

Board of Health

Meeting No.	9	Contact	Candy Davidovits, Committee Administrator
Meeting Date	Monday, November 12, 2007	Phone	416-392-8032
Start Time	1:00 PM	E-mail	boh@toronto.ca
Location	Committee Room 2, City Hall		

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HL9.1	AMENDED		
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Air Pollution Burden of Illness from Traffic in Toronto

City Council Decision

City Council on November 19 and 20, 2007, adopted the following motions:

1. City Council direct the Deputy City Manager of Cluster B who is the City’s senior lead for the Climate Change, Clean Air and Renewable Energy Action Plan and the Sustainable Transportation Plan to ensure that:
 - a. implementation of the Sustainable Transportation Plan includes consultation with the Medical Officer of Health to ensure that it takes into account the health implications and benefits of policy options and programs to reduce vehicle emissions, enhance public transit and increase active transportation in the City and addresses the key barriers to engaging in physical activity – safety and security; and
 - b. this report is distributed to appropriate senior staff in the Toronto Public Service for their consideration.

2. City Council request the Executive Committee to consider this report as it oversees the implementation of Council’s Climate Change, Clean Air and Sustainable Energy Action Plan.

3. The Deputy City Manager of Cluster B be requested to report to the Executive Committee on an enforcement strategy to increase compliance with the City’s anti-idling by-law, including requesting the Parking Enforcement Unit to target selected locations with a high degree of non-compliance.

(October 29, 2007) Report from Medical Officer of Health

Board Recommendations

The Board of Health recommends that City Council:

1. direct the Deputy City Manager of Cluster B who is the City's senior lead for the Climate Change, Clean Air and Renewable Energy Action Plan and the Sustainable Transportation Plan to ensure that:
 - a. implementation of the Sustainable Transportation Plan includes consultation with the Medical Officer of Health to ensure that it takes into account the health implications and benefits of policy options and programs to reduce vehicle emissions, enhance public transit and increase active transportation in the city and addresses the key barriers to engaging in physical activity – safety and security; and
 - b. this report is distributed to appropriate senior staff in the Toronto Public Service for their consideration; and
2. request the Executive Committee to consider this report as it oversees the implementation of Council's Climate Change, Clean Air and Sustainable Energy Action Plan.

Decision Advice and Other Information

The Board of Health:

1. endorsed the expansion of infrastructure for walking, cycling and on-road public transit (such as dedicated bus and streetcar lanes) so as to accelerate the modal shift from motor vehicles to more sustainable transportation modes that give priority to pedestrians, cyclists and transit users;
2. commended the Federal Minister of Health for the development of the innovative Air Quality Benefits Assessment Tool (AQBAT), and recommended further refinement of the tool by:
 - a. incorporating additional risk coefficients that link pollutant exposure with health outcomes into the AQBAT computer-based program; and
 - b. making the tool simpler to use by the public health community;
3. requested the Medical Officer of Health:
 - a. in co-operation with the Manager of Transportation Services, to report to a future meeting of the Board of Health on the availability of anti-idling technologies and the feasibility of phasing-in mandatory installation of such technology for all motor vehicle fleets operating in the City of Toronto;

- b. to submit a briefing note to the Board of Health on the recommendations contained in the submission from Community AIR; and
 - c. to explore the feasibility of a report to the Board of Health on air pollution generated by airports, i.e., Toronto City Centre Airport and Toronto Pearson International Airport; and
4. requested the Medical Officer of Health to forward this report to the Ontario Ministry of Health and Long-Term Care, Ministry of Health Promotion, Ministry of Children and Youth, Ministry of Transportation, Toronto Cycling Committee, Toronto Pedestrian Committee, GTA Clean Air Partnership, Toronto Atmospheric Fund, Ontario Medical Association, Ontario College of Family Physicians, Ontario Lung Association, Heart and Stroke Foundation, the Ontario Public Health Association, the Planning and Growth Management Committee, the appropriate federal government ministries, the major urban centres across Canada and the Association of Local Public Health Agencies (alPHa), for their information and consideration.

Financial Impact

There are no financial impacts resulting from adoption of this report.

Summary

This report responds to the Board of Health's request to estimate the burden of illness and economic impact attributable to air pollution from motor vehicle traffic in Toronto.

This report describes a new study which estimates that traffic pollution gives rise to about 440 premature deaths and 1,700 hospitalizations per year in Toronto. While the majority of hospitalizations involve the elderly, traffic-related pollution also has significant adverse effects on children. Children experience more than 1,200 acute bronchitis episodes per year as a result of air pollution from traffic. Children are also likely to experience the majority of asthma symptom days (about 68,000 per year) given that asthma prevalence and asthma hospitalization rates are approximately twice as high in children as adults. This study shows that traffic-related pollution affects a very large number of people. Impacts such as the 200,000 restricted activity days per year due to days spent in bed or days when people cut back on usual activities are disruptive, affect quality of life and pose preventable health risk.

This study estimates that mortality-related costs associated with traffic pollution in Toronto are \$2.2 billion each year. Based on policies in place in other jurisdictions, implementation of comprehensive, integrated policies and programs could reduce total vehicle travel by 30 to 50%. A 30% reduction in motor vehicle emissions in Toronto could save nearly 200 lives and result in 900 million dollars in health benefits annually.

Enabling greater use of public transit and active modes of transportation such as walking and cycling are of significant benefit to the public's health and safety. This study provides a compelling health rationale for investing in City Council's action plan to combat smog and climate change, and for vigorously pursuing implementation of sustainable transportation policies and programs in Toronto.

Background Information

Air Pollution Burden of Illness from Traffic in Toronto

(<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-8045.pdf>)

Air Pollution Burden of Illness from Traffic in Toronto - Attachment 1

(<http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-8046.pdf>)

Communications

(November 8, 2007) letter from Bernard Blais, TCHC Tenant Representative for 111 Chestnut Street (HL.New.HL9.1.1)

(November 9, 2007) letter from Dennis Findlay, Community AIR (Airport Impact Review) (HL.New.HL9.1.2)

(November 12, 2007) letter from Dr. Pieter J. Jugovic, Director of Inpatient Family Medicine Services, Toronto East General Hospital, Assistant Professor, Department of Family and Community Medicine, University of Toronto (HL.New.HL9.1.3)

(November 12, 2007) Submission from Dr. David McKeown, Medical Officer of Health, Toronto Public Health (HL.New.HL9.1.4)

Speakers

Dr. David McKeown, Medical Officer of Health (Submission Filed)

Dennis Findlay, Community AIR (Submission Filed)

Bernard Blais, TCHC Tenant Representative for 111 Chestnut Street (Submission Filed)

Submitted Monday, November 12, 2007

Councillor John Filion, Chair, Board of Health