



Heart Foundation

Submission on the Integrated Transport and Land Use Plan

January 2014

To:

Mr Phil Lawes
Project Director, Planning Division
DPTI
GPO BOX 1533
Adelaide SA 5001
Email: phil.lawes@sa.gov.au

From:

Ms Wendy Keech
Director Cardiovascular Health
Heart Foundation
155-159 Hutt Street
Adelaide SA 5000

Summary - What do we want?

The Heart Foundation calls for a Plan that:

1. Prioritises walking as an important transport mode that has many benefits to the community. It should be acknowledged overtly in all public forums as a valued and valuable part of the transport system and considered in all land-use planning activities.
2. Acknowledges the different needs of walking and cycling and provides a separate section for each mode to ensure walking is not lost in the cycling focus.
3. Includes the provision of detailed maps of pedestrian paths and networks showing connections, crossings and integration with other transport choices. Reference to the Functional Hierarchy report and the Pedestrian Access section is recommended.
4. Uses the Heart Foundation's *Healthy by Design SA*¹ principles to guide retrofitting and growth developments to implement well-planned and well-designed networks of neighbourhood walking and cycling routes.
5. Provides adequate budget to accomplish the many projects identified, to improve walking and cycling facilities, to extend existing facilities and to implement best practice walking infrastructure along with new projects such as the tram line.
6. Provides financial support and expertise to help local government implement the Plan particular with respect to improving infrastructure and programs to support walking, cycling and public transport.
7. Prioritises the nexus between active transport and public health planning (the new Public Health Act) particularly at a local government level.

¹ Heart Foundation. Healthy by Design SA. 2013. <http://saactivelivingcoalition.com.au/>

Why Walking?

In the thinkers in residence report “All on Board”² it was recommended that we reverse our transportation planning hierarchy from placing mobility of vehicles as its number one priority to one that focuses on the pedestrian as its number one priority. We agree.

Walking is the most fundamental form of mobility. Every journey begins and ends with a walk, irrespective of the mode of transport. The quality, safety and convenience of the walking trip is therefore crucial.

Increasing the numbers of people walking for transport will benefit everyone, by assisting in reducing traffic volumes, as well as air pollution (perhaps contributing to our ever-increasing temperatures). Providing opportunities to walk in our neighbourhoods and to major trip generators such as shopping precincts and entertainment venues will also help stimulate our local economies. The Heart Foundation’s report *Good for Business*³ showed that creating better environments for walking and cycling will not only increase the property values for the area, but would encourage people to spend time out of their homes, increase footfall and potentially generate more local business.

While we acknowledge the growing cycling movement and applaud the Plan for accommodating bike paths, lanes, routes and infrastructure we would like to see an equal emphasis on pedestrian needs and infrastructure in the Plan and a greater investment in the walking environment.

The benefits of investment in the walking environment are numerous and complex, but illustrated clearly by Figure 1 below.

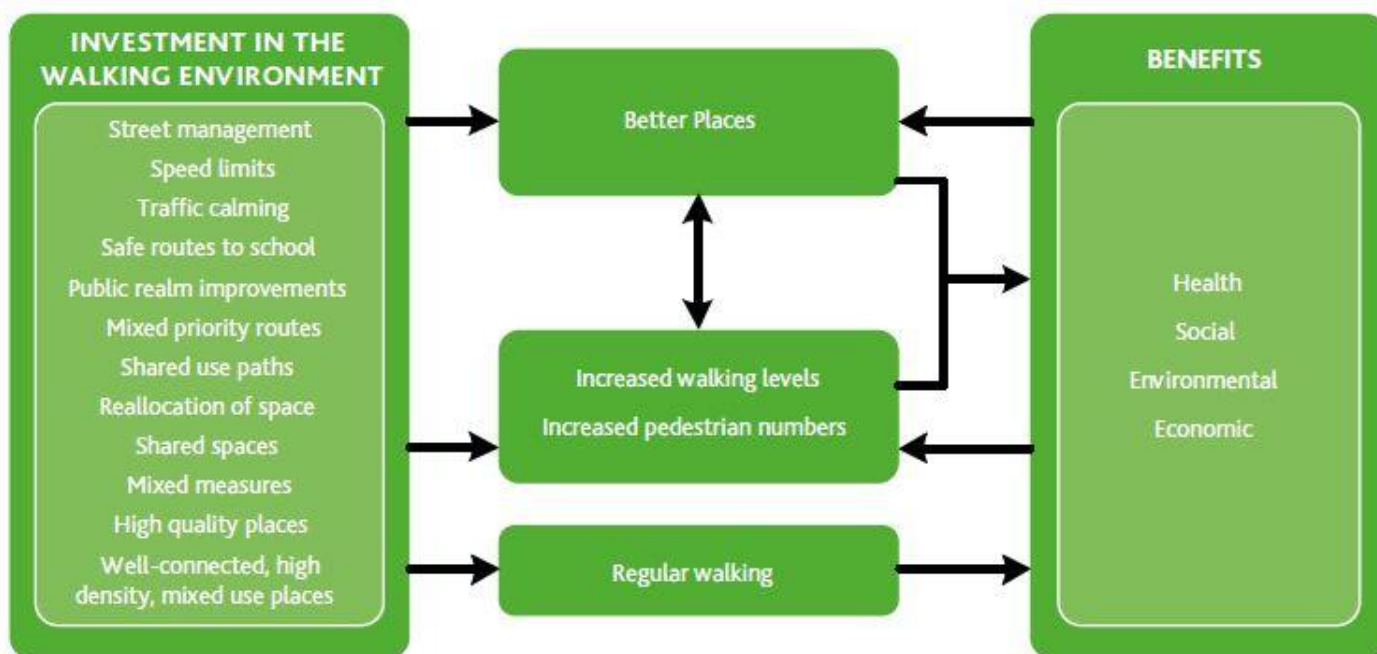
² Fred Hansen. All on Board. 2010.

http://www.thinkers.sa.gov.au/lib/pdf/SET_ME/FredHansenREPORT.pdf

³ Heart Foundation and Dr Rodney Tolley. Good for Business. 2011.

http://www.heartfoundation.org.au/SiteCollectionDocuments/GoodforBusinessFINAL_Nov.pdf

Figure 1: The relationship between investments in the walking environment and their benefits.⁴



We know that investments in the walking environment are good value for money when compared with other transport investment.⁵

A UK study summarised the cost-benefit ratios of transport projects in the UK. The findings show higher benefit-cost ratios for walking and cycling projects than other types of projects.

Table 1: Summary of benefit-cost ratios from transport projects in the UK.⁶

Sector	No. of projects	Average benefit-cost ratio
Highways Agency schemes	93	4.66
Local road schemes	48	4.23
Local public transport schemes	25	1.71
Rail schemes	11	2.83
Light rails schemes	5	2.14
Walking and cycling	2	13.55

⁴ University of West England. Making the Case for Investment in the Walking Environment. 2012. <http://www.livingstreets.org.uk/professionals/making-the-case-for-investment-in-the-walking-environment>

⁵ University of West England. Making the Case for Investment in the Walking Environment. 2012. <http://www.livingstreets.org.uk/professionals/making-the-case-for-investment-in-the-walking-environment>

⁶ University of West England. Making the Case for Investment in the Walking Environment. 2012. <http://www.livingstreets.org.uk/professionals/making-the-case-for-investment-in-the-walking-environment>.

Of course the most significant benefits are better health from increased physical activity but as Figure 1 shows the total benefits and flow-on effects are numerous and extensive. In an era where obesity and related illnesses are potentially the biggest health issues of the future investment in infrastructure and programs to increase physical activity levels across the population is vital.

What's in The Plan?

We note that walking and cycling almost always occur together in the report, as if “walking” was added by default, rather as an element in its own right.

We commend the Plan for the inclusion of walking and cycling, but it fails to recognise that walking and cycling are different, have different requirements, and serve different roles. It also implies that anything implemented for cyclists also benefits walkers. We are concerned that where walking and cycling are considered in a development that cyclists needs will be met, while pedestrians may not be accommodated or at best will be an afterthought, and with little budget allocation.

We are concerned that an agenda driven by cyclists, or those with more knowledge of cycling, will only cater for quality walking environments when it is convenient or that it may be overlooked altogether.

Cyclists have a higher speed and further range than walkers. Bicycles can substitute for car travel, whereas walking generally serves people's more immediate environment. Walkers require a closer-knit walkable environment rather than a series of discrete and more widely separated routes such as articulated in the plan. The types of network proposed for cycling are too sparse to satisfy all but a tiny minority of walker's needs.

Walkers also interact with public transport in fundamentally different ways. Cycling can act as an efficient feeder to major public transport facilities (rail and bus rapid transit stations) that need to be widely spaced. Walkers typically need to be served by feeder bus services, unless they happen to live or work very close to a transit station. A report commissioned by the Heart Foundation found that the average suburban density is about 13 persons per hectare, which is significantly lower than the 35 persons per hectare required to provide high quality public transport.⁷

⁷ Prof Billie Giles-Corti. Increasing density in Australia: maximising the health benefits and minimising the harm. 2012. <http://www.heartfoundation.org.au/SiteCollectionDocuments/Increasing-density-in-Australia-Evidence-Review-2012.pdf>

We acknowledge that much of the plan is concerned with larger infrastructure, such as rail upgrades. We are pleased to see mention of a “coordinated, customer-focussed” system, with better and more seamless transfers, and a hint that many longer-distance bus routes will be reconfigured as feeder services to transport hubs. This radical change when implemented needs to result in a more efficient and more frequent service, serving more destinations with fewer congestion-caused delays. This will necessarily involve more transfers, which may meet resistance from traditional customers who have come to expect a one seat ride to the CBD.

While the Plan positively considers walking in places like the CBD and high activity centres that are slated to be “pedestrian-friendly” we are concerned that other places, typically those closer to home are ignored. Little attention is given to the essential role of walking in accessing the public transport network in the first place. People who habitually reach for the car-keys and head for the garage are likely to continue the whole way by car. Creating a walkable environment near homes and in all neighbourhoods, particularly disadvantaged areas, is essential if people are to be encouraged to use any form of sustainable transport. Given that the majority of South Australian live in the suburbs, and will continue to do so for a long time, this is a substantial omission from an otherwise excellent plan.

What’s *not* in the Plan is reference to the excellent work that was developed with input from the Heart Foundation in the Government’s Functional Hierarchy report. This report clearly defines pedestrian access and identifies locations where pedestrian activity is planned, including maps.

What can The Plan do?

We strongly support the prioritisation and integration of walking with other transport options but feel that this needs to be strengthened, and the different needs of walking and cycling acknowledged.

We would like to see pedestrian paths and networks acknowledged in the detailed maps (page 98 ITLUP) which should show connections, crossings and integration with other transport choices. Reference to the Functional Hierarchy report and the Pedestrian Access section would be recommended.

We see an opportunity in the Plan to use the Heart Foundation’s *Healthy by Design SA*⁸ principles to guide retrofitting and growth developments to implement well-planned and well-designed networks of neighbourhood walking and cycling routes.

We call for an appropriate increased allocation of the budget to accomplish the many projects identified, to improve walking and cycling facilities, to extend existing facilities and to implement

⁸ Heart Foundation. *Healthy by Design SA*. 2013. <http://saactivelivingcoalition.com.au/>

best practice walking infrastructure along with new projects such as the tram line. The current allocation is only \$0.5 billion. How will this be prioritised? We note the report mention of “continued” support that DPTI will give to councils in designing local street networks that are conducive to walking and cycling. However there is no mention of *additional* support, or state government funding for councils, and we are concerned about increased expectations placed on councils to provide local walking and cycling facilities without appropriate funding, resourcing or expertise.

It is clear from the report that the Department of Planning, Transport and Infrastructure are seeking changes that reduce the level of car-dependency and the harms that will only get worse if unfettered car use is allowed to continue. At the same time, some of the people who will ultimately benefit from these changes may initially object as resources devoted to their car use are devoted to other forms of transport. Some opposition is to be expected to new ideas and a shift away from car use.

The Plan will ultimately succeed or fail through its implementation. As with all such plans in a democracy, implementation cannot proceed faster than community acceptance. Getting the community to accept and embrace it, is perhaps more critical than any other aspect of the implementation process.

There is a perfect opportunity to promote the Plan by prioritising the nexus between active transport and public health planning (the new Public Health Act) particularly at a local government level.

Heart Foundation

The Heart Foundation has been an independent charity for over 50 years and our purpose is to reduce premature death and suffering from heart, stroke and blood vessel disease in Australia. We achieve this by funding world-class research, supporting health professionals and promoting health in the community.