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## An analysis on health care costs due to accidents involving powered two wheelers to increase road safety

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## Abstract

Powered Two Wheelers (PTWs) provide a convenient mode for a large portion of population in many cities. At the same time PTWs present serious system problems, the most important being poorer safety if compared to other motorized modes. But even when lower safety levels are acknowledged, problems behind are far from being solved. Rome is an example: although PTWs accidents rates are not negligible, the need for a specific safety policy is still unmet. Therefore the local Mobility Agency appointed the authors of this paper for a study of PTWs accidents occurring in the urban area. An assessment of the associated health care costs was also required. The objective of the paper is to report the main outcomes of this study highlighting recurring features of PTWs accidents, the high health care costs and how to quantify the economic resources to improve safety. The methodology was based on three steps: i) an analysis of the causes of PTWs accidents, which resulted into the location of black spots and assessment of the severity of the events; ii) the estimation of health care costs after a scientific literature review; iii) the association of health care costs to black spots and accidents severity to rank interventions to improve PTWs safety. This led to a final list of roads where PTWs accidents of the highest severity occurred and the required economic resources to improve their safety level. This stressed, for the first time, the unaffordable expenditures due to PTWs accidents. In conclusion, the issue whether the awareness of such costs can be used as leverage for more mindful behaviors among the riders is addressed.

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Keywords: road safety; Powered Two Wheelers; health care costs; safety potential index

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## 1. Introduction

The magnitude of the overall road safety crisis is largely acknowledged worldwide: according to the World Health Organization (WHO) "the economic consequences of motor vehicle crashes have been estimated between 1% and 3% of the respective GNP of the world countries, reaching a total over \$500 billion" (WHO 2010).

Still, decision-makers seem to underestimate the relevance of public health care costs to recover and rehabilitate those involved in road accidents. For what strictly concerns PTWs, there are many contributing factors. At national level, emphasis is obviously placed on prevention, thus enforcing stricter and stricter regulations to mandate comprehensive sets of safety measures (for example compulsory helmets; restrictions for novices; vehicle improvements such as enhanced brake systems or anti-tampering measures, etc.). Not the same can be said in terms of efforts to promote and enforce effective and consolidated post-crashes response procedures. According to the WHO (2013), if considering the Countries with >1,000,000 inhabitants and with riders accounting for about  $\geq 1/3$  the deceased (table 1), it is clear that the quality of post-crashes care response procedures is far from being adequate (also in some high income countries).

At local level, reasons of underestimation rely on the general approach to mobility problems, as policies with respect to the use of two-wheelers and whether special facilities should be provided are typically non-existent. The involvement of Powered Two-Wheelers (PTWs) in mobility plans is quite rare, being this mode considered by decision-makers as either not a priority (when PTWs are not among the dominant modes) or too sensitive to reach consensus (in areas where they are dominant, as observed in Musso et al. 2010).

Country	PTWs as dominant mode (Yes/No)	Helmet wearing rate (%)		Deceased drivers/ passengers of PTWs (% of all reported road	Post-crashes care response procedures		
					Seriously injured transported by	Emergency medicine training (Yes/No)	
		Driv.	Pass.	- traffic deceased)	ambulance (%)	doctors	nurses
Laos**	Yes	75	n.a	74.5	<u>≤</u> 10	Yes	No
Thailand**	Yes	53	19	73.5	50-74	Yes	No
Cambodia*	Yes	65	9	66.6	11–49	Yes	Yes
Malaysia**	Yes	76 (all riders)		58.7	<u>≥</u> 75	Yes	Yes
Dominican Republic**	Yes	n.a	n.a	57.8	n.a	Yes	No
Benin***	No	n.a	n.a	50.2	-	Yes	Yes
Singapore*	No	n.a	n.a	46.1	<u>≥</u> 75	Yes	Yes
Paraguay**	No	45	20	41.4	50-74	Yes	No
Colombia**	Yes	99	40	39.1	11–49	Yes	Yes
Pakistan**	Yes	10 (all riders)		38.6	11–49	Yes	No
Indonesia**	Yes	80	52	35.7	<u>&lt;</u> 10	Yes	Yes
Cyprus*	No	75	68	35.0	≥75	No	No
China**	n.a.	n.a	n.a	34.5	<u>≥</u> 75	Yes	Yes
India**	Yes	50	<u>&lt;</u> 10	32.4	11–49	Yes	Yes
Greece*	No	74	34	30.6	n.a	No	No
Italy*	No	92 (all riders)		30.3		Yes	Yes
Guatemala**	No	40 (all riders)		30.0	<u>&gt;</u> 75	Yes	No

Table 1. Countries with PTWs highest fatality rates.

Income: \*high, \*\*middle, \*\*\*low

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