

SF11/36 SD13/9227

Mr S Haddad Director General NSW Department of Planning and Infrastructure GPO Box 39 Sydney, NSW 2001

Dear Mr Haddad

RE: SYDNEY CBD AND SOUTH EAST LIGHT RAIL

The Sydney Local Health District (SLHD) aims to protect and promote the health of the local population and recognises that many local and global factors affect health and illness. One of our strategic directions is to develop our capacity to work with other agencies to develop healthy environments.

Together with NSW Health, we have developed the NSW Healthy Urban Development Checklist as a guide for health services when commenting on development policies, plans and proposals. The relevant chapters for this project include: Chapter 8: Physical Activity, Chapter 10: Transport and Physical Connectivity, Chapter 12: Community Safety and Security and Chapter 15: Social Cohesion and Social Connectivity. A pdf and an interactive copy of the Checklist can be found at:

http://www.sswahs.nsw.gov.au/populationhealth/HUD/

The Sydney CBD and South East Light Rail is a proposed light rail line in Sydney running from Circular Quay at the northern end of Sydney's Central Business District to the south-eastern suburbs of Randwick and Kingsford. The line will be part of Sydney's light rail network. It will provide a fast, reliable, low-emission public transport service and act as a catalyst for urban renewal.

SLHD strongly supports the aims and objectives of the proposal provided the appropriate checks, balances and safeguards as identified are in place. We support the opportunity for this project to service the growing demand for public transportation in Sydney. According to Litman (2011), high quality public transportation and transit oriented development can affect travel activity in ways that provide large health benefits, including reduced traffic crashes and pollution emissions, increased physical fitness, improved mental health, improved access to medical care and healthy food, and increased affordability which reduces financial stress to low-income households.

SLHD would like to suggest that NSW Planning and Infrastructure considers placing more attention on the following issues:

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- We recommend undertaking a Health Impact Assessment of the project. This will assess
 the health and wellbeing impacts and will develop recommendations to mitigate negative
 impacts and enhance positive health impacts for the community. SLHD Population Health
 would be keen to work with NSW Planning and Infrastructure to conduct a Health Impact
 Assessment on the Plan.
- We reinforce the need for bicycle access on the light rail and bicycle parking on interchanges, which will further contribute to cleaner air and an increase in physical activity. A large proportion of air pollution is generated in the first few miles of an auto trip when the engine is cold. From an air quality standpoint, biking to stations at the start or end of a work day-trip eliminates "cold-start" vehicle emissions associated with driving. Research also shows that less time spent driving results in a reduced stress level, resulting in a higher quality of life.
- The plan should also look into the possible negative consequences of light rail projects such as increases in noise levels, loss of wetlands, adverse impacts to historic sites, gentrification and risk of displacement and develop measures to minimise these consequences. A study done by Malekafzali et al (2011) in Minnesota showed that light rail expansion in their communities had at least one if not all of these negative outcomes: higher rate of residential and business displacement, increase in housing values causing fewer vacancies and a decrease in affordable housing, and displacement of existing residents—especially low income residents. The study showed that there was a disproportionate impact on people of colour and people with lower socio-economic status compared to white people and people with high socio-economic status. Moreover, the risk of displacement can also lead to negative health outcomes such as infectious disease, chronic disease, stress, and impeded child development due to lack of sense of belonging and association to a particular community.
- We emphasise the need to address the issue of injury and accident prevention. Automobile injury hazards arise due to existing light rails. Coifman et al. (1997) concluded that drivers engage in undesirable behaviours or actions, which they do not consider hazardous. Drivers' actions such as not complying with traffic rules and signs, as well as failure to appropriately observe stimuli in the driving environment, are factors of hazard causation. These could include the misinterpretation of a light rail vehicle horn as another automobile's horn, and the driver's expectation of a normal intersection when in actuality the intersection includes a light rail crossing. Pedestrians are also at risk of being injured by light rail vehicles, either by crossing rail tracks or ignoring traffic signs, especially where there is limited walkability to safely access the rail stop area. Currently, there is minimal literature available for pedestrian and automobile safety measures and traffic safety concerns (Brown et al., 2011). Further investigation and data collection is needed to prevent these injury hazards.

We appreciate the opportunity to comment on the proposal and are keen to continue to work in partnership to achieve high-quality outcomes. We would be eager to work with you wherever possible to provide support of a health focus in future directions as these plans and directions develop.



If you would like to discuss this further, please feel free to contact Peter Sainsbury, Director Population Health on 9828 5718.

Yours sincerely

Dr Teresa Anderson

Chief Executive