

January 19, 2015

Good afternoon.

I'm speaking to you today on behalf of the Toronto Centre for Active Transportation (TCAT), a project of Clean Air Partnership, a registered charity. TCAT conducts research and education that supports a vision for cities that are safe, convenient, and enjoyable communities to walk and bike.

Since 2009, TCAT has played a leadership role in Canada to build momentum and focus community and government interest in Complete Streets. In 2010 TCAT hosted its first annual Complete Streets Forum and in 2012 we launched the Complete Streets for Canada website, a "go-to" hub for Complete Streets policy, design, and citizen engagement.

I had the pleasure of working on the team led by Urban Design for Health that produced the reports that you are considering today. Our team assessed the evidence for how specific street design choices influence health outcomes and drew conclusions about how the information can be used to promote healthier street design in Toronto.

For several years public health experts have been gathering and providing evidence that the built environment - the way that we build our cities - has a significant effect on the health and safety of the people who live in these cities.

What we do with this evidence could have a dramatic impact on how our transportation system works.

We know that our streets are congested, and not as safe as they should be especially for vulnerable road users like cyclists and pedestrians. Each and every day on the streets of Toronto 3 cyclists and 5 pedestrians are injured.

We also know from previous research conducted by Toronto Public Health that there are tremendous benefits in increasing cycling and walking. We know now that people walk more, have lower body weights, and are healthier in areas of the city that are built to encourage walking. And that Torontonians have expressed a strong latent desire for more walkable neighbourhoods.

Today I want to take the opportunity to draw your attention to a few key points in the Healthy Streets Jurisdictional Review report, which is the piece of work that I was responsible for and the most familiar with.

For this report I interviewed transportation and public health professionals from 10 North American cities - 5 Canadian and 5 American - who have adopted complete streets policies and guidelines. We wanted to find out how these cities have considered health evidence in their transportation planning decisions.

There were a couple of recurring themes in these interviews about building healthy streets:

1. The first was about the impact of speed. The majority of these jurisdictions are implementing road design features that discourage excessive speed. For example I found out that it is now standard practice in other cities to tighten up the turning radii at corners. This engineering practice reduces the likelihood that cars will use excessive speed at intersections and as a result improves pedestrian safety.
2. Another key finding was that 8 out of 10 jurisdictions are installing cycle tracks, which are bike lanes separated from motor vehicle traffic, in order to improve cyclist safety.

There are also some important process changes happening across North America that we can learn from here in Toronto. For example I found that other jurisdictions are embedding public health professionals directly within transportation departments or the reverse - embedding engineers into public health units. This is a simple yet very effective way to foster cross-fertilization and knowledge sharing between these two disciplines and it's been found to be an effective way to change transportation planning practice to include health priorities. This is why the ongoing collaboration between Public Health, Transportation Services and Planning is so critical.

One of the specific ways that this cross-divisional practice has been used is by making access to data and expertise easier. For example, public health professionals have epidemiological subject matter expertise and access to data sources that are currently unavailable to transportation divisions. As a result of these cross-divisional appointments, it's now easier to pinpoint source problems and recommend where location-specific interventions are needed.

This is exactly what the Medical Officer of Health has done in his recommendation to prioritize Complete Streets projects in high need neighbourhoods.

We have a fantastic opportunity to incorporate the expertise and evidence that Toronto Public Health has conducted into the Complete Streets Guidelines currently under development. TCAT is fully supportive of both the recommendations from the Medical Officer of Health.

Toronto Public Health has shown leadership in initiating this important work. The Medical Officer of Health's recommendations are the next step to incorporate the evidence into the street design process in order to improve the livability and safety of all road users.

Thank you for the opportunity to comment.

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