

Ben Clark

1 March 2013

Tom Wise  
Secretary  
Joint Select Committee on Preventative Health Care  
c/- [tom.wise@parliament.tas.gov.au](mailto:tom.wise@parliament.tas.gov.au)

Dear Mr Wise, and Honourable Committee Members,

I thank the Committee for the opportunity to contribute regarding Preventative Health Care. I have read the terms of reference and wish to limit my submission to the second and third items, namely:

*2) The need for an integrated and collaborative preventative health care model which focuses on the prevention, early detection and early intervention for chronic disease;*

and

*3) The need for structural and economic reform that promotes the integration of a preventative approach to health and wellbeing, including the consideration of funding models;*

To provide some context for my submission, I have a personal and professional interest in the field of active transport. My qualifications are in Urban and Regional Planning, and Environmental Management. My personal interest is that I am a regular commuter cyclist, and occasionally walk or use the bus. My family has a car but tend to use it as the mode of last choice, or when travelling distances greater than 10km.

I have cycled in Western Europe and gained first-hand experience of the difference that high quality cycle infrastructure has in making it a mode of first choice. Having experienced the benefits of cycling, I feel strongly that much more should be done to encourage greater uptake, particularly in the urban areas of Tasmania, where travel distances are often relatively short. As such, I have focused primarily on cycling in my response. As I do not have expertise in public health, thus have limited knowledge of terms commonly used and therefore not used them to a great extent in my submission.

I have structured my response in two parts, aligning with the terms above.

***Part A: The need for an integrated and collaborative preventative health care model which focuses on the prevention, early detection and early intervention for chronic disease***

I believe that an integrated health care model should place an emphasis on reducing the risk of illness and death due to preventable conditions and diseases (e.g. heart disease), by reducing and removing risk factors. I have focused on one risk factor - the largely sedentary

lifestyle in our society, as it is a significant contributor to these diseases. Therefore, increasing daily activity should be an important preventative action. Encouraging a far greater proportion of the community to achieve this via 'incidental exercise', by going about their day's travel by bike or walking rather than driving, is a sensible policy move.

Planning, and accompanying government policy, will play an important step in this process. In Tasmania there have been numerous plans prepared at local and State level (Dept of Infrastructure Energy and Resources authored the *Walking and Cycling for Active Transport Strategy*, *Southern Integrated Transport Plan*) that espouse the need for better facilities for pedestrians and cyclists, and include them as policy outcomes.

It is the follow-through that often lacks. The first problem is that there is often no funding attached to these strategy or policy documents. I fully endorse the Heart Foundation's submission for the 2011-2012 State Budget<sup>i</sup> which argued for increased funding for active living and sustainable transport by diverting 5% of annual infrastructure budget from roads to sustainable transport infrastructure. In the 2012-13 State budget the infrastructure investment on roads was \$148.9m (of which \$130.7m was State funded), some 34% of the State's total infrastructure spend<sup>ii</sup>. Five per cent of the total would be \$6.7m, a sum that would enable some significant active transport infrastructure to be provided. As far as I can ascertain, for 2012-13 the actual spend for active transport was \$3.2 m, with \$100,000 for a north-west coast cycleway feasibility study and \$2.1m for Passenger Transport Innovation<sup>iii</sup>.

Secondly, there is often no 'teeth' to see these well-intentioned policies and strategies become part of the funding criteria or become the basis for the transport planners and engineers to start from (detailed in response to question 3). As a consequence, it seems common that active transport modes are seen as 'niceties' rather than necessities, and only provided for once the vehicle needs are met.

The most relevant example is the upgrade of Rokeby Road (originally budgeted for \$10m, likely to cost \$13.4m) where representatives from DIER acknowledged during a public hearing that active transport was not able to be provided for (in terms of an off road cycle path). Subsequent to this hearing, DIER redrafted the design to allow for the future retrofit of a separated path, but acknowledged its implementation would still require an initial \$250,000 investment, which it didn't have funding for<sup>iv</sup>. The area serviced by the road is popular for young families and others who would be dependent on car use under this 'business as usual' approach. This is despite DIER also having authored the two aforementioned strategies which had 'increasing active transport' as policy outcomes. I presume the design focus must have been on critical mass of vehicles, with the relatively low numbers of cyclists and pedestrians seen as relatively minor, and therefore not worth the expense. It is my understanding that the project had already overrun its budget and there was little room to alter plans. Some broader thinking, in terms of future health outcomes should have been considered. As often is the case, such externalities are not taken into account, and active transport tends to get dismissed as impossible within what are invariably tight budgets.

The third problem is that the design principles need to be written into the enabling development legislation and regulations for them to have effect. Opinions will no doubt vary as to the quickest way to achieve this, but a planning directive, which makes it come into effect across the entire state's planning schemes as of being signed off by the Minister. Another option would be the development of a State Policy for the planning and approval process that requires *Healthy by Design* principles to be considered, as also advocated The Heart Foundation's 2011-12 budget submission<sup>v</sup>. My concern is that this process may be

considerably longer to reach an outcome, given the State Coastal Policy was drafted in 2008, and is yet to be finalised.

On that point, the noted urbanist, Charles Landry, spent time in 2003 as a Thinker in Residence in Adelaide and in his final report to the South Australian government, talked about the importance of 'aligning the rules with the vision'. He noted that Adelaide's planners had developed some excellent strategic plans over the years, however as often happens, there are subsequent changes to local planning schemes that are needed to enable that vision which do not occur. In such situations, the result is usually that by not changing the 'rules' (planning schemes) it actually prevented the vision from being realised. For instance developers are often reluctant to go beyond the requirements of such plans, so asking them to add design elements that encourage active transport (e.g. bicycle parking for office workers) can often be met with responses of 'show me where it asks for it in the planning scheme?'

### Recommendations

- Require State funding for transport infrastructure to either allocate a specific percentage to active transport modes (eg. 5% advocated by Heart Foundation),
- Require DIER to consult DHHS on costs attributable to preventable diseases and work out a formula that accounts for 'avoided costs' due to active transport provision (e.g. \$ saved in heart disease per km of separated path cycleway as this can help justify the added investment when budgets may be tight).
- Require DIER to provide for active transport within all their transport infrastructure upgrades (unless there is a compelling reason why they shouldn't – e.g. ports/freight rail infrastructure that wouldn't be ordinarily accessed/used by community)
- Require State policy objectives and targets regarding improving provision for active transport to be written into the appropriate level of planning at State level (eg. via a planning directive), which can then direct local government.

### ***Part B: The need for structural and economic reform that promotes the integration of a preventative approach to health and wellbeing, including the consideration of funding models***

#### *Structural (land use planning) reform*

From an active transport perspective, Tasmania has a major challenge due to the very low density of most of its urban areas, particularly Hobart. Transit-oriented developments (TODs) may offer a partial solution to this issue. This is basically clustering of business, and increasing residential density around major public transport interchanges, usually a form of light rail. It often requires land acquisition by the Government, and considerably changing existing planning schemes to allow for higher density development (usually medium density, 3-5 storeys). Stops are usually located a lot closer than with 'heavy rail, thus encouraging greater patronage, as more people are within walking distance of a stop. I have followed with interest the development of several in Perth (eg. Subiaco) and Adelaide (eg. Bowden), which are modelled on successful European TODs. The proposed Glenorchy light rail development offers such a possibility.

Where land cannot be readily acquired, another approach is to rezone the land within the desired TOD area to allow for the envisaged uses and densities. I understand that the South

Australian government has recently prepared a Masterplan for inner and middle suburbs of Adelaide, to instigate significant change toward TOD style developments along major arterial routes that lead into the CBD. This has added benefit of not require the significant investment and upheaval of building new rail infrastructure, as it will rely on maximising patronage on existing bus routes. This is an approach that could be replicated in Tasmania. For instance within Hobart, the regional interchanges serviced by existing bus routes, such as Kingston, Rosny, Glenorchy, could have increased residential densities in neighbouring streets.

I do not know the detail of the Australian Standards for road design, but I understand there are tolerances for widths of car lanes, and parking spaces. I suggest a change in emphasis toward the narrower width as the commonly held standard, would free up more space for active transport provision. I understand this approach has been successfully implemented by the City of Yarra (Melbourne) with respect to its secondary streets that feed into to the City of Melbourne. The result has been a much safer street environment for cyclists, with large uptake.

#### Recommendations:

- Require DIER to undertake an analysis of how TODs can be retrofitted into the existing public transport system prior to seeking funding for road network expansion,
- Incentivise the adoption of TODs into planning schemes with tied funding to enable development of one (or several) priority site/s within each major Tasmanian city, and
- Require DIER to take a leadership role in advocating to Council and consultant traffic engineers to design toward the narrower vehicle lane width (as per relevant Australian Standard) along roads rated at 50km/h or less as the common design standard, to allow greater widths for active transport (along road shoulders).

#### *Economic reform*

One of the main levers that the State Government can use is through its budget. Making the selection criteria stronger for active transport when funding transport projects, and factoring in 'preventative health benefits/avoided costs' that would result from active transport provisioning would send a clear message that the State is serious about preventative health and this is not just an afterthought.

It seems to be difficult to turn around the conservative mindset of many business proprietors (particularly in inner-city retailing strips) who seem to equate any loss of on-road parking with loss in trade. Conservative councillors seem to have been seduced by this argument and often outright oppose any improvement for cycling infrastructure that upsets the status quo.

There have been some excellent case studies of the opposite being the case, including Lygon St (Melbourne). This study found that car users averaged more overall spending per hour than bike riders, however the small area of public space required for bike parking means that each square metre allocated to bike parking generated \$31 per hour, compared to \$6 generated for each square metre used for a car parking space. I am also aware of the Heart Foundation publication 'Good for Busine\$\$' (authored by R Tolley) which offers 17 similar examples, several of which are Australian.

#### Recommendations:

- Require State funding for transport infrastructure to either allocate a specific percentage to active transport modes (eg. 5% advocated by Heart Foundation), or stipulate certain outcomes being met in order to be eligible for funding.
- Require DEDTA to take a leadership role in promoting the case studies demonstrating economic value of investing in better pedestrian and cycling facilities to Local Governments, Chambers of Commerce (and allied bodies) to help bring about a cultural change.

I trust the above will be clear, but please contact me via Benjamin.K.Clark at hotmail.com if you require clarification on any points raised.

Yours sincerely



Ben Clark

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<sup>i</sup> Heart Foundation, 2010, A time for action in Tasmania – Heart Foundation budget submission 2011-2012 to 2014-2015, p 6.

<sup>ii</sup> The Budget, 2012-2013, downloaded from budget.tas.gov.au, figures sourced from Chart 1.6 on page 1.7

<sup>iii</sup> The Budget, 2012-2013, downloaded from budget.tas.gov.au, figures sourced from page 5.8 and Budget Paper No 2: Government Services, 2012-13, Part 1, pp. 6.2, 6.3 and 6.8

<sup>iv</sup> PARLIAMENTARY STANDING COMMITTEE ON PUBLIC WORKS, Rokey Main Road, Report No. 39 of 2012, pp. 5-7

<sup>v</sup> Heart Foundation, 2010, A time for action in Tasmania – Heart Foundation budget submission 2011-2012 to 2014-2015, p 6.

<sup>vi</sup> Lee and March, Australian Planner, June 2010, pp. 85-93