with their ease of access to suitable transport in greater Christchurch from 2017 to 2022, than those with no long-term health condition or disability. There were no statistically significant differences between respondents with a long-term health condition or disability who were aged under 65 years and those aged 65 years and over, at any timepoint.

Data Sources

Source: Te Whatu Ora Waitaha Canterbury - formerly the Canterbury District Health Board.

Survey/data set: Canterbury Wellbeing Survey to 2022. Access publicly available data from Te Mana Ora | Community and Public Health website www.cph.co.nz/your-health/wellbeing-survey/

Source data frequency: Annually.

Metadata for this indicator is available at <https://www.canterburywellbeing.org.nz/our-wellbeing/index-data>

REFERENCES

This is the full reference list for **Environment**.

- 1 Handy SL, Boarnet MG, Ewing R, Killingsworth RE (2002) How the built environment affects physical activity. *American Journal of Preventive Medicine* 23: 64-73.
- 2 Perdue WC, Stone LA, Gostin LO (2003) The built environment and its relationship to the public's health: The legal framework. *American Journal of Public Health* 93: 1390-1394.
- 3 Sallis JF, Spoon C, Cavill N, Engelberg JK, Gebel K, et al. (2015) Co-benefits of designing communities for active living: An exploration of literature. *International Journal of Behavioral Nutrition and Physical Activity* 12: 30.
- 4 Björk J, Albin M, Grahn P, Jacobsson H, Ardö J, et al. (2008) Recreational values of the natural environment in relation to neighbourhood satisfaction, physical activity, obesity and wellbeing. *Journal of Epidemiology and Community Health* 62: e2.
- 5 Blaschke P (2013) Health and wellbeing benefits of conservation in New Zealand. *Science for Conservation* 321.
- 6 de Dios Ortúzar J, Willumsen LG (2011) *Modelling Transport*. New York: Wiley.
- 7 Bennett H, Jones R, Keating G, Woodward A, Hales S, et al. (2014) Health and equity impacts of climate change in Aotearoa-New Zealand, and health gains from climate action. *New Zealand Medical Journal* 127.
- 8 Royal Society Te Apārangi (2017) *Human Health Impacts of Climate Change for New Zealand: Evidence Summary* Wellington.
- 9 Canterbury Earthquake Recovery Authority (2012) *CERA Wellbeing Survey 2012 Report, prepared by AC Nielsen for the Canterbury Earthquake Recovery Authority*. AC Nielsen and the Canterbury Earthquake Recovery Authority.
- 10 Cameron MP, Cochrane W, McNeill K, Melbourne P, Morrison SL, et al. (2012) Alcohol outlet density is related to police events and motor vehicle accidents in Manukau City, New Zealand. *Aust N Z J Public Health* 36: 537-542.
- 11 Livingston M, Chikritzhs T, Room R (2007) Changing the density of alcohol outlets to reduce alcohol-related problems. *Drug and Alcohol Review* 26: 557-566.
- 12 Popova S, Giesbrecht N, Bekmuradov D, Patra J (2009) Hours and days of sale and density of alcohol outlets: Impacts on alcohol consumption and damage: A systematic review. *Alcohol and Alcoholism* 44: 500-516.
- 13 Cameron MP, Cochrane W, Gordon C, Livingston M (2013) *The locally-specific impacts of alcohol outlet density in the North Island of New Zealand, 2006-2011. Research report commissioned by the Health Promotion Agency*. Wellington: Health Promotion Agency.
- 14 Browne M, Bellringer M, Greer N, Kolandai-Matchett K, Langham E, et al. (2017) *Measuring the burden of gambling harm in New Zealand*: Central Queensland University and Auckland University of Technology.
- 15 Abbott M, Bellringer M, Garrett N (2018) *New Zealand National Gambling Study: Wave 4 (2015). Report number 6*. Auckland, New Zealand: Auckland University of Technology, Gambling & Addictions Research Centre.
- 16 Rook H, Rippon R, Pauls R, Doust E, Prince J (2018) *Gambling harm reduction needs assessment*. Wellington, New Zealand: Sapere Research Group.
- 17 Kristiansen S, Trabjerg Camilla M (2016) Legal gambling availability and youth gambling behaviour: A qualitative longitudinal study. *International Journal of Social Welfare* 26: 218-229.
- 18 Welte JW, Barnes GM, Tidwell M-CO, Hoffman JH (2009) Legal gambling availability and problem gambling among adolescents and young adults. *International Gambling Studies* 9: 89-99.
- 19 Pearce J, Mason K, Hiscock R, Day P (2008) A national study of neighbourhood access to gambling opportunities and individual gambling behaviour. *Journal of Epidemiology and Community Health* 62: 862-868.
- 20 Binde P (2013) Why people gamble: A model with five motivational dimensions. *International Gambling Studies* 13: 81-97.
- 21 Wardle H, Keily R, Astbury G, Reith G (2014) 'Risky places?': Mapping gambling machine density and socio-economic deprivation. *J Gambli Stud* 30: 201-212.
- 22 Beckert J, Lutter M (2009) The inequality of fair play: Lottery gambling and social stratification in Germany. *European Sociological Review* 25: 475-488.
- 23 Orford J, Wardle H, Griffiths M, Sproston K, Erens B (2010) The role of social factors in gambling: Evidence from the 2007 British Gambling Prevalence Survey. *Community, Work & Family* 13: 257-271.

- 24 Abbott M, Binde P, Hodgins D, Korn D, Pereira A, et al. (2013) *Conceptual Framework of Harmful Gambling: An International Collaboration*. Guelph, Ontario: Problem Gambling Research Centre (OPGRC).
- 25 Easton B (2002) Gambling in New Zealand: An economic overview. In: Curtis, B, editor. *Gambling in New Zealand*. Palmerston North: Dunmore Press. pp. 45-58.
- 26 Department of Internal Affairs Gambling in Pubs and Clubs (Class 4). Wellington: The Department of Internal Affairs.
- 27 Canterbury DHB (2019) *Canterbury Wellbeing Survey, June 2019: Report prepared by Nielsen for the Canterbury District Health Board and partnering agencies*. Christchurch: Canterbury District Health Board.
- 28 Environment Canterbury Regional Council (2018) *Air Quality in the Canterbury Region- Winter 2018 Update: Environment Canterbury Environmental Snapshot Report*. Christchurch: Environment Canterbury Regional Council.
- 29 World Health Organization (2013) *Health effects of particulate matter*. Copenhagen: World Health Organization.
- 30 World Health Organization (2005) *WHO Air quality guidelines for particulate matter, ozone, nitrogen dioxide and sulfur dioxide: Global update 2005, Summary of risk assessment*.
- 31 McNamara KE, Buggy L (2017) Community-based climate change adaptation: a review of academic literature. *Local Environment* 22: 443-460.
- 32 Ebi KL, Semenza JC (2008) Community-based adaptation to the health impacts of climate change. *American Journal of Preventive Medicine* 35: 501-507.