

Road to Health: A Healthy Toronto by Design Report

Date:	April 16, 2012
To:	Board of Health
From:	Medical Officer of Health
Wards:	All
Reference Number:	

SUMMARY

Toronto Public Health undertook a comprehensive examination of the health benefits and risks of active transportation (such as walking and cycling). The purpose of this study was to identify strategies and specific opportunities for improving health and quality of life by increasing the use and safety of active transportation throughout Toronto.

This Board of Health report summarizes the attached report, *Road to Health: Improving Walking and Cycling in Toronto*. It examines the published evidence on the health impacts of walking and cycling for transportation in urban areas, and also discusses the economic, social, environmental, and transportation system benefits. The report presents data on walking and cycling mode shares and collisions in the City of Toronto, and quantifies the health benefits of active transportation in Toronto. It was prepared in collaboration with the Transportation Services Division and external experts.

This study provides clear evidence that physical activity from active transportation generates important health benefits such as reduced mortality from chronic diseases, and reduced risk of heart attacks, strokes, obesity, diabetes and several types of cancer, particularly colon and breast cancer. In Toronto, 2006 levels of walking and cycling to work were estimated to prevent about 120 deaths each year.

Savings in direct health care costs arising from current levels of Toronto residents staying active by walking or cycling and averting chronic illness are estimated to result in reduced health care spending of \$110 to \$160 million. In Toronto, costs associated with pedestrian-vehicle collisions cost over \$53 million and cyclist-vehicle collisions are over \$9 million. By improving safety for pedestrian and cyclists in Toronto the direct costs associated with vehicle collisions with pedestrians and cyclists could be reduced by over \$62 million.

In terms of indirect costs, if estimates of lost productivity or the economic value of a life are included, the total economic benefits of active transportation in Toronto range from \$130 million to \$478 million.

Increasing walking and cycling to levels of other leading North American cities such as Vancouver and Portland would prevent additional deaths and increase economic benefits. It is estimated that achieving walking and cycling mode shares of 12% and 6%, respectively, would prevent about 100 additional deaths each year, yielding additional annual benefits of \$100 million to \$400 million.

Annual expenditures on cycling and pedestrian projects are a small fraction of the value of the health benefits they provide. Federal and provincial funding of active transportation infrastructure at the municipal level is one important strategy to control escalating health care costs associated with physical inactivity and obesity. This report concludes that increased investment in the safety, attractiveness and feasibility of walking and cycling will help to improve health. While priority attention needs to be directed to enhancing and expanding pedestrian and cycling infrastructure, there are many other lower cost measures that the City can implement such as lowering speed limits and implementing traffic signal systems that provide advanced crossing to pedestrians and cyclists. Many excellent initiatives have been undertaken by the City in recent years. This report identifies specific ways in which these initiatives can be enhanced and expanded on a City-wide basis.

RECOMMENDATIONS

The Medical Officer of Health recommends that:

1. The General Manager of Transportation Services work in collaboration with the Medical Officer of Health to support the increased use and safety of walking and cycling by:
 - a) Enhancing the implementation of Toronto's active transportation initiatives such as the City's Walking Strategy and Bike Plan based on measures identified in the attached report, including:
 - i) Reducing vehicle speed limits to 30 km/hr on residential streets and adopting a city-wide speed limit of 40 km/hr on all other streets, unless otherwise posted;
 - ii) Installing leading pedestrian signal intervals and markings for cyclists (such as bicycle boxes) ;
 - b) Using the findings in the report to inform cycling and pedestrian studies/undertakings, and to set goals and targets for active transportation safety and mode shares;
 - c) Increasing investments in pedestrian and cycling infrastructure that increases safety; and
 - d) Working with other Greater Toronto Area municipalities and Metrolinx to develop an Active Transportation network.

2. The Board of Health forward this report to the Chief Planner and Executive Director of City Planning to support Official Plan policies and inform all planning studies in areas of Toronto with low bike-ability and walkability.
3. The Board of Health request the Ontario Ministers of Health and Long-Term Care, Transportation, Infrastructure, Municipal Affairs and Housing and the Environment as well as the federal Minister of Transport, Infrastructure and Communities and the Minister of State (Transport) to support coordinated federal and provincial active transportation strategies that include:
 - a) Providing long-term, dedicated funding to municipalities for building walking and cycling infrastructure; and
 - b) Strengthening the Planning Act Provincial Policy Statement on active transportation to emphasize the need for connectivity for pedestrians and cyclists, as part of municipal transportation systems.
4. The Board of Health send this report to Metrolinx, the Ontario Minister of Education, the Directors of Education of the Toronto District School Board and Toronto Catholic District School Board, Conseil scolaire Viamonde and Conseil scolaire de district catholique Centre-Sud to encourage and support their collaboration in achieving the regional and municipal active transportation goal in *The Big Move* for schools (i.e., 60% of children in Toronto and walking or cycling to school by 2033).
5. The Board of Health forward this report to:
 - a) The Chief Coroner of Ontario, the Ontario Public Health Association (OPHA), the Urban Public Health Network, the Heart and Stroke Foundations of Canada and Ontario, the Canadian Diabetes Association, the Ontario Medical Association (OMA), and the Ontario Lung Association;
 - b) The Ontario Professional Planners Institute (OPPI), Canadian Institute of Planners (CIP), the Canadian Urban Institute (CUI), and the Cities Centre at University of Toronto;
 - c) The Toronto Police Services Board, Toronto Board of Trade, Conference Board of Canada, the Toronto Transit Commission, the Canadian Urban Transit Association (CUTA), Transportation Association of Canada, Canadian Institute for Transportation Engineers, Greater Toronto Area Clean Air Council, Toronto Centre for Active Transportation, Toronto Cyclists Union; and
 - d) The City Manager; the General Manager of Toronto Employment and Social Services; the General Manager and Chief Executive Officer of Toronto Community Housing Corporation; the Director of the Toronto Environment Office and the Executive Director of Social Development, Finance and Administration.

Financial Impact

There are no financial implications arising from this report.

DECISION HISTORY

At its October 17, 2011 meeting the Board of Health (BOH) received the report *Healthy Toronto by Design*. It provided an overview of the many ways cities influence health and highlighted the role of city governments in improving health.

This report, *Road to Health: Improving Walking and Cycling in Toronto*, is part of a series of Healthy Toronto by Design reports that examine the health impacts of the built environment. Other reports in this series include a summary report of the activities led by Toronto Public Health as part of the Healthy Canada by Design initiative of the Coalitions Linking Action and Science for Prevention (CLASP) and *The Walkable City* report which examined the preferences of residents regarding walkable and transit-supportive neighbourhoods and specific features of those neighbourhoods. Both of these reports were received by the Board of Health at its April 2, 2012 meeting.

ISSUE BACKGROUND

The Transportation Services report *Sustainable Transportation Initiatives: Short-term Proposal* from 2007, contained several proposals for short term initiatives to improve sustainable transportation in Toronto including pedestrian-focused initiatives. The report signalled a new way of looking at, implementing, and operating the City's transportation system. Many activities that support active transportation have been initiated by the Public Realm and the Cycling & Infrastructure programs sections of Transportation Services. The attached report, *Road to Health: Improving Walking and Cycling in Toronto*, presents information on the prevalence of walking and cycling, data on collision rates, injuries and fatalities. The report uses this data to estimate health benefits that can be achieved by avoiding chronic diseases through increased physical activity from active transportation. It also examines the related costs to the health care system from pedestrian and cyclist injuries from collisions.

Background information

(September 19, 2007) Sustainable Transportation Initiatives: Short-term Proposals
(<http://www.toronto.ca/legdocs/mmis/2007/pw/bgrd/backgroundfile-7193.pdf>)

(October 17, 2011) Healthy Toronto by Design
(<http://app.toronto.ca/tmmis/viewAgendaItemHistory.do?item=2011.HL8.1>)

(April 2, 2012) Healthy Toronto by Design: Current Research and Policy Initiatives for a Healthy Built Environment
(<http://www.toronto.ca/legdocs/mmis/2012/hl/bgrd/backgroundfile-45935.pdf>)

(April 2, 2012) The Walkable City report
(<http://www.toronto.ca/legdocs/mmis/2012/hl/bgrd/backgroundfile-45933.pdf>)

COMMENTS

Benefits of Active Transportation

Incorporating Active Transportation into Everyday Activities Can Improve Health

Increasing the level of physical activity could significantly boost the health and well-being of Torontonians and reduce the overall burden of chronic diseases. Active transportation, such as walking or cycling to work, school or to move around the community, is an inexpensive and effective means of achieving this goal.

People who commute by active modes (e.g. walking or biking) get more physical activity than those who commute by inactive modes. Walking to and from public transit has also been identified as an important source of physical activity. For most people, it is easier to maintain physical activity levels through activities that are incorporated into daily life – such as walking, cycling or using stairs – than through activities that require regular participation in an exercise program such as at a gym. “Lifestyle” physical activity interventions are more likely to produce longer-term increases in activity levels and can build on the gains achieved through regular exercise programs.

By increasing their use of walking and cycling for transportation, individuals can significantly reduce their risk of a number of chronic diseases. Physical activity reduces the risk of cardiovascular disease, including mortality, coronary heart disease, stroke, hypertension and type 2 diabetes. Physical activity has also been found to reduce the overall risk of cancer, with particularly strong evidence related to colon cancer and breast cancer. It is estimated that increased physical activity is linked to a 40% reduction in colon cancer risk, and a 20% to 40% reduction in breast cancer risk on average.

Reductions in cardiovascular disease, diabetes, stroke and cancer are important health benefits, given increasing rates of chronic disease. Rates of self-reported diabetes have doubled from 4% to approximately 8% between 2001 and 2008 among Torontonians 12 years of age and older, and high blood pressure rates increased from 12% to 15%. Circulatory diseases are responsible for more than 1 in 4 deaths in Toronto each year; breast and colorectal cancers alone are responsible for over 5% of deaths in Toronto.

Physical activity has a demonstrated positive effect on a range of mental illnesses. Physical activity has also been found to reduce the symptoms of depression, anxiety and panic disorders, with beneficial effect equal to meditation or relaxation. In Toronto, 27% of the population aged 15 and over reported that most days in their life were quite stressful or extremely stressful. Active transportation’s contributions to stress reduction may thus prove valuable to many Torontonians.

Physical activity from active transportation is associated with lower mortality. The benefits of physical activity are stronger for people moving from no activity to low activity; the incremental benefit is less when an already active person becomes more active.

Replacing Car Trips with Active Transportation Improves Air Quality, Reduces Noise and Car Collisions

Increasing the use of active transportation can indirectly improve population-level health by reducing motor vehicle travel and the associated health impacts. Replacing car trips with walking and cycling trips can reduce air pollution and generate significant health benefits.

There is evidence that traffic-related pollutants are linked to cardiovascular disease, lung cancer, and increased risk of adverse pregnancy outcomes. In the City of Toronto, traffic-related pollution was estimated to cause 440 premature deaths, 200,000 restricted activity person-days and 1,700 hospitalizations per year in 2007.

Noise pollution from traffic may also have negative health impacts that can be reduced through a shift to active transportation. These impacts include hearing impairment, sleep disturbance, and impaired task performance.

Reducing total automobile travel would also reduce motor-vehicle collisions, and their associated health costs. Automobile accidents take a heavy toll on human life and health in Canada. In 2009, they resulted in over 2,000 deaths and 172,000 injuries, 11,000 of them serious injuries. Motor vehicle collisions are a leading cause of death for young people, accounting for 70% of all accidental deaths in the 15 to 24 age group. In Toronto, motor vehicle collisions resulted in over 18,000 injuries and over 40 fatalities in 2010.

Increases in Walking and Cycling will Lower Mortality and Lead to Economic Benefits

Higher levels of physical activity through increased cycling and walking can significantly reduce an individual's risk of a number of chronic diseases and prevent deaths. The report, *Road to Health: Improving Walking and Cycling in Toronto*, quantifies the health benefits of reductions in mortality in the Toronto population, using the World Health Organization's (WHO) Health Economic Assessment Tools (HEAT). Based on very conservative calculations, the report estimates that in Toronto, 2006 levels of walking and cycling to work prevented about 120 deaths each year.

Increases in physical activity from active transportation can reduce health care costs due to lower rates of chronic diseases. Savings in direct medical costs arising from Toronto residents staying active by walking or cycling are estimated to provide an economic benefit of \$110 to \$160 million.

The reductions in mortality from current levels of walking and cycling in the Toronto population are worth between \$130 million and \$478 million each year. Estimations of the economic value of a life were calculated by examining how much potential victims would be willing to pay (in monetary terms) to avoid the risk of sudden death as well as on the avoided loss of economic productivity from premature mortality.

Increasing walking and cycling to levels of other leading North American cities such as Vancouver and Portland would prevent additional deaths and increase economic benefits. It is estimated that achieving walking and cycling mode shares of 12% and 6%, respectively, would prevent about 100 additional deaths each year, yielding additional annual benefits of \$100 million to \$400 million.

Opportunities for Better Health through Safer Active Transportation

Rates of Cycling and Pedestrian Injuries and Deaths Must be Reduced

While active transportation is associated with numerous health benefits, individuals who walk and cycle face an increased risk of injury from collisions, relative to motor vehicle users. Pedestrians and cyclists are more likely to be killed or injured than car and public transit users, based on either per trip or per kilometre measures.

Collisions involving pedestrians are particularly likely to lead to fatality or hospitalization in Toronto. In an average year in Toronto, over 1,000 cyclists and over 2,000 pedestrians report being injured in collisions with motor vehicles to Toronto Police Services. In 2009, collisions involving users of active transportation resulted in 31 pedestrian fatalities and one cyclist fatality. Due to under-reporting, the actual number of collisions is likely much higher than the number of reported collisions (2,189 for pedestrian-vehicle collisions, and 1,266 for cyclist-vehicle collisions). Elderly pedestrians are most likely to be killed in collisions with vehicles; children and residents of low-income neighbourhoods may also be particularly at risk of injury when walking and cycling.

In 2009, 1.4% of reported collisions involving pedestrians led to pedestrian fatalities, 8.8% led to hospitalization, and 39% led to hospital trips for pedestrians. In 2010, 3.3% of collisions involving cyclists led to hospitalization, and 39% led to hospital trips related to the injuries from the collisions. These data may underestimate the health risks of collisions as only the more serious collisions are likely to be reported.

In Toronto, collisions most frequently occur at intersections and on major arterial roads. In addition, 30% of collisions involving cars and cyclists happen mid-block, often from car doors being opened and may be linked to inadequate separation of cyclists from motor vehicles.

Each time a pedestrian or cyclist is involved in a collision with a motor vehicle, costs are incurred for not only the individual (lost productivity), but for the healthcare system (ambulance, emergency department visit, hospital stay and medical care), and Toronto services (police, fire and traffic delays). Depending upon the severity of injuries, these costs can range from \$2,445 per person for a minor injury to \$33,680 for a fatality. Altogether, in an average year in Toronto, pedestrian collisions cost approximately \$53 million and cyclist collisions another \$9 million.

Increasing Walking and Cycling is Feasible in Toronto

Overall, increasing numbers of Torontonians of all ages are walking and cycling for transportation. Between 2001 and 2006, there was an 11% increase in the mode share for walking to work, and a 31% increase in the cycle commuting mode share based on census data. Increasing numbers of older adults are cycling for transportation, demonstrating the viability of this mode for Torontonians of all ages. The percentage of Toronto residents who cycle for transportation rose between 1999-2009 from 30-36% in Toronto/East York, 15-16% in Etobicoke, 11-25% in North York and 14-22% in Scarborough.

Despite these increases, Toronto’s active commuting mode shares lag behind those of many other leading North American cities (Figure 1). Of these cities, Portland has the highest mode share for cycling (5.8%) while Vancouver has the highest mode share for walking (12.3%) and for combined walking and cycling (16.0%).

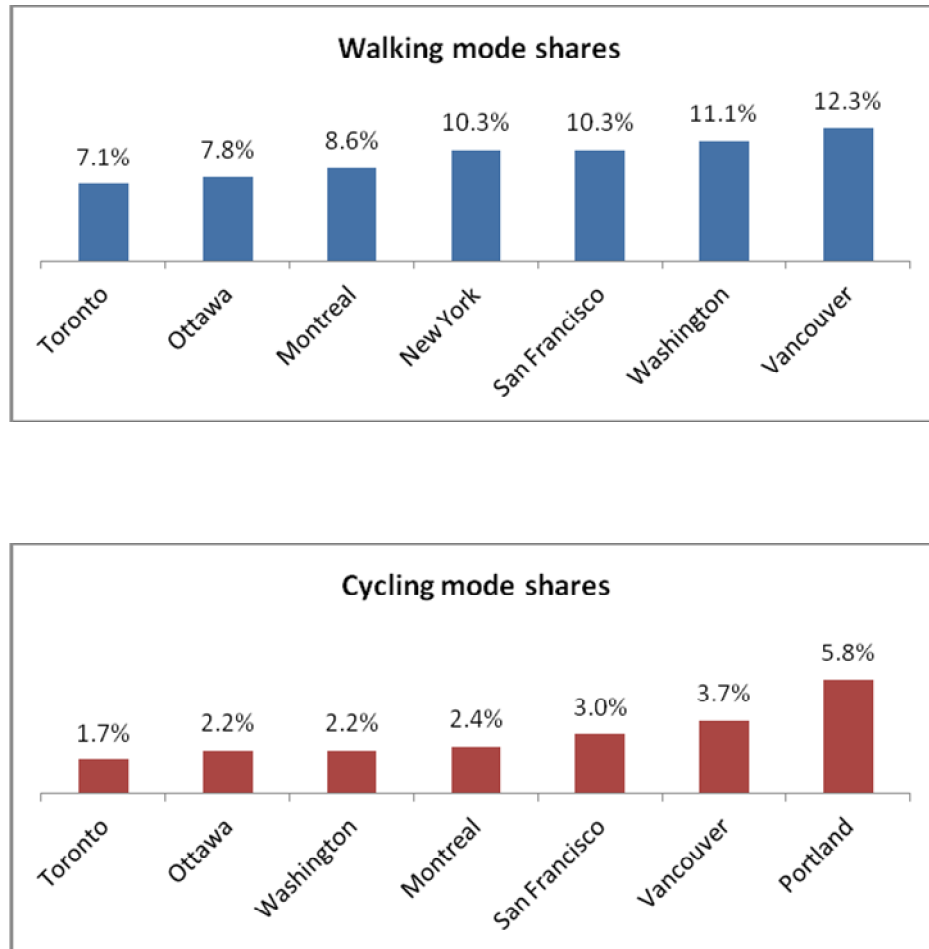


Figure 1 Active commuting mode shares of North American cities
 Data: Pucher and Buehler 2011, TransportPolitic 2011

In many cases, walking and cycling is faster and more convenient than alternative modes of travel such as driving. For urban trips, cycling is the fastest mode of transportation for trips of 5 km or less. Even for trips of 7 km in urban areas, cycling is almost as fast as driving, and is faster than other modes of transportation. Walking is generally as fast as driving for trips of about 500m and less, and is faster than travel by bus for trips of up to 1.5 km.

Toronto’s trip distances suggest that there is significant potential to increase the active transportation mode shares to the levels observed in other North American cities. In Toronto, 21% of all trips made by residents are under 2 km and therefore very walkable. An additional 34% of all trips are 7 km or under, and therefore very bikeable. These data include one-way trips made by Toronto residents using all modes of travel. Therefore, about 55% of all trips could be made using active transportation, recognizing that communities in Toronto with

higher densities and infrastructure can achieve these higher modal shares for active transportation sooner than others.

The health benefits of active transportation are not evenly distributed across the city – geographically or socioeconomically. Levels of walking and cycling among residents of Toronto's core or Toronto-East York district are over three times higher than among residents of the suburbs. The Toronto core is also more walkable and bikeable than the suburbs. Since many low-income and high-rise neighbourhoods are located in the suburbs (Scarborough, Etobicoke, North York and York), these patterns result in transportation and health inequality.

Toronto Must Build On and Enhance Existing Pedestrian and Cycling Initiatives

Toronto has successfully implemented many initiatives that support active transportation such as development of criteria for the establishment of temporary pedestrian streets and zones, including “Pedestrian Sundays”, increasing the pedestrian crossing clearance times, implementing "pedestrian priority signal phases" at intersections in the downtown area; creating "bike boxes"; launching the "BIXI" public bicycle system in Toronto and expanding the Bikeway Network from 166 to 460 km in 10 years.

To further improve active transportation and health, the City of Toronto should make targeted efforts to increase safety for pedestrians and cyclists across the city. The attached report, *Road to Health: Improving Walking and Cycling in Toronto*, presents infrastructure-based solutions that have been effectively implemented in other cities, and may improve safety in Toronto.

An important potential action to increase pedestrian and cyclist safety is to limit vehicle speeds. Higher vehicle speed increases the risk of a collision as well as the severity of the resulting injuries for cyclists and pedestrians. Small increases in traffic speeds results in a disproportionately large increase in pedestrian fatalities. For example, pedestrians have an estimated 85% chance of dying when hit by a car travelling at 50 km/hr but fatality rates decrease to less than 5% when the car travels at 30 km/hr (Figure 2).

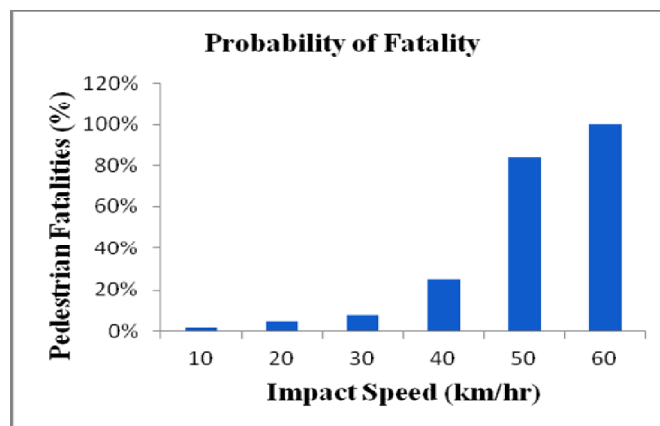


Figure 2. Probability of Pedestrian Fatality by Impact Speed (Source: Derived from Anderson et al. 1997)

In Toronto, speed limits on minor arterial roads (such as Gerrard Street East) typically range from 40 to 60 km/hr and on major arterial roads (such as Yonge Street) speed are 50 to 60km/hr. Decreasing vehicle speed to 30 km/hr on residential streets and adopting a city-wide speed limit of 40 km/hr on all other streets would improve safety for cyclists and pedestrians. Emergency services vehicles would continue to be exempted from these recommended limits as currently outlined in the *Highway Traffic Act*.

A review of 19 traffic-calming initiatives in four European countries found that injuries caused by collisions for all road users fell by 41-83%, while fatalities dropped by 14-85%. After 30 km/h zones were introduced in London, these zones experienced a 42% reduction in fatalities. In 1988 the Town of Baden, Austria restricted speeds to 30 km/hr for about 75 percent of its road network. This and other measures reduced the rate of casualties by 60 percent. New York City is now piloting reduced neighbourhood speed zones, with speed limits of about 30 km/hr.

To improve safety at intersections, priority consideration should be given to widespread installation of leading pedestrian signal intervals for pedestrians that provide an early crossing start, and additional pavement markings for cyclists (such as bicycle boxes). With a leading pedestrian signal interval (LPI), the WALK sign is turned on 3-5 seconds before the green light, so that the first vehicle intending to turn right or left has improved visibility and yielding response time for pedestrians that have already started to cross. In a US study, LPIs reduced the odds of conflict with turning vehicles by 95% at the beginning of the walk phase. In Cambridge, Massachusetts, pedestrians receive a head start at almost all intersections where vehicles and pedestrians move at the same time. The WALK signal comes on a few seconds in advance of the green light. In Toronto, pedestrians receive a head start at the intersection of University Avenue and Adelaide Street West due to a leading pedestrian interval signal phase.

Leading bicycle signal intervals can also provide a “head start” strategy for cyclists and can be expected to yield a similar reduction in collisions at signalled intersections. Cyclists in bike boxes, painted pavement spaces at intersections, get a head start at signals and are more visible and are less likely to be cut off or hit by vehicles. In New York City, the 204 bicycle boxes are also painted bright green to increase visibility. In Portland, improvements have been observed in motorists yielding to cyclists at bike box locations and resulted in cyclists and drivers feeling safer. In Toronto, bike boxes have been implemented at several intersections in 2010 and 2011 in Toronto's downtown-west end area

Investments in Pedestrian Safety and Infrastructure is Critical

Adopted by Toronto City Council in 2009, the Walking Strategy (http://www.toronto.ca/transportation/walking/walking_strategy.htm) is a 52-action blueprint for making Toronto a great walking city. The aim of the Walking Strategy is to build a physical and cultural environment that supports and encourages walking, including vibrant streets, parks, public squares and neighbourhoods where people will choose to walk more often. By envisioning a city where high-quality walking environments are seamlessly integrated with public transit, cycling and other sustainable modes of travel, the strategy sets

out a plan that will produce tangible environmental, health and social benefits for residents and visitors.

It is important that the City of Toronto continue to invest in pedestrian safety and infrastructure initiatives, and continue to implement the Toronto Walking Strategy to maintain and improve conditions for pedestrians, and to make Toronto safer and more attractive for walking trips for everyone.

A Safe City-Wide Bikeway Network is Needed

The Toronto Bike Plan (<http://www.toronto.ca/cycling/bikeplan>), adopted by Council in 2001, establishes a vision for cycling in Toronto. To "shift gears" towards a more bicycle friendly city, the Plan sets out integrated principles, objectives and recommendations regarding safety, education and promotional programs as well as cycling related infrastructure, including a comprehensive bikeway network. It makes recommendations in six key program areas: building bicycle friendly streets policies; expanding the bikeway network; improving bicycle safety; promoting cycling for everyday travel; providing secure bicycle parking; and improving the links between cycling and transit.

Toronto's Bike Plan was created with a vision for a safe, comfortable and bicycle friendly environment in Toronto, which encourages people of all ages to use bicycles for everyday transportation. To achieve this vision in Toronto will require re-allocation of roadway space from motor vehicles to bicycles. Different strategies will also be needed in Toronto's core and in the suburbs, given the dramatically different land use patterns. It is important to pay increased attention to the suburbs with cycling infrastructure to ensure the provision of a safe well-connected city-wide bikeway network.

Toronto's Official Plan Has an Important Role in Ensuring Supportive Cycling and Walking Policies

Land use patterns play a crucial role in enabling active transportation, since trip distance is often a limiting factor. In Toronto's re-developing areas, walking and cycling can be supported through mixed use, higher density development with high route connectivity. Toronto's Official Plan (OP) provides guidance for land-use planning decisions that impact how growth in Toronto will take place between now and 2031. Currently, the City Planning Division is gathering information for the 5-year review process and conducting public consultations. A final report on the review, including recommendations for amendments to the OP, is scheduled to be brought forward to City Council in early 2013. TPH is reviewing the Plan in consultation with City Planning and other City divisions to look for opportunities to support active transportation; especially in low-income and high-rise neighbourhoods located in the suburban districts (Scarborough, Etobicoke-York and North York).

Better Data Collection and Analysis Should Guide Infrastructure Improvements

Analyzing collision patterns can guide the development of remedial or preventive measures. Existing Toronto data sources do not provide a complete picture of the number of people who walk and cycle, the frequency with which they walk and cycle, or the distances walked

and cycled. Better information on walking and cycling travel patterns can improve infrastructure and program planning, help to prioritize walking and cycling routes, and enhance a city's ability to track changes over time. Data on walking and cycling demand and use can help in evaluating the adequacy of funding of these modes.

Toronto's 2009 Walking Strategy and the 2001 Bike Plan articulate well-developed visions. However, Toronto does not have concrete goals to guide its actions on walking and cycling from 2012 onwards. Setting goals and targets for active transportation safety and/or mode shares have served as important stimuli for action in other jurisdictions.

The City of Toronto has articulated a commitment to supporting safe active transportation and has made progress towards this objective. However, Toronto's walking and cycling safety, infrastructure and mode shares lag behind other leading North American cities. Toronto should continue to use best practices and benchmark other leading cities that have successfully improved quality of life by enabling safe active transportation.

Making active transportation accessible to residents of all ages, abilities and incomes will require targeted investments in walking and cycling facilities and programs. Coordinated interventions in the built environment and in marketing and education have most effectively generated rapid increases in active transportation safety and mode shares.

Federal and Provincial Support for Municipal Active Transportation Infrastructure is Critical

Many provincial, state and federal governments have developed programs to fund improvements in walking, cycling and public health, as the economic benefits of active transportation are shared across levels of government.

A collaboration of Public Health Ontario and Cancer Care Ontario supported by panels of experts and public health stakeholders recently released (March 2012) the report *Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario*. They examined the evidence for prevention of the leading chronic diseases. The actions include increasing physical activity and they identified opportunities for making active transportation improvements through dedicated funding for municipalities and by strengthening the Planning Act through the Provincial Policy Statement (PPS).

The PPS outlines the Ontario government's policy direction for land use planning and development and it outlines the connections between planning and public health. Public Health Ontario and Cancer Care Ontario reported that a strengthened policy on active transportation could emphasize the need for connectivity for pedestrians and cyclists as part of a municipality's transportation system, to increase the number of daily trips taken by walking or cycling. Of key importance is that these two provincial health agencies recommended the province fund building and cycling infrastructure that gives decision makers at the city/regional level the authority to allocate funds based on local active transportation studies.

In the fall of 2011, the Office of the Chief Coroner announced that they would be conducting two provincial reviews, one for cycling deaths from 2006-2010 and another for pedestrian

deaths occurring in 2010. The purpose of both reviews is to identify common factors involved in the deaths and to make recommendations to prevent similar deaths. These reviews are both to be completed in the spring of 2012 and final reports will be issued at their conclusion. The attached report will be shared with Office of the Chief Coroner for consideration in these reviews.

In 2008 Metrolinx released a Regional Transportation Plan (RTP) entitled *The Big Move*, which provides a vision for transportation in the Greater Toronto and Hamilton Area (GTHA). *The Big Move* aims to revitalize our communities into the kinds of places where residents can take transit, ride a bicycle or walk to their day's activities, and where children can walk to school. One priority within this plan is the creation of a system of connected mobility hubs, with 28 planned for Toronto, that serve as significant transfer points within and between modes of transportation – from walking to biking to riding transit. Metrolinx is funding and coordinating the regional Smart Commute program and the Stepping It Up school travel project, which both promote active transportation to and from workplaces and schools. Metrolinx's vision is that by 2033, 60% of children in the GTHA will walk or cycle to school (approximately 36% today) and 20% of commuters will walk or cycle to work (approximately 7% today).

The public, private and voluntary sectors are important potential partners in promoting active transportation. Cities such as Calgary and Seattle have effectively used civic engagement, outreach to local businesses and the energy of the non-profit sector to generate support and resources for active transportation projects. Municipal experience indicates that engaging community stakeholders can build the public support needed to implement new initiatives. Engaging stakeholders in the earliest stages of active transportation project planning reduces the likelihood of opposition and increases the likelihood that the project will meet the needs of all stakeholders.

Toronto Public Health is developing a civic engagement plan related to a recommendation in its *Healthy Toronto by Design* report. This will include increasing awareness of the health benefits of active transportation and ways to engage the public and other relevant City Agencies, Boards and Commissions and Corporations on the issue.

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SIGNATURE

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ATTACHMENTS

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