

December 16, 2011

Dr. Bert Lauwers  
Deputy Chief Coroner-Investigations  
Office of the Chief Coroner  
26 Grenville Street  
Toronto ON M7A 2G7  
[Occo.inquiries@ontario.ca](mailto:Occo.inquiries@ontario.ca)

Dear Dr. Lauwers,

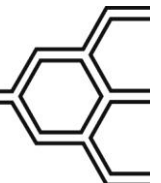
As the Medical Officer of Health for the City of Ottawa, I am pleased to submit recommendations for consideration by the Review Panel into pedestrian deaths.

In Ottawa, in the most recent 5 year period for which data is available, every year there has been an average of almost 360 emergency (ER) visits for pedestrian injuries and close to 65 hospitalizations. In addition there are about 7 deaths annually. Almost 78 per cent of the ER visits for pedestrian injuries from 2004 to 2008 resulted from a collision with a car, pickup truck or van<sup>i</sup>.

Further, there is a link between pedestrian safety and socioeconomic status.

Several recommendations flow from this emerging field, and, I suggest, warrant consideration:

- Develop systems to monitor disparities in walking and transportation conditions that exist among socio-economically advantaged and disadvantaged places, including attention to traffic burden, pedestrian-vehicle collisions, and access to public transit. (Recent research indicates that lower socioeconomic (SES) neighbourhoods suffer a greater burden of traffic, have more pedestrian vehicle collisions and have less green space than their higher SES counterparts)<sup>ii</sup>.
- Increase provincial funding allocations for pedestrian infrastructure, such as street lighting and paved shoulders in rural areas, so as to encourage municipalities to take measures to make communities more walkable and to update procedures including zoning and roadway classifications to support pedestrian activity<sup>iii</sup>.
- Allocate sustainable funding for Active and Safe Routes to Schools, a provincial initiative to create an environment that is conducive to safe, walkable communities by promoting the use of active and efficient transportation for the daily trip to school. (An analysis of Ottawa collisions between motor vehicles and pedestrians reveals that the pedestrian was deemed to be proceeding or behaving in an improper manner 28% of the time).
- Establish evidence based policies on speed controls and traffic calming measures. (Several grassroots and non-governmental organizations are calling for a speed reduction to 30-40 km/hr on streets that are shared with pedestrians/cyclists<sup>iv</sup>; in 2010 Ottawa City Council requested that the Government of Ontario amend the Highway Traffic Act to allow



municipalities the ability to set default speed limits at 40 km/h on local roads in residential communities.) Particular attention to speed limits in school zones is recommended.

- Revise the Ontario Driver's Manual to incorporate a comprehensive section on motorist-pedestrian interactions (in almost 40% of vehicle-pedestrian collisions in Ottawa, the driver of the vehicle is deemed to have failed to yield the right of way to the pedestrian.)
- Formalize road safety and pedestrian safety education as part of the school curriculum (pedestrian injuries resulting in an ER visit are highest for youth aged 10 – 19<sup>v</sup>). This should include education on the risks of using hand held devices while crossing streets (in Ottawa the 10-19 year age group accounts for about 20% of all pedestrians involved in collisions, yet in those cases where the pedestrian is deemed to be inattentive, the 10-19 year age group accounts for over one third of those that were struck).

Many of these recommendations could fit within the scope of practice of public health professionals, and would support local Boards of Health in their programming under the current Ontario Public Health Standards. Public health units across Ontario are well positioned to leverage partnerships and bring considerable support to these recommendations, if implemented.

We appreciate the opportunity to provide comments and look forward to your report in 2012.

Sincerely,

Isra G. Levy, MB BCh, MSc, FRCPC, FACPM  
Medical Officer of Health

---

<sup>i</sup> Ottawa Public Health. (2010). *The Burden of Injury in Ottawa*. Retrieved November 2011, from [http://ottawa.ca/doc\\_repository/reports/injury\\_report\\_2010\\_en.pdf](http://ottawa.ca/doc_repository/reports/injury_report_2010_en.pdf)

<sup>ii</sup> *ibid*

<sup>iii</sup> Theresa Grant, P. (2011, June). *Walking, walkability and health disparities: A review of the evidence and directions for action in Ontario*. Retrieved from É/Exchange Working Paper Series: [http://www.rrasp-phirn.ca/images/stories/docs/workingpaperseries/wps\\_report\\_jun11\\_final.pdf](http://www.rrasp-phirn.ca/images/stories/docs/workingpaperseries/wps_report_jun11_final.pdf)

<sup>iv</sup> Safe Kids Canada. (2007-2008). *Child Pedestrian Injuries Report*. Retrieved December 2011, from Safe Kids Canada: <http://www.safekidscanada.ca/OrderCentre/tabid/157/CategoryID/7/List/1/Level/a/ProductID/81/Language/en-US/Default.aspx>

<sup>v</sup> Ottawa Public Health. (2010). *The Burden of Injury in Ottawa*. Retrieved November 2011, from [http://ottawa.ca/doc\\_repository/reports/injury\\_report\\_2010\\_en.pdf](http://ottawa.ca/doc_repository/reports/injury_report_2010_en.pdf)

