



STAFF REPORT ACTION REQUIRED

Next Stop Health: Transit Access and Health Inequities in Toronto

Date:	March 11, 2013
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

Access to public transit contributes to the health of individuals, neighbourhoods, and to the city overall. The importance of public transit in Toronto is evident in residents' high usage rates to commute to work compared to other Canadian cities. This is particularly true for lower income commuters who are more dependent on public transit to get to work than their higher income counterparts.

Despite greater reliance on public transit, its cost remains a barrier for low income Toronto residents, particularly for those on social assistance. The availability of transit also has an impact on low income residents' ability to access important goods and services such as food, health care, employment, and recreation, all of which impact their health.

It is critical that the barriers to accessing public transit experienced by low income residents be addressed. It is an opportune time to consider the needs of low income residents given the focus on transit expansion and funding in Toronto. This is especially important given the impact of limited access to transit on health and well-being. This report identifies options for addressing barriers to public transit use faced by low income Toronto residents including affordability measures, improved availability of public transit, and better data collection to enable planning to meet the transit needs of low income residents.

RECOMMENDATIONS

The Medical Officer of Health recommends that the Board of Health:

1. Request the Premier of Ontario, President and Chief Executive Officer of Metrolinx, and the Chief Executive Officer of the Toronto Transit Commission to ensure that a portion of new funding for transit expansion be used to improve the affordability of transit for low income residents as part of a comprehensive transit strategy.
2. Request the Chief Executive Officer of the Toronto Transit Commission and Chief Planner and Executive Director of City Planning ensure that the Official Plan review and transit planning process improve transit availability in areas of the city with a high proportion of low income residents and lower transit availability.
3. Request the Premier of Ontario to include strategies to improve transit affordability in:
 - a. the 2014-2018 Ontario Poverty Reduction Strategy;
 - b. the implementation of the recommendations of the Social Assistance Review Commission;
4. Request the Ontario Ministry of Transportation to expand the Transportation Tomorrow Survey to collect more information on the socio-demographic characteristics of public transit users (including at a minimum household income) and public transit costs and implement strategies to promote inclusion of hard to reach groups in the survey;
5. Forward this to report to:
 - a. Federal Minister of Transport, Infrastructure and Communities, Minister of State for Transport, House of Commons Standing Committee on Transport, Infrastructure, and Communities;
 - b. Ontario Ministers of Health and Long Term Care and Transportation;
 - c. City Manager and Deputy City Manager Cluster B;
 - d. Chief Planner and Executive Director of City Planning;
 - e. Chief Medical Officer of Health for Ontario;
 - f. Ontario Public Health Association, Association of Local Public Health Agencies, and GTA Boards of Health;
 - g. Canadian Urban Transit Association and Pembina Institute;
 - h. Centre for Research on Inner City Health, Wellesley Institute, and United Way;
 - i. Martin Prosperity Institute and Cities Centre, University of Toronto; and
 - j. Civic Action and Toronto Fair Fare Coalition.

Financial Impact

There are no financial impacts arising from this report.

DECISION HISTORY

At its meeting on May 20, 2008, the Board of Health endorsed the principles and priority areas for an Ontario Poverty Reduction Strategy proposed by the 25 in 5: Network for Poverty Reduction. One of the areas identified for action was improving the accessibility and affordability of public transit.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2008.HL14.12>

At its meetings on October 17, 2011 and April 30, 2012, respectively, the Board of Health received the staff reports *Submission to the Social Assistance Review Commission* and *Social Assistance Review Commission Update*. These reports described submissions to the Commission developed by a health collaborative (which included Toronto Public Health) that noted the importance of addressing the costs of transit in the reformed social assistance system.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2011.HL8.4>

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2012.HL13.4>

At its meeting on September 24, 2012, the Board of Health received the staff report *Creating a Healthier Toronto through the Official Plan* which makes recommendations for strengthening health and equity considerations in various policies in the Toronto Official Plan including access to affordable housing in all areas of the city and access to public transit service in Toronto's inner suburbs that is affordable, frequent, and with good connectivity to employment areas, including downtown.

<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2012.HL16.1>

ISSUE BACKGROUND

An efficient transportation system is one of the foundations of a prosperous and healthy city.¹ Available and affordable public transit is an essential component of this system because it enables access to employment, education, health services, food, recreation and social outings. Transit can also promote greater social interaction and social inclusion.² While public transit is beneficial to everyone, it is particularly important for low income individuals who would otherwise have limited mobility.³ Yet for some, the cost of transit remains a burden as does its availability.

Affordability of public transit for people living on a low income has been identified as an issue in both the Ontario Poverty Reduction Strategy⁴ and the final report of the Commission for the Review of Social Assistance in Ontario (Commission).⁵ Both reports identified the importance of municipal governments, on their own, or in collaboration with others, exploring best practices from other jurisdictions to increase access to public transit.^{4,5}

The Commission has recommended establishment of a new standard social assistance rate. In determining adequacy of rates, the Commission proposed use of a Basic Measure of Adequacy (BMA) which reflects the costs of food, clothing, and footwear, a basic list of personal and household needs, transportation, and shelter. For areas of the province with public transit, the transportation component was based on the cost of a monthly transit pass for two adults and 12 taxi fares per family per year.⁵

Affordability and availability of transit are also issues in Toronto and have been the focus of advocacy for groups such as TTCriders and the Fair Fare Coalition. The Toronto Transit Commission's (TTC) ten year *Ridership Growth Strategy* (2003) notes that the cost of fares may be an issue for 15-20% of riders who do not have access to a car and are highly reliant on public transit but that it is beyond the mandate of the TTC to deal with issues related to welfare and income distribution. It further notes that fare levels remain affordable for most public transit users.⁶

Prior to the development of *The Big Move*, the regional transportation plan for the Greater Toronto and Hamilton Area, the TTC released *Transit City* (2007), its light rail transit plan for Toronto. The plan explicitly identified the importance of priority neighbourhoods in the planning of expanded rapid transit services in Toronto.⁷ The City of Toronto is currently undertaking consultations to inform: changes to transportation policies as part of its five year review of the Official Plan; a new long term transportation plan; and development of a funding strategy to support new transit initiatives. These consultations will inform the development of the Metrolinx Investment Strategy.⁸ The complementary staff report *Transportation Priorities and Investment for a Healthy Toronto*, outlines health and equity criteria that the City and Metrolinx should consider when making decisions about transportation investments and funding tools.

At its meeting in January 2006, the Community Services Committee received the staff report *Improving Access to Transit for People Most in Need*.⁹ The report made two recommendations: (1) undertake an internal review process to ensure provision of transit supports to low income participants by all City programs where this would impact the effectiveness of programs; and/or (2) the TTC work with the Deputy City Manager and the Chief Financial Officer "to develop significantly reduced fare options for low income residents that do not increase the fare cost to other users of the system, and that this work include the cost, possible funding sources, and administrative arrangements for the implementation of these fare options".⁹ The Community Services Committee approved the first recommendation.⁹

All levels of government have an important role to play in improving transit affordability and availability for low income residents. Given the current discourse regarding transit expansion in Toronto, it is an opportune time to highlight the importance of public transit from a health and equity perspective.

The purpose of this report is to describe public transit use by low income Toronto residents, disparities in access to public transit, health impacts of limited access, and strategies to address barriers to use of transit by low income residents. This report also describes highlights from two Toronto Public Health reports: (1) *Next Stop Health: Transit Access and Health Inequities in Toronto* and (2) *A Jurisdictional Review of Canadian Initiatives to Improve the Affordability of Public Transit for People Living on a Low Income*.

COMMENTS

Toronto's long term transportation plan extends 25 years into the future. It is important that this plan take into account the changing economic picture in Toronto. *The Three Cities in Toronto* (2010) has demonstrated that income polarization over a 35 year period (1970 to 2005) has occurred resulting in a significant increase in low income neighbourhoods and a decline in

middle income neighbourhoods. As well, the location of low and very low income neighbourhoods has become concentrated in the inner suburbs.¹⁰

If these trends continue, by 2025 only a fraction of Toronto's neighbourhoods will be middle income, with the remaining being either high or low income neighbourhoods.¹⁰ This projected geographic concentration of low income has implications for the future affordability and availability of public transit in Toronto. *The Three Cities in Toronto* notes that these trends can be altered by implementing measures to increase the affordability of housing for low income households; revitalizing aging high rises in the inner suburbs, and expanding access to transit and services in areas with the greatest need.¹⁰

These recommendations were echoed in *Creating a Healthier Toronto through the Official Plan* (2012), a recent staff report adopted by the Board of Health, based on a roundtable on public health and land use. Among the recommendations for strengthening health and equity considerations in various policies in the Official Plan were access to affordable housing in all areas of the city and access to public transit service in Toronto's inner suburbs that is affordable, frequent, and with good connectivity to employment areas, including downtown.¹¹

Low income residents are more reliant on transit

The growing concentration of high pockets of low income is greatest in Toronto's inner suburbs. Families move to high-rise buildings in these areas because these are often the only places they can afford to live.¹² These are also areas of the city with less access to rapid transit. Toronto's inner suburbs were designed for middle income families in single dwelling homes that had access to a car.¹³ These areas were planned with few retail developments within walking distance.^{14,15} The design of these neighbourhoods makes it difficult for people without a car to access goods and services. For example, thousands of lower income residents, primarily outside the downtown core, live more than one kilometer away from a supermarket.¹⁶

Low income residents in a recent study on walkability in high-rise neighbourhoods in Toronto were found to be less likely to have a vehicle. Most of these neighbourhoods were located in the inner suburbs.¹⁷ People living on a low income are more reliant on public transit.¹⁸ In Toronto, the lowest income commuters are 1.6 times more likely to use public transit to get to work than the highest income commuters (42.8% vs 27.4% respectively). The opposite is seen for use of private motorized vehicles, where the highest income commuters are 1.5 times more likely to commute using a private motorized vehicle compared to the lowest income commuters (66.5% vs 44.4%).¹⁹

Cost of transit is a barrier for low income residents

Despite greater reliance on public transit, its cost remains a problem for low income residents in Toronto.^{20,21,22,23,24,25,26,27} Groups in Toronto more likely to be low income are children, youth, senior women, recent immigrants, members of racialized groups, and lone parents.²⁸

Toronto has one of the least affordable transit passes for low income earners among Canadian cities, based on the cost of a monthly transit pass as a proportion of monthly minimum wage income. In 2009, among Canada's three largest urban centres, public transit was the most affordable in Vancouver (5.6%) compared to Toronto (7.1%) and Montreal (7.5%), the least affordable.²⁹

While examining the cost of a transit pass as a percent of income is helpful, it does not provide a complete picture of people's economic circumstances. When the cost of rent and healthy food are taken into account, it becomes apparent that many individuals and families living on a low income have very little money left over to meet their basic needs, including the purchase of a metro pass, particularly Ontario Works and Ontario Disability Support Program recipients.

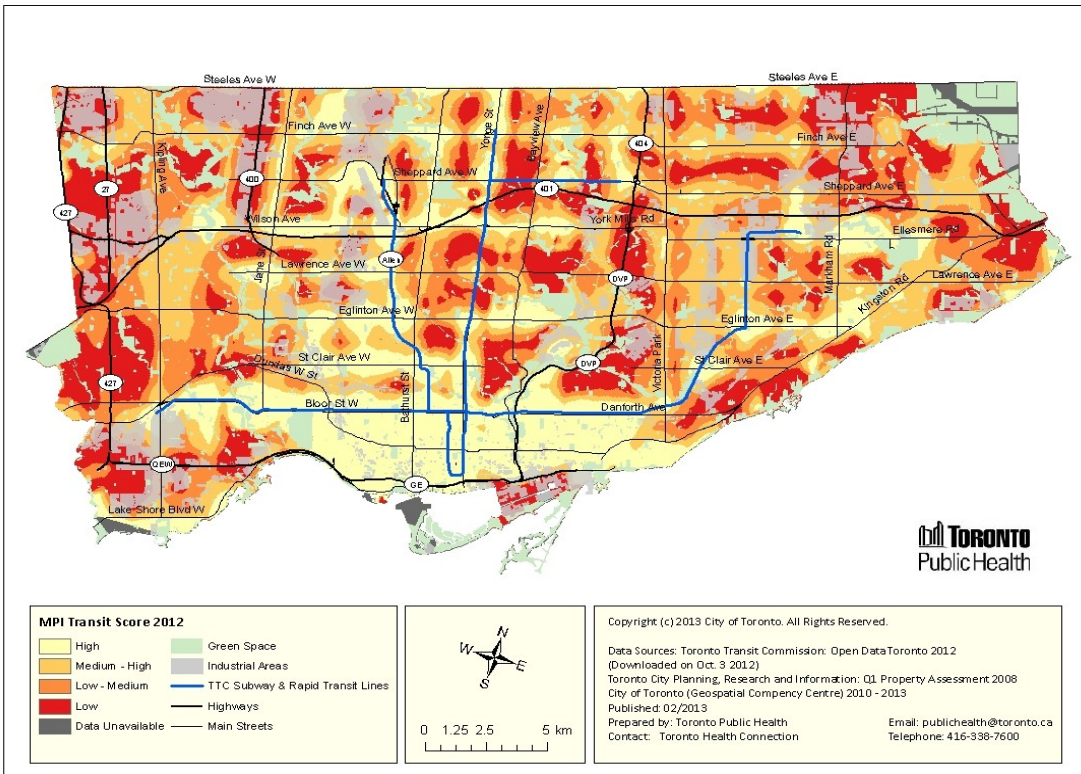
Availability of transit varies across Toronto

Availability and frequency of transit across Toronto has been measured using the Transit Score, which was developed by the University of Toronto's Martin Prosperity Institute (MPI).^{30,31} Toronto Public Health adapted the MPI method and used more recent data on TTC routes, type of TTC vehicle, and stop schedules and locations to develop a Transit Score map. It is important to note that the Transit Score is not an assessment of specific TTC routes. The Transit Score is an estimate of the availability of public transit based on the density of transit stops, frequency of service, and vehicle capacity in areas in close proximity to one another.

Transit scores vary across Toronto (Figure 1). High transit scores are seen primarily in the downtown core reflecting a higher concentration of stops, frequency of service, and vehicle capacity. Transit scores generally decrease as distance from subway lines or major roads increases. However, there are still many areas of Toronto with a relatively high density of stops, frequency of service and vehicle capacity.

There are also areas located throughout the City with low transit scores. Some of these areas are located in the inner suburbs, close to industrial areas. Low transit scores in industrial areas may be related to more frequent transit service when people are travelling to and from work and less frequent service throughout the day. In areas of the city with low transit scores and low income, affordability and/or the number of transfers required to reach destinations may be barriers to using transit. These factors would affect ridership levels and consequently frequency of service. The TTC (2008) has standards that govern the location of transit stops, frequency of service, and how service changes are made. For bus and streetcar routes, the minimum level of service is 30 minutes. Service frequency levels beyond that are determined by ridership numbers.³²

Figure 1: Martin Prosperity Institute (MPI) Transit Score 2012, Toronto



Notes:

- (1) Transit scores were calculated for each stop location which had transit between 7 am and 8 pm on regular weekday service and based on the number of TTC vehicles that stopped. The score was then weighted by relative vehicle capacity (buses were weighted 0.25, streetcars weighted 0.5 and subways weighted 1). The transit score was then divided to represent an average hour. $\text{Transit score} = ((\text{frequency of buses} \times 0.25) + (\text{frequency of street cars} \times 0.5) + (\text{frequency of subways} \times 1)) / 13$
- (2) An Interpolation model was used to create the transit score surface map. Interpolation is a geo-statistical method used to estimate transit scores in areas where no sample points exist. The interpolation model chosen was a Kernel Smoothing Model, which is a variation of a first order Local Polynomial Interpolation and uses the shortest distance between points for prediction (ESRI, 2011). This model was chosen to take into account natural barriers which exist within the landscape of Toronto.

Limited access to transit affects health

The report, *The Unequal City: Income and Health Inequalities in Toronto* (2008) clearly demonstrates that areas of Toronto with a higher proportion of people with low income experience more risk factors for illness, higher rates of disease, and death at an earlier age than people with higher incomes.³³ Difficulty accessing transit, whether due to cost or availability, can have adverse impacts on health, especially for people living on a low income, by limiting access to opportunities and services that contribute to health such as employment, education, health services, food, and recreation/social activities.

Employment

Employment provides a source of income but also provides a sense of identity and structure to daily life.³⁴ A recent study of racialized residents in the Black Creek area working in precarious employment found that inadequate public transit, length of travel from home to work, and the rising cost of fares were some of the barriers to finding secure stable employment.³⁵ Another study exploring work, access to community services and their impacts on young families in Toronto had similar findings.²³ Parents identified

transportation problems, particularly for night shifts or jobs in the suburbs, as a barrier to maintaining work. They identified the need for affordable transit, better transit service in the suburbs and improved service at night and to support low wage workers and reflect the changing conditions and location of work in the city.²⁴

Education

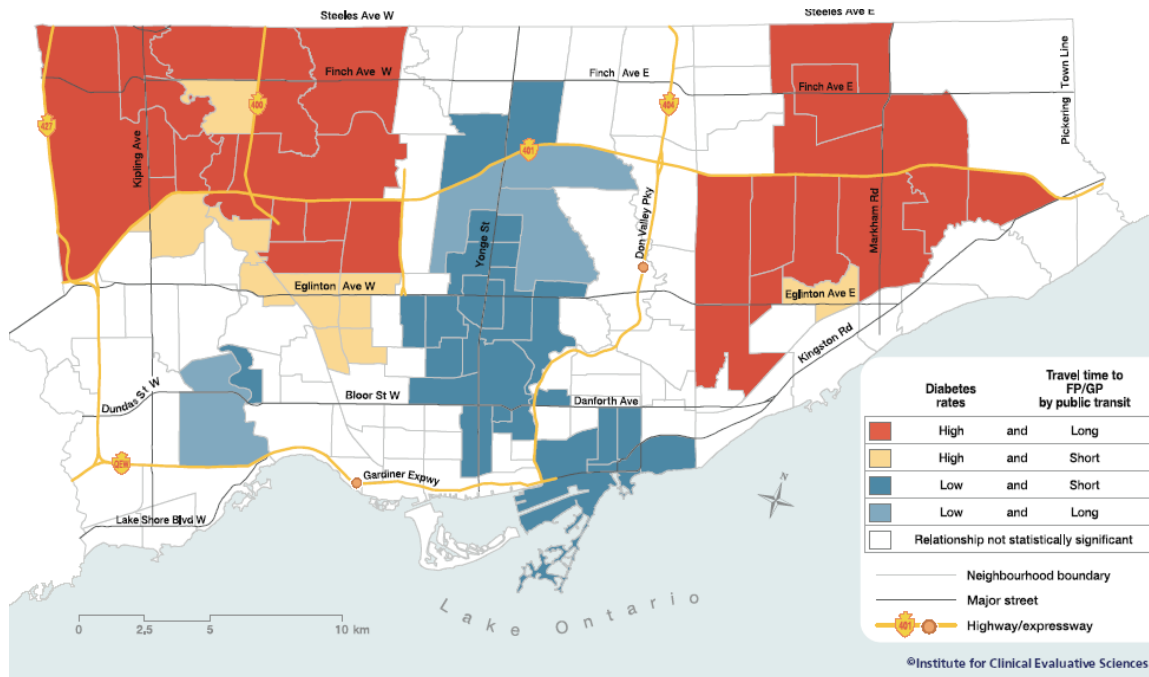
Education increases the chances for securing a job, achieving income security, and having job satisfaction.³⁶ A recent study of settlement and integration services use in Ontario highlights the role that public transit plays in communities. Survey respondents from the Toronto Census Metropolitan Area identified public transit as the most commonly used mode of transportation to employment, skills, and language training programs and services. They identified distance to service as the most common barrier to accessing these resources.³⁷ The cost of transit, and geographic inaccessibility and under-servicing of transit in some areas were also reported as barriers to accessing services by several local immigration partnerships in Toronto.³⁸

Health Services

Access to health services enables people to receive care to promote and protect their health and to prevent and treat disease. *Perspectives of Parenting on a Low Income in Toronto* (2011), a recent Toronto Public Health study of the impact of poverty on parenting and promoting child health and development, found that parents sometimes missed doctor/specialist, dental care and developmental service appointments for their children because they lacked the transit fare. Some low income parents will put off taking their children to the doctor until their vaccination is due even though they may have a concern. This could delay the early identification and treatment of health problems.²⁰

Diabetes is a chronic disease that can lead to serious health complications such as heart disease and stroke.²⁰ *Neighbourhood Environments and Resources for Healthy Living-A Focus on Diabetes in Toronto* (2007) examined factors related to diabetes at the neighbourhood level and found that areas in the northwest and east ends of the city had higher diabetes rates and longer public transit travel times to family physicians/general practitioners (Figure 2) and community and hospital based diabetes education programs. These areas of the city also had lower average annual household incomes. Successful diabetes management requires regular access to health care services. Improving public transit in parts of the city with high diabetes rates could increase access to services necessary for the diagnosis and control of diabetes and its related conditions.³⁹

Figure 2: Spatial Relationship between Diabetes Prevalence Rates [2001/2002] and Travel Time to the Nearest Family Physician/General Practitioner (GP/FP) by Public Transit [2002] by Neighbourhood of Residence in Toronto



Source: Glazier et al., 2007

Food

Access to a sufficient quality and quantity of food is fundamental to health. Inadequate access to healthy food is associated with chronic illnesses such as heart disease, diabetes, high blood pressure, and poor self-rated health. In Toronto, many residents of the inner suburbs are highly reliant on walking or public transit to reach food stores which are located a considerable distance away from where people live.¹³ Residents in many of Toronto's lower income communities have consistently voiced concerns about the availability of healthy, affordable food, as evidenced by consultations conducted by the IntoHealth Partnership. Many individuals living on low incomes report having to travel long distances to reach community fresh food markets, food banks, and low cost grocery stores. The cost of public transit incurred was identified as a burden for those already living on very limited means.⁴⁰

Recreation/Social Activities

Recreation and cultural programs have numerous physical, emotional, and social benefits. Physical activity can lower the risk of chronic health conditions such as cardiovascular disease, stroke, hypertension, diabetes, colon cancer, breast cancer, and osteoporosis.⁴¹ In addition, participation in recreation and cultural activities contributes to positive mental health and promotes the development of social relationships.⁴²

Limited access to transportation can be a barrier to participating in recreation programs.^{43,44, 24, 21} A 2007 survey of 145 municipal recreation practitioners in Ontario

found that 62% of municipalities identified limited transportation and equipment as key barriers to accessing recreation but that only 7% of municipalities reported providing funding to address these barriers.⁴⁴

In Toronto, parks, schoolyards, and public recreation facilities are generally well distributed. However, a 2007 study of neighbourhood factors related to diabetes found that several neighbourhoods in the northwest and east end of the city had high diabetes rates and longer travel times by public transit to parks, schoolyards, and public recreation facilities. The longer travel times may be related to longer indirect routes and waiting times for public transit connections in some communities. While there are a number of factors related to diabetes, it is important that residents be able to access places where they can exercise.⁴⁵

Strategies to improve access to transit for low income residents

Public transit facilitates access to important goods and services which contribute to good health. Removing barriers to use of public transit needs to be addressed; particularly for people most dependent on it. Affordability and availability are both important aspects of access to transit for people living on a low income. Improved data collection would assist with planning to address access issues.

Improving the affordability of transit

Many communities across the country are recognizing that the affordability of public transit is a barrier to its use and are implementing a range of strategies to make public transit more affordable. A *Jurisdictional Review of Canadian Initiatives to Improve the Affordability of Public Transit for People Living on a Low Income* (2012), commissioned by Toronto Public Health, identified several communities across Canada that are implementing discount transit pass programs and discount ticket programs.⁴⁶

Discount Transit Passes

Discount transit pass programs make monthly passes available at deeply reduced prices to low income residents. Examples of municipalities implementing discount transit pass programs are: Calgary, Guelph, Hamilton, Kingston, Windsor, the Region of Waterloo and York Region. Some of these programs have been in operation for many years while others are new. Eligibility for most programs is based on having an income below the Statistics Canada low income cut-off. Some jurisdictions also require that applicants be employed. Ontario Works and Ontario Disability Support Program recipients who are not receiving other transportation supports are also eligible for most of these programs. One of the discount transit pass programs in the Region of Waterloo and the program in York Region are specifically directed to social assistance recipients. Evaluations of discount transit pass programs have demonstrated improved access to employment, education, health services and social supports.⁴⁶

These programs are mostly funded through the municipal tax base. However there are two provincially funded programs (British Columbia and Saskatchewan). Only a few programs have some assurance of ongoing funding with the rest coming from

special/reserve funds. Most funds are allocated to social service departments; however, in a few instances they are allocated to the transit authorities.⁴⁶

In Toronto, discounts on monthly transit passes based on income level are not available. The TTC does provide discounts on monthly transit passes for seniors and students. They also provide discounts on yearly transit pass subscriptions, discounts for transit passes for city employees, and bulk metro pass purchases by organizations and institutions.

Discount tickets

Discount ticket programs enable community agencies to purchase tickets at a reduced rate from transit authorities and provide them free of charge to clients. These programs are operated in Calgary, Region of Waterloo, and York Region. The TTC does not provide discounts on bulk purchases of tickets or tokens to community agencies. Toronto's Fair Fare Coalition has been advocating for discounts to agencies that make bulk purchases of tokens for distribution to clients.⁴⁷ Identifying the cost that community agencies bear to subsidize transit for low income clients to access programs and services is a first step to understanding the magnitude of the problem in Toronto and identifying strategies to address it.

Incorporation of transportation costs in social assistance rates

One of the recommendations of the Ontario Poverty Reduction Strategy (2008) was a review of social assistance in Ontario. The review was completed and the final report of the Social Assistance Review Commission in Ontario, *Brighter Prospects: Transforming Social Assistance in Ontario*, was released in October 2012. The report identified the affordability of transportation as an issue and recommended its cost be considered in the establishment of social assistance rates in Ontario.⁵ Toronto Public Health, as part of a health collaborative, made two submissions to the Commission that noted the importance of addressing transportation costs in a reformed social assistance system.⁴⁸ The collaborative specifically recommended the creation of a basket of essential supports to enable good health for all including a transportation allowance for all members of a family so that they may access employment, training programs, search for jobs, attend volunteer opportunities, access health and dental care, attend community and recreation programs, and get to grocery stores and other shops and remain engaged with society.⁴⁷

This is the last year of Ontario's five year Poverty Reduction Strategy. The Province is required to develop a new poverty reduction strategy every five years that identifies a specific poverty reduction target, initiatives to improve the circumstances of those living in poverty, and indicators to measure success of the strategy.⁴⁹ The new strategy will go into effect in 2014. This is an opportune time to advocate for the inclusion of initiatives to improve the affordability of transit.

Improving availability of public transit

The importance of addressing the availability of public transit for socio-economically disadvantaged groups has been integrated into considerations about where rapid transit expansion should occur. *The Big Move* noted that rapid transit in the region is intended to

provide 80% of residents with service within two kilometres of where they reside. Areas targeted for improved access are those with large populations of seniors and people living on low incomes, because of their increased reliance on transit. The plan also identifies a number of areas of concentrated social need in the Greater Toronto and Hamilton Area that require improved access to transit.⁵⁰ In Toronto, this is particularly important given the current and continued income polarization.

The four funded LRT (Light Rail Transit) lines being built in Toronto run through nine of the thirteen neighbourhoods formerly designated as priority neighbourhoods.⁵¹ According to the Pembina Institute, implementation of this plan will result in an additional 45,000 low income residents being connected to rapid transit.⁵²

A recent report commissioned by the Hamilton Poverty Roundtable on the impact of LRT on low income households and neighbourhoods identified that LRT development can increase property values, though this is dependent on neighbourhood characteristics and the length of time studied. This has the potential to reduce access to housing in areas near the lines for people with low incomes which points to the need for inclusive transit-oriented development⁵³ that includes affordable housing.

Improving data collection for planning

Comprehensive data collection is needed to provide a more complete picture of who uses public transit. This information is essential to better understand and assess whether or not transit is meeting the needs of people who need it the most and identify potential barriers.

Household travel surveys are key sources of information on personal travel behaviour. The Transportation Tomorrow Survey (TTS), an example of a household travel survey, is the main source of public transit data in Toronto. The TTS is funded by 23 government bodies including the Ontario Ministry of Transportation, Metrolinx/Go Transit, and the TTC, as well as 20 municipalities.⁵⁴

Currently, the survey collects limited socio-demographic information on households such as age, gender, employment, student status, and occupation type.⁵⁵ It does not collect information on income, immigrant status, ethno-racial identity and educational level. The cost of travel is also not collected.

More expansive socio-demographic information is collected in other household travel surveys such as the US National Household Travel Survey⁵⁶ and the UK National Travel Survey.⁵⁷

It is therefore recommended that the TTS be expanded to collect more information on the socio-demographic characteristics of public transit users (including at a minimum household income) and public transit costs.

The current focus on transit and land use planning in Toronto provides a window of opportunity to increase awareness of the importance of transit to health outcomes and how unequal access can lead to health inequities. Planning to ensure the needs of low

income residents are considered from both an affordability and availability perspective will improve the health of individuals and the city overall.

CONTACT

Monica Campbell
Director, Healthy Public Policy
Toronto Public Health
Tel: 416-392-7463
Fax: 416-392-0713
Email: mcampbe2@toronto.ca

Rita Paul Sengupta
Research Consultant, Healthy Public Policy
Toronto Public Health
Tel: 416-338-0915
Fax: 416-338-0921
Email: rpaul1@toronto.ca

SIGNATURE

Dr. David McKeown
Medical Officer of Health

ATTACHMENT

Next Stop Health: Transit Access and Health Inequities in Toronto, March, 2013.
Available at: <http://www.toronto.ca/health/>

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