Submission Cover Sheet

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Request to be heard?: No,

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Affected property:		
Attachment:	West_Gate_Tunn	
Comments:	Please refer to the attached document.	







July 10th 2017

Attention: West Gate Tunnel Project Inquiry and Advisory Committee.

RE: Institute for Health and Ageing feedback on West Gate Tunnel Project Proposal.

Please find below, the Institute for Health and Ageing's (IHA) feedback on the West Gate Tunnel Project Proposal.

Contributors: Dr Jerome N Rachele and Ms Aislinn M Healy

We are concerned about the proposed increases in traffic volumes that the West Gate Tunnel will bring to residential streets in West Melbourne and North Melbourne. Research has shown that increases in both perceptions of risk (Kerr et al., 2016), as well as actual risk (Quistberg et al., 2017), that are associated with increased local traffic volumes are likely to discourage residents from participating in active forms of transportation. This outcome is at odds with Transport for Victoria's focus on safety and commitment to increasing participation in both transportation walking and cycling.

Where possible, efforts should be made to mitigate the harmful effects of increased traffic exposure for pedestrians and cyclists. For example, roadway designs that facilitate slower vehicle speeds and encourage separation have been shown to reduce the likelihood of traffic related incidents between vehicles, pedestrians and cyclists from occurring, and reduce the severity of injury if incidents do occur (Cripton et al., 2015; Stoker et al., 2015). We would like to see further complementary spending towards infrastructure for active travel in West Melbourne and North Melbourne, including physically protected bike lanes, more bike lanterns at intersections, safer roundabout design, slower speed limits, and more traffic calming around pedestrian crossings.

References:

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- Quistberg, D. A., Howard, E. J., Hurvitz, P. M., Moudon, A. V., Ebel, B. E., Rivara, F. P., & Saelens, B. E. (2017). The Relationship Between Objectively Measured Walking and Risk of Pedestrian–Motor Vehicle Collision. *American Journal of Epidemiology*, 185(9), 810-821.
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