

Family Health Centre

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DR. MEGHAN DAVIS

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Dear Mayor and Councillors,

As a resident of Ward 1, a family physician in the Crown Point neighbourhood and a member of CAPE (Canadian Association of Physicians for the Environment), I ask that Hamilton City Council delay consideration of Hamilton's Final Land Needs Assessment and related reports, currently on the March 29 GIC meeting agenda, until in-person meetings are being held again.

I believe it is vitally important that all citizens have an opportunity to be engaged in critical decisions about how and when our city grows. The pandemic has prevented us from participating in timehonoured in-person public engagement processes, including meetings held at multiple locations and different times of day, that are designed to increase civic engagement. In fact, the only public engagement opportunities available to citizens on Grids2 during the pandemic have been two online webinars posted on the Engage Hamilton website.

This is a failure in civic engagement on a subject that affects the future of every citizen.

As a physician, I know that the best way to communicate with my patients is through a discussion that allows questions to be asked and answered in real time, leading to an organic back-and-forth that results in true understanding. This cannot be replicated in a live or, worse, recorded webinar with time constraints that limit questions and discussion among attendees.

Furthermore, many people in both rural and urban parts of our city do not have access to the technology, including high speed internet, or the knowledge and confidence needed to run a Zoom or webex.

In short, online outreach should be considered one tool the city can use for public engagement but it by no means should replace in-person town halls and meetings. As a result, I hope you'll do the right thing and postpone the discussion planned for March 29.

As part of this letter, I would also like to comment on Ontario's revised municipal planning guidelines for a "market-driven" approach to city planning.

As a physician in the Crown Point neighbourhood, I am acutely aware of the health outcomes of people living in poverty in our inner city. Lack of affordable housing, crumbling infrastructure, lack of basic services like sidewalk snow clearing, safe bike lanes for those who don't own a car, and reliable public transit all further marginalize families already living in precarious circumstances. It is widely known that building out more subdivisions is very costly for a city. As such, I believe the best course of action for the health and wellbeing of our citizens is for Hamilton to freeze the urban boundary and direct new development and spending within the current urban boundary.

Climate change is another important reason to establish city plans and policies that are led by public health, not market forces. <u>The Lancet Countdown on Health and Climate Change</u> policy brief for Canada, published in November 2019, states that "climate change is the biggest global health threat of the 21st century and tackling it could be our greatest health opportunity. The health of a child born today will be impacted by climate change at every stage in their life. Without significant intervention, this new era will come to define the health of an entire generation." If Hamilton's vision is to be the best place to raise a child, climate change cannot be ignored.

Climate change is, in fact, already affecting the health of Canadians, including wildfire-related asthma and population displacement, flood and drought-related deaths and damage, increased severity and duration of pollen seasons, tick-borne diseases, and heat-related illness due to heat waves.

Expanding urban boundaries moves people further from mass transit, requiring more use of automobiles and generating more GHGs and fine particulate air pollution. In 2018, <u>8400 Canadians</u> died from air pollution.² We should be making planning decisions that reduce this number, not put more citizens at risk of illness and death from poor air quality.

In her 2017 <u>Report on the State of Public Health in Canada</u>³, Dr. Theresa Tam, Canada's Chief Public Health Officer, says, "Our communities are changing and often expanding through urban sprawl rather than by building compact and 'complete communities'." Urban sprawl has been linked to sedentary lifestyles, easy access to unhealthy food, less physical activity and higher rates of obesity. She advocates for the "development of new communities located within urban containment boundaries that support active transportation and physical activity by including higher density and land use mix, a range of housing options and affordability, easy access to recreational facilities and parks and good links to frequent public transit."

Similarly, a 2017 Heart and Stroke Foundation of Canada position paper, <u>Community Design, Physical</u> <u>Activity, Heart Disease and Stroke</u>, recommends that municipal governments, community planners and developers work together to "establish urban containment policies to manage the outward growth of cities to promote increased development density and opportunities for active travel." The most popular forms of active travel include walking and cycling.

In their <u>"Planning Healthy Communities Fact Sheet Series</u>", The Canadian Institute of Planners points out that the "lack of physical activity is considered a 'conveyor belt' to heart disease, stroke and other chronic conditions, including cardiovascular disease, diabetes and various cancers." They mention a study of Vancouver residents that found that the walkability index and its components related to land-use mix, residential density and street connectivity were significant predictors of body mass index, a key health indicator.

We need to put people at the center of city planning decisions. Carlos Moreno's <u>15-minute city</u>⁶ framework does just that. Moreno, Paris City Hall's special envoy for smart cities, is regarded as the

key theorist behind the recent resurgence in this new model for urban planning. The concept is to improve quality of life by creating cities where everything a resident needs can be reached within a quarter of an hour by foot or bike. The 15-minute city requires minimal travel among housing, offices, restaurants, stores, parks, educational facilities, hospitals, recreation and cultural venues. The cost to provide a 15-minute city experience in sprawl-oriented development would be astronomical.

To recap, land zoning that discourages urban sprawl makes for strong climate policy and best practice health policy. People who live in walkable neighbourhoods occupy less space, have a higher quality of life, a smaller carbon footprint, drive less and have better health. Urban planning guidelines that put people closer to each other create successful public transit systems, making our society more efficient and more equitable.

In closing, I urge you to delay consideration of GRIDS2 and the Municipal Comprehensive Review until citizens have the opportunity to fully engage in a robust public consultation process. I also ask you to think about the impact of "market-driven" municipal planning on the health of Hamiltonians and the vitality of our city.

Thank you for your consideration,

Meghan Davis Dr. Meghan Davis

- 1. https://storage.googleapis.com/lancet-countdown/2019/11/Lancet-Countdown_Policy-brief-for-Canada_FINAL.pdf
- 2. https://policybase.cma.ca/documents/PolicyPDF/PD21-01.pdf
- 3. https://www.canada.ca/en/public-health/services/publications/chief-public-health-officer-reportsstate-public-health-canada/2017-designing-healthy-living.html
- 4. <u>https://www.cip-icu.ca/Files/Resources/FACTSHEETS-ActiveTransportation-FINALenglish.aspx</u>
- 5. https://www.heartandstroke.ca/-/media/pdf-files/canada/2017-position-statements/community-design-ps-eng.ashx?la=en
- 6. https://www.bbc.com/worklife/article/20201214-how-15-minute-cities-will-change-the-way-we-socialise