

National Collaborating Centre
for **Healthy Public Policy**

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**BUILT ENVIRONMENT: PUBLIC POLICY,
ACTORS, BARRIERS, AND LEVERS –
KNOWLEDGE EXCHANGE COLLOQUIUM**

PROCEEDINGS | FEBRUARY 2011



Centre de collaboration nationale
sur les politiques publiques et la santé

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ABOUT THE NATIONAL COLLABORATING CENTRE FOR HEALTHY PUBLIC POLICY

The National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. The NCCHPP is one of six Centres financed by the Public Health Agency of Canada. The six Centres form a network across Canada, each hosted by a different institution and each focusing on a specific topic linked to public health. In addition to the Centres' individual contributions, the network of Collaborating Centres provides focal points for the exchange and common production of knowledge relating to these topics.

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1 INTRODUCTION

The Coalitions Linking Action and Science for Prevention (CLASP) project is an initiative of the Canadian Partnership Against Cancer (CPAC). Through this project, seven coalitions have been funded to integrate and build upon their practices to prevent cancer and other chronic diseases with similar determinants. The National Collaborating Centre for Healthy Public Policy (NCCHPP) is a partner in one of these funded coalitions, *Healthy Canada by Design*. The principal goal of this coalition is to inspire change in the ways in which the built environment is currently developed, by influencing the policies that inform it. Gathering numerous partners from six health authorities, all members of the Urban Public Health Network (UPHN), the focus of this coalition is specifically the built environment of Canada's large urban centres.

Funding for the Healthy Canada by Design coalition has made numerous knowledge exchange opportunities possible. One of these was the day-long colloquium held in Vancouver on November 24, 2010. This day was chosen because it preceded a bi-annual meeting of the UPHN and as such enabled all of the health authority members of the network to participate in the meeting. Many did, either in-person or via teleconferencing. To open the day's proceedings, Karen Lee, Director of Built Environment, Dept. of Health and Mental Hygiene of the City of New York, presented her team's work in influencing public policies informing the built environment in her city. Then the members of the coalition's regional health authorities presented, in turn, their respective efforts to influence public policies informing the built environment. A discussion period followed each of the presentations.

The NCCHPP was involved in organizing and facilitating the day's proceedings. The Centre's François Gagnon facilitated one of the afternoon's working group sessions. The objective for this session was to learn to analyze coalitions of actors within regional health authorities. The document which follows is based on the notes taken during the workshop.

You can visit the CLASP project website at: <http://www.partnershipagainstcancer.ca/priorities/primary-prevention/strategic-initiatives/coalitions-linking-action-science-for-prevention-clasp/>.

You can visit the Healthy Canada by Design Coalition website at: <http://www.uphn.ca/CLASP/>.

2 MAPPING A POLICY FIELD

François Gagnon from the NCCHPP submitted that the goal of using the Advocacy Coalition Framework (ACF) as a knowledge base in this session is to provide participants with an analytical tool that can allow them to map the more or less coordinated networks of actors involved in different policy fields, and the opportunities for changing them. Analyzing the coalitions that struggle to define public policies can inform the creation of a strategic plan to produce changes in those policies.

The ACF directs our attention to structural features of policy fields, such as how the power relations between the coalitions of actors play out, how these are confluences of different interests, and how different types of actors coalesce within coalitions (such as non-profit organizations, public administration, institutions, journalists, and others).

Following the introduction, participants were asked to break out into three working groups, each of which was assigned a facilitator. Using the table provided in the discussion guide, groups were asked to map a policy field while focusing on one of the specific policy propositions extracted from Peel Region's Health Index:

- Parking supply reduction
- Traffic calming interventions
- Improved access to neighbourhood services.

Three steps would be involved in using the discussion guide:

- Define coalitions in the policy fields. Coalitions are defined as groupings of actors with similar views on policy problems and solutions but not necessarily identical interests.
- Identify and analyze the actors' positions and interests—understanding their thinking and their relationships to the other actors.
- Identify possibilities for changes, looking for factors that influence change, i.e both the endogenous and exogenous factors.

The first step, defining coalitions, involves making explicit their positions and interest towards your proposition, as well as the groups or activities they benefit.

The second step involves making lists of actors in the coalitions and analyzing their relationships, and their respective positions and interests with regard to your proposition.

The third step is analyzing possibilities for changes, which involves asking the following questions:

- Are there contextual transformations that could change some actors' interests?
- How can your proposition interest actors in the opposing coalition? What can it do for them?
- Are there actual or potential actors who are not there and who could be brought in as interested parties?

The large group split into three small working groups for discussion and coalition mapping in each of the chosen policy fields.

2.1 GROUP 1 - PARKING SUPPLY REDUCTION

The facilitator for this group was Alice Miro. Participants began by suggesting various actors and stakeholders that could be mobilized around the issues of parking. They suggested the city, municipality, businesses and business associations, environmental associations, residents, pedestrians, developers, institutions, schools, transit officials and authorities, public health organizations, acute care centres and hospitals.

Facilitator Alice Miro mentioned the current controversy regarding hospital parking. A participant said, “When there is insufficient parking or metered parking, you often have to leave the hospital waiting rooms to feed the meter.” She suggested a more effective system, in which reserved parking is allocated to people with appointments. Another participant pointed out that both clients and staff at hospitals experience parking issues.

Parking is the subject “conflicting political visions,” as municipalities strive to reduce neighbourhood parking, while businesses want more local parking to draw customers, participants said. They agreed that positions on parking can be “very ambivalent”; for example, getting rid of metered parking reduces municipal revenues.

“As far as the Coalition is concerned, no one wants to reduce parking except public health and environmental groups,” a participant said.

A participant drew the group’s attention to Den Haag, in the Netherlands, which has implemented pedestrian zones where businesses have been brought around to the idea of reduced parking. Consumer studies demonstrated that pedestrian shoppers spend more money than commuter shoppers; this information helped persuade local businesses that pedestrian zones would benefit them.

While one participant suggested pedestrian zones depend on adequate public transit to get people downtown in the first place, the first participant said that in fact, people who lived closest to the zones were spending the most, while those who had to travel to get there spent the least. Group members said that this would not necessarily work in all areas, such as the suburbs.

“You can’t assume an urban scenario in the suburbs,” a participant said. “In urban areas, you can increase transit and reduce parking. In the suburbs it is not the same issue.” Group members agreed that parking is a complex issue, involving many actors, including environmental NGOs, local residents, pedestrian associations, schools, and cycling advocates. However, a participant said, “Many people are neither for nor against.”

Given the competing interests involved, a participant questioned who might be inclined to join a reduced parking initiative. Another participant suggested that real estate developers might support reducing urban parking, if they felt they could create infill or parks out of decommissioned parking lots. “There can be mixed use development and new uses,” a participant said. He cited a health authority in which outlying offices were centralized into one

central office. While many employees were used to driving to work, parking was grandfathered at the new site, so those who had been there prior to centralization kept their free parking.

Another participant noted that union issues regarding parking had emerged when two clinics merged into one new physical space, with staff from previous locations. The nearest public transit stop had a reputation for violence, so staff travelled by taxi to the former locations, where their cars were parked. They were reimbursed the taxi fare.

A group member asked, “If the health authorities can’t get support [for parking reductions], then who can?” Another suggested the need for fresh incentives, such as a reduction in the parking required for supermarkets. These regulations can be a barrier to developers, the participant said, noting that in New York, reducing the parking requirement created incentives for innovative design, turning impediments into opportunities.

British Columbia does not fund parking for publicly funded buildings, a group member said. Parking must be revenue-neutral; this creates an incentive to reduce parking. In Montréal, urban hospitals compete with suburban hospitals for employees, especially nurses. Since parking is free for employees in the suburbs, Montréal offers free parking to encourage nurses to come to work in the city.

Another member suggested creating incentive committees to reduce car parking and create more bicycle parking. When parking lots are located as far from the workplace as the nearest transit stop, staff are encouraged to use public transit rather than their cars, a participant said. However, another pointed out that in cities like Winnipeg, where winter temperatures can stay at -30°C, this is not always a good solution.

Businesses should be well-informed if they are to support changes, a participant said. For example, businesses initially complained about the bicycle path on Vancouver’s Hornby Street, but data showed that they would receive more business from pedestrians.

Social issues should receive attention as well as business issues, a group member said, noting that people with disabilities need access to parking on flat streets. More disability parking spots should be designated, especially in front of buildings. Advocates can be won over on the issues of disability and reserved resident parking.

In the successful pedestrian zone in Den Haag, some car access is allowed but “cars are guests in this area and drive like guests,” a participant said. People with disability passes are allowed vehicle access, and parked cars can arrange in advance to pick up a passenger with a disability. The group discussed pedestrian zones, noting that they need very careful planning, and that they should not be the only parking-reduction strategy.

Events like the 2010 Olympics offer a chance to try out solutions in the short term, one participant said. Others suggested solutions such as restricted lanes and subsidizing public transit. Reducing downtown parking does force a shift in automobile use, but it increases the need for a good transit system.

A group member noted that under the LEED® construction and renovation system, developers can gain points through limiting parking, creating bicycle parking, and providing transit subsidies. Another said restricting parking is an easier and cheaper way to acquire LEED designation points than installing an expensive ventilation system, for example.

Québec has introduced a program for employers to facilitate the shift from car to transit or bike. Companies provide incentives, such as showers at work, or transit subsidies; this has helped reduce the need for parking, a participant said. Other potential strategies employers could offer might include a “walk plan” for workplaces, providing incentives to walk, as well as workplace-supported car pooling.

Car rental agencies, co-ops, and Zip cars could all become potential actors in a coalition to reduce parking, a participant said. Another noted that automobile associations tend to be pro-car. It’s important to adopt the right nuances: “Don’t talk about reduction—talk about sustainability, or they won’t come to the table,” a group member said.

Another agreed: “You have to frame it carefully, saying ‘We know you are committed to health and sustainability. What would you do to help us? Here are some solutions....’” Offering auto organizations palatable options like getting people to buy hybrid vehicles, or creating categories that force them to come up with their own suggestions can help them improve their own self-image. They can become partners, and this can help to push through some of the policy initiatives.

Shuttle services and taxis, as well as restaurants that offer van services, have all benefited from stricter laws regarding alcohol and driving, a participant said, suggesting that taxi commissions could be enlisted to support reduced parking.

Creating a context of positive alternatives—making former parking spaces into pleasant, walkable areas, increasing green space, and ensuring access to public transit—is critical to ensure buy-in, said a participant. Others agreed, but emphasized the need to consider the needs of each location.

Miro said that in B.C., municipalities are required to invest their parking meter revenues in environmental initiatives. Metered parking tends to discourage car use, participants said, noting that when parking limits are reduced, the inconvenience creates a disincentive for drivers, while some businesses may benefit from faster turnover. However, other businesses—such as movie theatres, restaurants, and bars—could object to shorter parking limits.

Suburban areas tend to require different strategies, participants said. Parking is required around transit hubs, but could be reduced elsewhere. If parking is situated within a five- to 10-minute walk from the destination, it can encourage walking; otherwise, people will tend to drive.

Returning to the subject of actors, participants suggested that transit authorities would stand to gain increased ridership and more revenues, but they would want increased parking at the ends of the lines.

Discussion returned to the topic of health care professionals; participants discussed the need for staff to have improved access to health care facilities. This includes improved transit service, with extended hours to accommodate hospital shifts. However, a participant noted that not all transit systems are able to afford extended hours, due to lower ridership late at night and early in the morning.

To improve transit service overall, participants suggested designated transit lanes, fewer stops, and ticket kiosks external to the buses. Some cities have implemented public health strategies that include a focus on public transit: Montréal and Vancouver were both mentioned as including public health outcomes in their transit plans.

“Joint planning is needed for health authorities to arrive at common objectives with urban planners, who have expertise we don’t have,” a participant said. Miro noted the potential to empower planners by offering shared objectives. When health authorities meet with planners, she said it is important to determine their policy goals, and map out the stakeholders, “looking at how we can help the planners bring to the table the ones who are not on board... We can get new partners to come to the table. It has to be a communal exercise in community mobilization.”

2.2 GROUP 2 - SERVICE PROXIMITY

The facilitator for this group was Heather Evans. Participants in the Service Proximity discussion group began by suggesting stakeholders who might be actively for or against policies that would encourage smaller local food stores. They discussed groups that would be affected by zoning, including “big box” retailers; primary health care providers who want to set up clinics in industrial areas; municipalities, which may or may not allow produce stores to keep vegetable stands on the sidewalk; and fast-food chains that wish to open outlets near schools.

A participant asked whether large national chains would have a different perspective from smaller “mom and pop” grocery stores. Some agreed that the perspective would change based on location and population base.

“In my area, they are redeveloping the older neighbourhood by putting up townhouses and apartment buildings,” said a participant. “The big box stores want to be there because there is a denser population, but we want to see smaller, independent retailers. So we need to talk about how much it costs for smaller retailers to rent space in these developments.”

Another participant described a recent situation in Toronto where the local community expressed the opposite reaction. Residents of that neighbourhood strongly opposed a “green” transit proposal due to fears of street congestion and loss of parking. “The people’s interests may be aligned or not aligned with the zoning,” the participant said.

Once the zoning is already in place, community members are usually not consulted at all, leaving the public ignorant of their right to protest, said a third participant. “When they zoned my neighbourhood and the big stores came in, I never even thought I could try to influence it.”

Another added that when the city does engage the community through forums and outreach, it may not have an effect. “In the end it’s the big box stores and the money that drives the types of development,” she said.

Facilitator Heather Evans proposed that participants choose a specific policy, then list possible stakeholders within the related “pro” and “con” coalitions. Participants could then discuss what relationships each stakeholder would form to strengthen its position. The third step would be to determine what changes could influence the stakeholders’ positions, and how policymakers could create those changes so that the policy objectives could be met.

Participants agreed, and chose to list stakeholders who would be for or against a proposal to encourage the establishment of small grocery stores in new and existing neighbourhoods.

A participant asked the facilitator to first define the policy levers that would help establish such small food stores. Evans suggested that areas could be pre-zoned so that developers would not have to face opposition to a later rezoning proposal; that municipalities could ensure adequate infrastructure such as roads, services and access points; and that areas could be designed with enough density to support local food stores. Participants suggested other levers, including financial and other incentives for small stores, and a reduction in property taxes during an establishment period.

“They could also define what a food store is,” said a participant. “If not, it could be a Mac’s with rows of potato chips and chocolate bars and a small bowl of apples for a dollar each.” Genuine produce sellers would need to be differentiated from convenience stores or supermarkets. For the purposes of the discussion, participants agreed to use the term “grocery store” for the desired retailer.

They next discussed the specific wording of the proposed policy, agreeing on an Official Community Plan (OCP) to “encourage small grocery stores in each neighbourhood, both new and existing, so that residents can access healthy food within 300 metres of home.”

Potential stakeholders in the formation of such a policy included established large supermarkets; elected city council; agricultural growers’ associations; small grocers and boutique branches of large chain stores; parental associations and other community interest groups; school districts; developers and landlords; chambers of commerce and business improvement associations; urban planners; public and community health service providers; social service providers and advocates; restaurant associations; transit-dependent people such as seniors, low-income groups, and disabled people; residents; and all levels of government.

Participants agreed that most stakeholders in the list could be both in the “pro” or “con” coalition, depending on the specific situation. They also agreed the policy would need to differentiate between residents in the general catchment area and those in living in the immediate vicinity of the development or zoning.

Noting that so many of the groups have widely opposing sides, a participant asked how stakeholders could be encouraged to come to a consensus. “You have to show everyone where the money savings are,” responded another participant. “If it’s a health issue, you have to show

the savings in health care when people walk more and eat better.” Another said that while she agreed people could be motivated by self interest, “It’s about values, not just money.” Participants agreed that making a case that was targeted to self-interested motivation would have an effect, whether it was in terms of money or values.

Members of the table decided to skip the planned discussion on the individual positions of the stakeholders and move on to identifying groups who would be opposed to the policy, discussing how they would lobby against it, and suggesting ways their position could be changed. They listed the following possibilities:

- Large supermarket chains might consider a small space too expensive for their own use, but at the same time would not want independent stores to open and create competition. Tax breaks and densities that would support “express” stores could encourage them to branch into a smaller market.
- Regional food producers might not see small stores as a cost-efficient market, as larger supermarkets can buy in bulk quantities—sometimes buying out a whole crop. Smaller producers, however, might be “on the same level” as smaller grocery stores. Larger stores also often purchase food from other, cheaper regions.
- Local residents might not use smaller stores, preferring the convenience and free parking associated with “big box” stores. “You can buy your tires where you buy your milk,” said a participant. Infrastructure could be built to encourage “marketplaces” of independent retailers that would be convenient for both residents and food producers.
- Municipal governments that rely on tax revenue from supermarkets could be swayed against the policy by lobby groups from large chains.
- Existing chain retailers could argue that the community cannot support a wide range of independent businesses, and that new developments could cause existing outlets to fail. Planning could determine how much retail a community needs and steps could be taken to ensure it is not exceeded.
- Taxpayers could resent government spending that supports private business. The “grumpy old guy” might protest that the government uses tax dollars to manipulate business, or might get angry about “being told where to shop.”
- Some residents could fear that retail strips might draw in drug dealers and other undesirable elements.

Participants discussed whether residents would use smaller stores when many are already in the habit of driving to a supermarket on their way home from work. One said that most existing areas are already well served, making new retail redundant. A participant disagreed, noting an area in Cloverdale that only has two supermarkets, both on a major highway. “So if you’re an 80-year-old woman who can’t drive, where do you go? Do you risk getting hit by a car on the side of the highway?”

Evans asked what some members of the “con” coalition might do to bring other groups onto their side. “If they provide jobs, that would sway a lot of lower-income people,” said a participant, adding that it could also sway city council. High prices associated with smaller stores could also affect residents’ opinions, as could arguments about increased traffic, noise, and pollution.

Several participants expressed concern that it was not possible to accurately anticipate arguments or define a policy without knowing all the specific issues surrounding a given development in a given area. “When the discussion is broad, it’s easy for the coalitions to read downsides into the policy to make their point. But if it’s complex, it’s hard to say how it will affect a particular neighbourhood,” said one.

Evans asked participants to suggest agencies that might be neutral toward the policy. Answers included government, public health and academic institutions. These organizations could play a role by producing data and providing forums for discussion. Drivers that could potentially change a stakeholder’s position included the price of oil, which would encourage foot traffic; regulatory changes that would increase the cost-effectiveness of small business; and data that appeals to residents’ self interest, such as job-creation statistics.

“Who would rise as the leader of the coalition? Who has the biggest stake?” asked a participant. One responded that active grassroots movements are often necessary to keep a coalition strong. Another said that while all the members of a coalition might be unified in their position, the reasons for their position could differ.

“If the policy is changed in a way that is favourable to the more powerful groups, the less powerful members are left without a voice,” a participant said. “The powerful members of the coalition are always able to sway the contents of the policy.” Participants agreed that it is important to define the actors in a coalition and determine who has the power to make change.

“Good policy advocacy should attempt to address concerns about the policy while still making sure it is enacted. If you’re a pro, you should be looking for those interests and those that are truly incompatible,” said a participant.

Informing the public about the reasons why small retail would benefit a given community can go “a long way” toward swaying public opinion. “As a policy maker, if you don’t understand the power in the people, and they don’t want it, your policy is going to fail.” Another added that it is critical to uncover the role of industry. The tobacco industry, for example, exerted power behind the scenes in the debate over smoking in restaurants.

Participants then discussed the potential positions of various income groups. Lower-income groups may support access to food, but might not be convinced that smaller stores would solve the problem of food security. “You have to talk about this in terms of healthy eating and better access for everyone, not as a solution to poverty,” said a participant. Middle- and higher-income groups may be more concerned with education and feel apathetic toward improved access to grocery stores.

“A lot of people don’t want the healthy choice, and then the fresh foods go rotten in the store,” said a participant. “Processed food is a way of life. That’s the reality now.” Another noted that modern condominiums are often built with minimal kitchen space, as more and more people eat out or buy pre-made food. One participant suggested that in light of current eating habits, kiosks selling pre-packaged stir-fry vegetables could be a better alternative than “making them buy a bag of flour” at traditional grocery stores.

Participants agreed that it is necessary to build demand for healthy foods. “It’s a two-pronged approach,” said one. “Once you have a broad policy, it is up to the municipality to do the outreach and build community support.”

2.3 GROUP 3 - TRAFFIC CALMING INTERVENTIONS

The facilitator for this group was François Gagnon. The group first attempted to define traffic calming. “People don’t decide whether they’re for or against traffic calming as an abstract concept,” a participant said. “They may be for or against a specific type.”

Traffic calming takes many forms: interventions can include trees on sidewalks or in traffic medians; speed bumps; roundabouts; curbed sidewalks; and concrete barriers or islands. The group agreed that traffic-calming interventions are broadly characterized by a change in street material.

Successful traffic calming requires action from motorists, a participant said. Most interventions require drivers to reduce their speed on traffic-calmed streets.

Reasons for traffic calming also relate to motorists. The most obvious objective is to reduce the likelihood of pedestrian accidents involving cars. But traffic calming addresses larger public health concerns, too, a participant said. “What we haven’t talked about is that it [traffic calming] is an attack on the car,” he said. “Part of that is this North American fixation on the motor vehicle.”

If traffic calming makes driving less attractive, would-be drivers are more likely to take the bus—if one is available, he added. “It’s a critical issue that public transportation or alternative transportation keeps up.”

Another participant noted the impact of traffic calming on cyclists. “In Victoria, we have now reached an almost saturation point in terms of commuter cycling, particularly in the summer months,” he said. “Success isn’t always what you want it to be: when we do our Bike to Work Week, that is when we have the most road rage. Commuter cyclists are angry because of all the other, slower cyclists on the road. When you push people off the roads, are we ready for the alternatives?”

“I’m rethinking in terms of the health goal,” another participant replied. “You’re saying you want to couch it in terms of collisions, but in fact what it means is you can walk on the streets.” Another participant added that traffic calming increases individuals’ perceptions of safety, increasing their likelihood to cycle or walk instead of drive.

Gagnon listed the following traffic-calming strategies used in downtown Montréal and Vancouver:

- Narrowing of streets
- Trees
- Sidewalks with curbs
- Reduced speed limits
- Speed slowing
- Handling different calibres of cyclists with wider lanes for passing
- Roundabouts.

“There are some strategies that only tackle speed of motor vehicles, but there are strategies, also, that tackle other traffic,” Gagnon said. “You might have different reactions from different people if you’re working only on speed, but if you work on different volumes of traffic, you could bring different groups into the debates.”

A participant called for banning car commercials with stunt drivers, as a measure to curb the culture of speed among some drivers. Another participant used the example of a television commercial for the Volkswagen Jetta, broadcast in Montréal. The commercial aired during a newscast about a young man in a car accident. The car was a Jetta, similar to the one in the commercial. “That was the single most important thing for getting rid of that commercial,” she said. “It was never shown again.”

Gagnon encouraged the group to consider the broad coalitions that could navigate around the issue of traffic calming.

“The number one issue to do with municipal government is property values,” a participant said. “All the so-called health issues are really about property values... if you’ve got a bunch of traffic past your house, your value goes down. If a bus goes past your house, your value goes down.”

“The ultimate traffic calming is Oak Bay in Victoria,” added another participant. “They have the highest property values in all of Vancouver Island, because they do nothing that would encourage automobile traffic to their neighbourhood: no gas stations, no convenience stores, no big box stores.”

Accidents occur mostly on major traffic arteries without traffic calming, a participant said. “Speed is a factor in terms of death,” she said. “If you reduce the speed of the motor vehicles, you’re going to reduce the injury of motor vehicle occupants as well.” Slowing cars down benefits society. It alters the perception of the street, increasing pedestrians’ and cyclists’ sense of safety. It shows that the street is to be used for purposes other than driving.

“Sometimes motorists’ groups and residents protest against traffic calming because it slows them down,” Gagnon said. “Maybe one way to change the mindset around this would be to outline the savings in costs for motorists.”

“I wouldn’t outline the savings for motorists because it could be misconstrued,” a participant replied. “Let’s counter the idea that we’re pitting cyclists and pedestrians against motorists. The point is, in most Canadian cities, motor vehicles will still be needed.” Encouraging people to walk, cycle, and use public transit will require environmental interventions like traffic calming, but even that won’t mean the end of the car in Canada, participants agreed.

“Are we anti-car, or are we pro-public and active transportation?” a participant asked. Putting pressure on cars includes traffic calming and parking restrictions, he said. But restrictions are only a partial solution— to work on a large scale, alternative methods, like public transport, must be appealing, convenient, and comfortable.

Many communities, particularly in outer suburbs of big cities, remain without strong public transit. Private cars continue to be the dominant transportation method for residents. Participants raised the issue of making public transit a crucial feature to all new communities, elevating transit to the same priority level as drinking water and electricity.

One participant noted how the lack of transportation alternatives in the Greater Toronto Area, where he lives, forces residents to use cars. It’s a situation he’d rather not have forced upon him due to a lack of other choices. “Do I want to buy another car? No,” he said. “But I have no choice.” Suburban population growth in the suburbs is not keeping up with public transit growth in under-served areas.

“Between now and 2031, they’re going to put 1.8 million more people within the periphery of the GTA, and none of them are going to have any access whatsoever to anything bearing a remote resemblance to adequate public transit,” he said. “That’s twice the population of Nova Scotia.”

A participant suggested that city councillors raise taxes for public transit in areas with less density. For now, public transit succeeds almost exclusively in dense areas, and fails elsewhere. That needs to change.

“Isn’t this where the federal government should step in?” a participant asked, noting that the Urban Public Health Network (UPHN) represents the largest 18 cities in Canada. But participants said the current federal government is not comfortable talking with the UPHN, and provincial governments would be angered by federal intervention in transportation issues. Participants agreed that funding public transit continues to be contentious in municipal governments, especially since economic support for transit often takes a back seat to road infrastructure for drivers.’

Gagnon asked the group about senior citizens as a potential interest group for traffic-calming interventions. “Seniors are quite powerful because they vote. Councillors pay a lot of attention to seniors,” a participant replied. “I haven’t heard them express themselves on this issue, but clearly there should be interest.”

Other participants raised concerns about senior citizens with driver’s licences. Seniors who drive may be an even more dangerous demographic than young males in sports cars, a participant said. In British Columbia, five people over the age of 100 had a driver’s licence this year.

Gagnon asked if seniors could be harnessed as a constituency. One participant raised the possibility of developing more senior-friendly communities. Transportation issues of particular concern to seniors include public transit safety and fall risks.

The discussion moved on to explore incentives to motivate people to use public transit and rely less on cars. “If you were to take public transit [in Montréal], it would take you three to four times as long as if you took your car,” one participant said. “Until that balance becomes equal and tips the other way, the mode shift won’t happen.”

A participant raised the issue of provincial government intervention for traffic calming. Stronger speed limit enforcement could be an effective calming measure. Vancouver and Montréal, for example, have brought down the speed limit from 50 to 40 km/h on residential streets, and 30 km/h near schools.

“The objective is not just to bring down speeds of cars. The objective is to get people walking and cycling again. So something as blanket as changing the speed limit in Vancouver, I’m not sure if it accomplishes that,” one participant said. But speed enforcement is part of a comprehensive traffic-calming package that changes drivers’ mindsets over time, another participant said.

The discussion turned to potential opposition to traffic-calming interventions. The business sector tends not to support traffic-calming interventions. Business owners raise concerns that the reduced vehicle traffic will lose them potential customers. Even so, calming traffic so people can walk down the street—and even organizing car-free street festivals—challenges conventional notions that streets are for cars, and not pedestrians or cyclists. One participant shared his experiences of local street festivals on Vancouver Island. “Merchant business doubled,” he said.

Gagnon pointed out that emergency service organizations sometimes oppose traffic-calming interventions because the interventions slow their ability to respond to emergency calls. “Part of it is intelligent traffic calming,” a participant replied. Collaborating with emergency service providers could optimize the positive impacts of traffic calming while minimizing barriers for emergency vehicles. In Victoria, for example, removable traffic-calming barriers exist for emergency service workers.

Social consensus is essential to the success of traffic-calming interventions, but it is hard to find in the suburbs. “People basically go to work, come home, go to work. Social capital is close to zero,” he said.

Gagnon noted the group had not yet arrived at identifying broad coalitions to work on traffic-calming policies. “I would have liked the discussion to go further on how we can change mindsets around these things, a participant said. “With seniors, I think we discussed that. With other constituencies, I’m not sure.” He acknowledged that traffic-calming policies and politics are different across Canada.

Noting that “we are culture that embraces speed,” a participant said, “I’d like to see a few bold strokes to get things going. We’ve got to change the culture.”

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