

The complete streets imperative

# GUIDELINES UNDERWAY

By Leah Wong

City of Toronto staff is in the midst of creating technical standards that will inform the creation of complete streets guidelines. While work on the guidelines is underway, Toronto Public Health released a series of reports earlier this month showing how complete streets can improve health.

Just one of the city divisions/departments involved in preparing the guidelines, Toronto Public Health anticipate the reports, which highlight the health benefits of specific design elements and the lessons learned from other jurisdictions, will act as a resource throughout the process.

“We felt that it would be very helpful to conduct a review of the health evidence on the whole issue of complete streets,” healthy public policy director **Monica Campbell** told *NRU*. “What we are noticing, in terms of other cities, [is that] we have to shift from moving cars to moving people in terms of our perception of the situation. We need a much more egalitarian design.”

Complete streets, which take the needs of all users into account, can contribute to healthier lifestyles, reduce the occurrences of chronic illnesses and are associated with better mental health. They can also improve community vitality as these streets encourage people to get out and meet each other, said Campbell.

“What we find, from the literature, is that where we’ve got more complete street infrastructure it makes it more attractive for people to be physically active,” said Campbell. Improving connections of sidewalk and bike lane networks are two ways to promote active transportation, while roadways can be made more inviting by having more trees and benches along them.

The other side of the health argument is that complete streets can improve safety. Streets designed for all users tend to have fewer accidents and when accidents do happen they are less severe.

“Having the work done through public health informs us in terms of what the actual safety data is. All these pieces have to be included in our thinking,” said pedestrian projects manager **Fiona Chapman**.

For the complete streets approach to work all users, not just motor-vehicle drivers, have to be taken into consideration. Interviews for the report touched on the trade-offs and prioritizations that have been made in other cities. In Boston

in 2009, for example, the implementation of complete streets started when Mayor **Thomas M. Menino** declared, “the car is no longer king.”

“What we wanted to do was learn from other jurisdictions,” said Campbell. “For many of the examples what we realized is that their communities were not always designed with complete streets as they currently are.”

It is possible to transform a city from being car-oriented to being a more pedestrian- and cyclist-oriented community. While Copenhagen and Amsterdam are most often used as examples, a number of North American municipalities have started improving their streets. Calgary, Chicago and Philadelphia are among the cities that have adopted complete streets policies. By reviewing these cities Toronto hopes to see how other cities have implemented these policies.

While Toronto is in the early stages, Campbell says the guidelines will assist with specific solutions to designing the city. Taking into account the needs of different communities will be important as the guidelines evolve.

Work on the technical guidelines comes at the request of council. At its May meeting council directed transportation services general manager **Stephen Buckley** and chief planner **Jennifer Keesmaat** to develop complete street guidelines and report back in 2015.

Earlier this month the city hired a group of consultants who will work on the complete streets guidelines with city staff. **DTAH** will lead the core team, which includes **MMM Group** and **Nelson\Nygaard Consulting Associates**, with support from **HM&E Design**, **J.C. Williams Group** and **Swerhun Facilitation**.

Chapman said the first phase of the project will look at where the city is right now, reviewing best practices and completing a gap analysis. Then staff and the consultant team will refine a vision and principles for the guidelines. Public consultation is anticipated to begin in the new year. **nrU**

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