



STAFF REPORT ACTION REQUIRED

Building on the Coroner's Pedestrian Death Review

Date:	September 28, 2012
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

On September 19, 2012 the Office of the Chief Coroner of Ontario released a review of all pedestrian deaths that occurred in the province during 2010. The review characterized the victims and the drivers, described when, where, and how deaths were most likely to occur, and outlined factors that contributed to the deaths of the pedestrians.

The Coroner affirmed that all pedestrian deaths are preventable and outlined strategies to enhance pedestrian safety. The report recommends that the Province develop a Walking Strategy for Ontarians, including policies, practices and plans to support safe and convenient walking environments for everyone. As well, the report recommends that municipalities regularly review collision data and adopt a "Complete Streets" approach to guide redevelopment and new development. The Coroner specifically highlighted the role of vehicle speed in pedestrian fatalities and identified strategies for speed reduction.

The Coroner's review also found that the number of deaths among seniors greatly outweighs the percent of seniors in the population, and identified the need to make roads safer for all vulnerable pedestrians, including seniors, people with disabilities, and children.

Taking action to improve pedestrian safety not only saves lives, it also reduces injury rates and encourages people to be more physically active. Physical activity is known to reduce rates of chronic disease such as heart disease and diabetes. Toronto has undertaken many initiatives to improve pedestrian safety. However, the Coroner's report highlights further opportunities for Toronto to improve pedestrian safety, including implementing additional measures to slow driver speeds and specifically considering the needs of seniors when designing roads and pedestrian areas.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The Board of Health commend the Chief Coroner for the important research contained in the Pedestrian Death Review, endorse the Coroner's recommendations, which identify and encourage life-saving actions to improve pedestrian safety, and urge the Ontario government to act expeditiously to implement the recommendations;
2. The Board of Health request that the Executive Director, Social Development Finance and Administration consider the findings of the Coroner's review in the development of the Seniors Strategy;
3. The Board of Health forward this report to 8-80 Cities, Active & Safe Routes to School, Association of Local Public Health Agencies (ALPHA), Canadian Institute of Planners, Canadian Public Health Association, Canadian Urban Institute, CARP, Centre for Research on Inner City Health at St. Michael's Hospital, Chief Medical Officer of Health of Ontario, Cites Centre at University of Toronto, Council of Ontario Medical Officers of Health, Green Communities Canada, Heart and Stroke Foundation, Jane's Walk, Metrolinx, Minister of Health and Long Term Care, Minister of Municipal Affairs and Housing, Minister of Transportation, Ontario Medical Association, Ontario Professional Planners Institute, Neighbourhood Action Partnerships, Ontario Public Health Association, Parachute, the Premier of Ontario, Public Health Ontario, Social Innovation Generation @ MaRS, Toronto Area Safety Coalition, Toronto Centre for Active Transportation, Toronto Police Services, Toronto Transit Commission, Urban Public Health Network, Urban Land Institute Toronto, the Wellesley Institute, and the YMCA.

Financial Impact

There are no financial implications arising from the adoption of this report

DECISION HISTORY

The City of Toronto has an ongoing interest in supporting a safe and vibrant pedestrian environment. In 2002, Toronto approved the first Pedestrian charter in North America, and in 2007, Toronto City Council adopted a Walking Strategy for the City (http://www.toronto.ca/transportation/walking/walking_strategy.htm).

In May 2012, Toronto Public Health (TPH) released a report called Road to Health (<http://www.toronto.ca/health/hphe/pdf/roadtohealth.pdf>), which outlined the risks faced by cyclists and pedestrians in Toronto, and made recommendations about how to improve their safety. These recommendations included reporting back to the Board of Health on a pilot program including specific measures to enhance pedestrian and cyclist safety such as reduced speeds, traffic calming and safer intersections.

ISSUE BACKGROUND

Walking is a form of transportation used by almost everyone. Physical activity from walking has important health benefits, including reducing the risk of heart disease, obesity, diabetes, and some types of cancer. TPH estimated that current levels of utilitarian walking in the City prevent 69 deaths per year, even though only about 7% of Torontonians walk for transportation¹. Walking also has positive effects on a range of mental illnesses such as depression, anxiety, and panic disorders. When people walk more, they also reduce their impact on the environment from noise and air pollution, and limit their contribution to congestion.

However, pedestrians face the risk of injury or death resulting from collision with a motor vehicle. TPH recently reported that pedestrians account for 52% of all fatalities and 11% of all injuries from collisions with motor vehicles in Toronto despite having a mode share of only 7%¹.

In January 2010, a cluster of pedestrian deaths in Toronto drew public attention to issues of pedestrian safety. With encouragement from cycling and pedestrian groups, the Office of the Chief Coroner for Ontario decided to prepare special reviews to address issues of public safety related to cycling and walking.

On September 19, 2012 the Office of the Chief Coroner issued the Pedestrian Death Review². The Coroner's review examined all pedestrian deaths that occurred in Ontario in 2010. In all, 95 pedestrians died in Ontario in 2010. The review characterized the victims and the drivers, described when, where, and how the deaths were most likely to occur, and outlined factors that contributed to the deaths of the pedestrians. The full report is available at <http://news.ontario.ca/mcscs/en/2012/09/chief-coroner-releases-pedestrian-death-review.html>. The executive summary and a summary of the Coroner's recommendations are provided in Attachment 1.

COMMENTS

Coroner's Key Findings

The Coroner found that most deaths occurred at times and locations where traffic was heavier and faster. Sixty-seven percent of deaths occurred on roads with posted speed limits over 50 km/hr, while only 5% occurred on roads with speeds below 50 km/hr. Most deaths occurred between 2:00 PM -10:00 PM daily, times of peak traffic volume. Three quarters of the deaths occurred on arterial roads, which typically carry high volumes of traffic. As well, 31% of the incidents occurred at mid-block locations, where there is no controlled crossing to slow or stop traffic.

The Coroner also found that the number of deaths among people over 65 years old was out of balance with their share of the population. While people over 65 account for 13% of the population, they accounted for 36% of the fatalities. As well, pedestrian fatalities were slightly more likely to occur among men, and children accounted for 3% of the deaths.

The Coroner also explored several other factors which may have contributed to collisions between vehicles and pedestrians, including distraction, which may have affected 20% of pedestrians, failure to yield by the driver (21% of incidents), driver inattention (14% of incidents), crossing against the signal (12% of incidents), pedestrian disability (10% of incidents), and alcohol and/or drugs (present in 28% of pedestrians, and 7% of drivers).

Weather did not appear to be a major factor in most of the deaths. While 57% of deaths occurred when it was dark or twilight, visibility was clear in 95% of cases, and road conditions were dry for 81% of the incidents.

Coroner's Recommendations

Based on these findings, the Coroner recommended that the Province develop a Walking Strategy, with a long-term goal of eliminating preventable pedestrian fatalities in the province. A provincial Walking Strategy would encourage municipalities to develop policies, practises and plans to support safe and convenient conditions for walking.

The Coroner also recommended that communities adopt a "Complete Streets" approach to guide development or redevelopment of communities. Taking a Complete Streets approach means designing streets to be safe for all users, no matter their mode of transportation, physical ability, or age. The Coroner recommended that municipalities specifically consider vulnerable pedestrians including seniors and people with disabilities, and proactively consider how to improve pedestrian safety on any road that is being resurfaced.

The Coroner highlighted the role of vehicle speed in pedestrian fatalities and recommended strategies to slow vehicles, including traffic calming measures and reducing speed limits to 30 km/hr on residential streets and 40 km/hr on arterial roads.

The Coroner's recommendations are consistent with the findings of the recent TPH *Road to Health* report which outlined the risks and benefits of cycling and walking in Toronto¹. Like the Coroner, TPH found that elderly pedestrians are the most likely to be killed in collisions with vehicles, and that collision analysis could help to improve safety for pedestrians and cyclists. TPH also identified the need to reduce vehicle speeds, citing extensive research evidence that the number and severity of collisions increases when vehicle speeds are higher³.

Road to Health described measures to increase safety for pedestrians in Toronto that are consistent with a Complete Streets approach. These include expanding pedestrian infrastructure, implementing traffic signal systems that provide advanced crossing to pedestrians, and improving intersections with pavement markings, signage, or medians. TPH's report also outlined the benefits of reducing vehicle speeds in Toronto through traffic calming measures and lowering default speed limits to 30 km/hr in residential areas and 40 km/hr on other streets.

Supporting Pedestrians in Toronto

Toronto is taking many steps to support pedestrian safety and encourage walking. Recent actions to improve pedestrian safety include installing pedestrian countdown signals at most eligible intersections, adjusting signalized intersections to allow for slower walking speeds, allowing pedestrians to start walking before traffic moves at four intersections, and installing pedestrian priority crossings at three busy intersections. Toronto is also upgrading traffic controls at many pedestrian crossovers and updating crosswalk markings to make them more visible. Toronto also has a program to install missing sidewalks and repair existing sidewalks and uses traffic calming measures such as speed humps, intersection narrowings, raised medians, chicanes, and bump-outs.

More broadly, the Official Plan (OP) has set goals to increase active transportation in Toronto and makes a commitment to creating infrastructure that encourages walking. The Complete Streets concept is adopted by the OP in its policies related to development of new streets. The Board of Health recently adopted a number of recommendations from the Medical Officer of Health for creating healthier communities by strengthening the OP's ability to promote health and reduce health inequities, including policies that support active transportation in the City (<http://www.toronto.ca/legdocs/mmis/2012/hl/bgrd/backgroundfile-49921.pdf>).

The *Pedestrian Death Review* and *Road to Health* indicate that further opportunities exist to enhance pedestrian infrastructure in Toronto in a co-ordinated way. As a result of the *Road to Health* report, the Board of Health requested the Medical Officer of Health and the General Manager of Transportation Services to jointly examine specific approaches to enhance pedestrian and cycling safety and explore the possibility of a pilot program, including measures such as reduced speed limits, traffic calming, and safer intersections in selected residential neighbourhoods. The Medical Officer of Health is expected to report back on a potential plan for this project in 2013.

Both the Coroner and TPH identified seniors as a group particularly at risk for pedestrian fatality. Toronto is preparing for a larger population of seniors in the coming years. Social Development, Finance and Administration is developing a Seniors Strategy to identify specific service priorities and innovative ideas to support Toronto's seniors at each stage of their lives. Walking is a form of physical activity that is well-suited to seniors, and safe and welcoming walking environments should be designed with seniors in mind. For example, seniors tend to walk more slowly than younger adults, so they need more time to cross the street. They can also benefit from features such as pedestrian crossing islands, which provide a safe resting spot partway through a road crossing. These factors should be considered as the Seniors Strategy is drafted.

The Coroner's report makes it clear that pedestrian deaths are preventable. The important research presented in the report will help Ontario communities to identify how to improve pedestrian safety. Continued efforts to improve walking environments in Toronto and enhance pedestrian safety will support a healthy, active community of pedestrians in the City.

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SIGNATURE

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ATTACHMENTS

Attachment 1: Pedestrian Death Review, Executive Summary and Recommendations.
Office of the Chief Coroner for Ontario (2012).

References

1. Toronto Public Health, 2012. Road to Health. Accessible from:
<http://www.toronto.ca/health/hphe/pdf/roadtohealth.pdf>
2. Office of the Chief Coroner for Ontario, 2012. Pedestrian Death Review.
Accessible from: <http://news.ontario.ca/mcscs/en/2012/09/chief-coroner-releases-pedestrian-death-review.html>
3. National Collaborating Centre for Healthy Public Policy, 2011. Urban Traffic Calming and Health: A Literature Review. Accessible from:
http://www.nchpp.ca/175/publications.ccnpps?id_article=686