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BRIEF TO THE COMMISSION SUR LE TRANSPORT ET LET TRAVAUX PUBLICS Ville de Montréal

PUBLIC CONSULTATION « La traversée de la rue : comment accroître la sécurité et le confort des piétons? »

May 21, 2013

We are pleased to participate in this public consultation on pedestrian safety. This is a joint submission by the Transportation Sub-committee of the Social Action Committee of the Cummings Centre in Côte-des-Neiges, and the NDG Senior Citizens' Council (NDGSCC).

The NDGSCC is a non-profit community organization dedicated to improving the quality of life of adults fifty years and over, by encouraging mutual aid and civic engagement. NDGSCC aims to lessen the impact of social and economic isolation through programs and services, outreach, advocacy, research, joint action and education.

The Cummings Centre has 6,000 members and volunteers and serves countless other seniors. We provide social and educational opportunities as well as services so that seniors can remain in their homes as long as possible. The Cummings Social Action Committee is involved in the public discussions that affect seniors' lives. Our goal is to protect and advance public services and seniors' rights in all important areas, including healthcare, public transportation, housing and income security.

CDN-NDG has 20,000 people who are 65 and older.¹ The number of seniors is growing rapidly, and as the baby boomer generation ages, there will be larger numbers of people who have mobility limitations. These seniors have an intense desire to remain

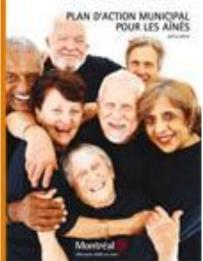
¹ Statistics Canada, 2011 Census.

active outside their homes and circulate on the streets of their community, and their ability to live independently is a growing policy issue affecting all of society. Often seniors' basic needs to shop for groceries, go to medical appointments or see friends and family depend on being mobile and safe. Physical security concerns can be a source of great anxiety for disabled people and for many, staying home becomes the only reasonable choice.

Encouraged by Montreal's adoption of the *Plan d'action Municipal pour les Aînés 2013-2015* and inspired by the principle of Universal Accessibility, the Cummings and the NDGSCC are working to bring attention to some of the physical and infrastructure

problems in Montreal, and specifically the borough of CDN-NDG, that most affect seniors. We hope to propose and advocate for solutions and new neighbourhood conditions that would increase seniors' mobility, break their isolation, alleviate their reliance on family or paid caregivers and make their everyday lives easier.

We offer specific suggestions and trust that in its deliberations, the Commission will adopt a *réflexe* aîné– an openness to consider the impact of each traffic feature on the safety, mobility and independence of seniors, and to seize every opportunity to create senior-friendly physical features. This means imagining that the user of every space might be, for example, an



arthritic man who cannot see well and shuffles slowly with a walker, or a baby boomer with a herniated disc who needs to park her car.

In last October's Consultation document, it is stated that seniors made up 2/3 of Montreal's pedestrian deaths in 2011. From the presentation of the dossier on April 10 2013, we learned that the borough of CDN-NDG has among the highest number of pedestrian injuries on the island of Montreal (493 to 931).

We are very pleased that your presentation highlighted the particular vulnerability of seniors and names the 25 most problematic intersections –three of which are in Côtedes-Neiges. You also acknowledge the importance of weather conditions as a "Principaux facteurs causaux" in pedestrian collisions.

We make the following suggestions on the basis of our personal experience as seniors, people with disabilities, and as caregivers, as well as of those of our many friends and associates in NDG and CDN.

We ask you to consider the following proposals. Those marked with an asterisk should be easy to implement in the short term.

1. Educate the Public

Existing public education efforts are not reaching enough of the public, as evidenced by the number of violations and accidents. We recommend a broad safety education campaign aimed at motorists, cyclists and pedestrians of all ages, using materials like used by the SPVM's "Zero accident" operation. Schools, iphone and social media users as well as radio, television and print media should be targeted. Video and print could be brought to seniors' residences and associations and schools, supported by an "animator."

2. Enforce the rules

We are pleased to see that your proposed plan includes stricter enforcement of current traffic laws governing pedestrians, cyclists and motorists. Consider installing photo radar at traffic lights at the most dangerous crossings, particularly to reduce right-turn accidents at major intersections where most accidents occur.

3. *Improve winter street, curb and sidewalk maintenance

Snow and ice on sidewalks and streets is a recurring danger to seniors in Montreal, rendering many people housebound for long stretches of the winter. In addition, piles of

hardened snow to climb over at curbs (between the sidewalks and the streets) make even entering a car, taxi or an ambulance a challenge, especially for people using a walker. Safe footing on curbs, sidewalks and at intersections would reduce falls. and allow people to look up from the around and be aware of the wider environment.



Snow and slush should be removed thoroughly *before* it hardens or turns into ice and makes walking difficult, even when the accumulation is low or gradual. This measure, and the prompt spreading of sand or salt around important pedestrian spaces would allow seniors to get out more often in the winter.

4. *Secure intersections

It is absolutely urgent that the pedestrian crossing timers at many intersections be extended or the crossing distances shortened. Thirty-five per cent of respondents to the Leger Marketing poll said that the time was insufficient, according to the Service des infrastructures' April presentation. For seniors, this rate would be higher. Slower people –including those using a walker, cane or manual wheelchair– get



caught in the middle of the street when the light changes against them. This can be very frightening, and certainly deters many people with mobility problems from venturing out on the streets.²

We understand that the standard crossing time is currently calculated based on a walking speed of .9 to 1.1 meters per second. This might reasonably be doubled, especially in commercial and community areas where many seniors circulate or would wish

to circulate. Alternatively, intersection distances could be made shorter using sidewalk extensions or islands and refuges, as proposed by the Quartier vert NDG Sud-Est.

In determining the length of pedestrian lights, we understand that the interest of all residents in avoiding traffic jams must be considered. The case of sidewalk extensions must be weighed against the removal of parking spots and the need for disabled parking.

If these measures cannot be taken immediately, consider assigning SPVM Brigadiers Scolaires (or Brigadiers Aînés!) to the intersection. The death and injury statistics suggest that this solution is extremely effective at the intersection of Girouard and Sherbrooke in keeping the accident rate relatively low. (See Appendix 1)³

If current policy or bylaws forbid measures that are necessary, consider modernizing the legislation to reflect Montreal's policy on Universal Accessibility and Age-Friendly municipal status.

² An 83 year-old NDG woman with a walker cannot cross Sherbrooke at Wilson in the allotted time. If the crossing light were exactly twice as long, she could do much of her own shopping. ³ Still, this *Brigadier Scolaire* claims that the crossing time should be more than three times longer!

5. Create crosswalks

We are pleased to know that opportunities for crosswalks will be studied in a pilot project. **Pedestrians who have mobility limitations should not be expected to walk long distances to reach a traffic light to cross the street.** These crosswalks should have audible signals for people with visual impairments, and be considered first where hospitals, senior residences, CLSCs and schools are located, as well as in popular shopping areas.

The most effective strategies should be used to maximize compliance, such as flashing lights, speed bumps, warning signs for fines, police presence, and photo radar. Crosswalks may also contribute to traffic calming.

6. *Organize and control bicycle traffic

Clear and enforced separation between pedestrian, cycling and driving spaces wherever possible are needed. Adult cyclists are seen riding on sidewalks on a regular basis. Many seniors fear being hit by cyclists on sidewalks or hitting a cyclist while driving. While education and enforcement are needed, physical features to separate the different modes of transportation would be very helpful. For this reason, we support the proposal of building a bicycle bridge behind the Vendôme metro alongside the railway.

Consider **re-instating the license plate requirement** for city bicycles that we had in Montreal decades ago. This would be an opportunity to distribute educational literature to cyclists, would make cyclists more accountable, and facilitate enforcement of road rules against reckless cyclists. At present, there is insufficient enforcement of traffic rules as they apply to cyclists. The revenue from the bicycle licenses could be directed to improving the bicycle path network.

7. *Create more disabled designated parking

More priority street parking should be available for people with disabilities everywhere in the borough. We submit that for each parking spot that is unavoidably lost to pedestrian safety measures or public transit priority (sidewalk extensions, transit exclusive lanes, etc.) a new one should be created that is disabled-designated.



We trust that a central concern for this Commission will be to maximize pedestrian safety **without sacrificing the feasibility of disabled people to use and park their cars** on the streets at home and on Montreal commercial areas.

The automobile is still the preferred mode of transportation used by 63% of older

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residents—as drivers or passengers.⁴ This is not surprising, since Montreal has a long way to go to provide for public transportation that is inclusive of old and disabled people. In some parts of the borough, the unavailability of sufficient street parking for residents and local merchants is already creating major negative impacts on mobility of residents and on would-be shoppers. Seniors and their caregivers who need a car often cannot find a place to park that is close enough for the senior to walk home or to their destinations. Some seniors give up their cars altogether for this reason, isolating themselves, applying for the already-saturated *Transport Adapté* services (a lengthy process involving doctors' visits) or turning to taxis if they can afford to.

The arrival of the MUHC and the implementation of the Sherbrooke West reserved bus lane will reduce the availability of parking and put further pressure on this scarce resource in NDG, especially in areas nearest the superhospital. Currently, residents driving home in the afternoon and evening compete fiercely with each other, local merchants, shoppers and diners for scarce parking spots. They spew exhaust and clog the streets with traffic as they weave up and down residential streets searching for a spot, only to find one sometimes several blocks away.

8. Clear fields of vision at intersection corners

Visibility at corners must be improved. The five-metre parking and stopping prohibition could be increased to six metres to achieve full visibility of oncoming traffic, **and this must be implemented only where needed so as not to prohibit parking unnecessarily**.

Bus stops at corners obscure pedestrians and motorists' fields of vision when they wish to cross. In addition, motorists wanting to turn right do not seem to like waiting behind buses, and will often cut in front of them only to be confronted with a crossing pedestrian. To clear visual obstacles, consider moving bus stops away from corners to the beginning of the following block, thus allowing buses and right-turning cars to use separate lanes, as seen at the eastbound Côte St-Luc and Décarie Blvds.

9. *Review Sherbrooke Street West intersections - URGENT

Sherbrooke Street West in NDG merits an immediate review, in light of the announcement by the STM of a reserved bus lane from Elmhurst to Décarie to be implemented this fall, 2013. The reserved bus lane should be a major consideration of the Commission in identifying Montreal-wide priority intersections for "Actions à court terme."

There are sections of Sherbrooke that are already high-risk for pedestrian collisions. The bus lane will take out parking on one side of the street or the other during rush hours. This presents an additional danger to pedestrians who will now have to cross a longer distance of moving traffic, and five lanes of circulation instead of the current four.

⁴ Table de concertation des aînés de l'île de Montréal. (2009) *Les moyens de transport et la mobilité des aînés Montréalais : intervenir face au vieillissement de la population.*

Research shows that the longer the distance to cross and the more lanes in circulation, the more pedestrians are injured while crossing the street. (See Appendix 2)

With the construction of the new hospital and the planned closure of St-Jacques and the Turcot interchange, we are extremely concerned about increased traffic in our neighbourhood and the greater safety hazards this brings, especially for pedestrians on Sherbrooke Street.



According to ambulance statistics, between 1999 and 2008, the highest risk intersections for pedestrians (6-11 injuries) along Sherbooke Street were at Cavendish and Décarie, both along the planned bus lane. Another ten high-traffic intersections had a rate of 3-5 injuries. (See Appendix 1.) These intersections are important because they are located in mixed commercial and residential areas where many seniors and disabled people must and want to circulate both as pedestrians and drivers. They involve access from the homes of seniors to key destinations such as

South-West corner of Sherbrooke & Wilson in NDG.

pharmacies, grocery stores, CLSCs, the new hospital, and bus connections or a parked car.

We would like to thank the Commission and their engineering team for making its proposed plan of action available to us in English. The least bilingual age group of Quebecers are seniors, many of whom are eager to take part in an informed, meaningful way in consultations such as this one, on issues that directly affect their quality of life. We welcome this gesture as one of social inclusion.

We believe that in the short term, simple measures can be taken to secure these intersections. We reiterate that proper snow removal and lengthening the time allotted by the countdown pedestrian lights to cross the road would make a big difference to the security, independence and well-being of many seniors.

Recently, a 75-year-old woman was killed by a car while crossing Gouin Boulevard. It was only February, and she was the fourth pedestrian to be killed on Montreal streets in

2013.⁵ Any further delay in implementing safety measures for pedestrians on our major arteries will condemn more Montrealers to injuries, hospital stays and even untimely deaths. In addition, more commonly, it will continue to relegate many people with mobility limitations to further isolation in their homes.

We thank you for this opportunity to express our concerns and suggestions, and would also welcome the chance to participate in local research and decision-making on this important issue in the very near future.

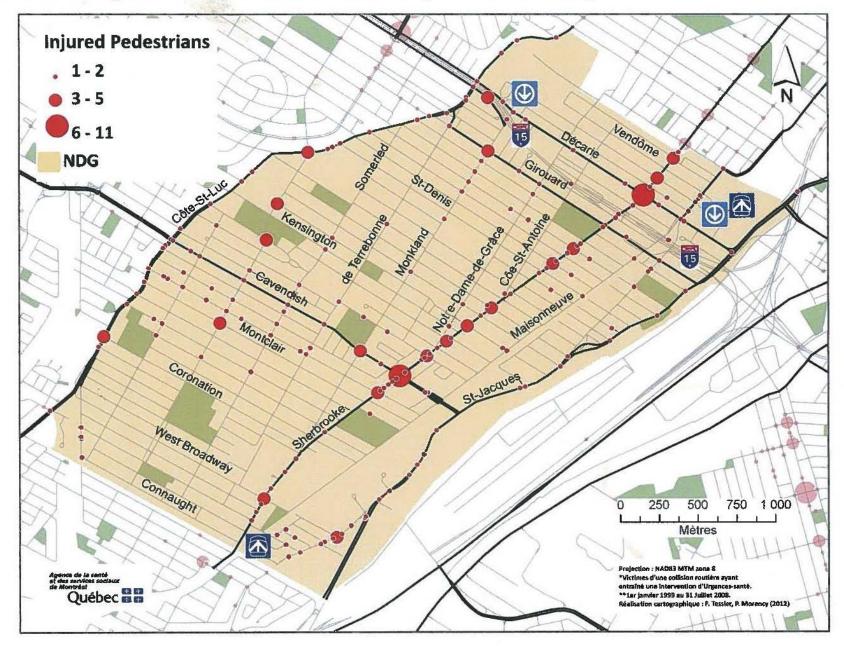
Gerald Kreaden Chairman Transportation Sub-Committee of the Social Action Committee Cummings Centre Karen Urtnowski Community Organizer NDG Senior Citizens' Council

⁵ CBC, February 7, 2013.

http://www.cbc.ca/news/canada/montreal/story/2013/02/07/montreal-fatal-pedestrianhit.html

Appendix 1

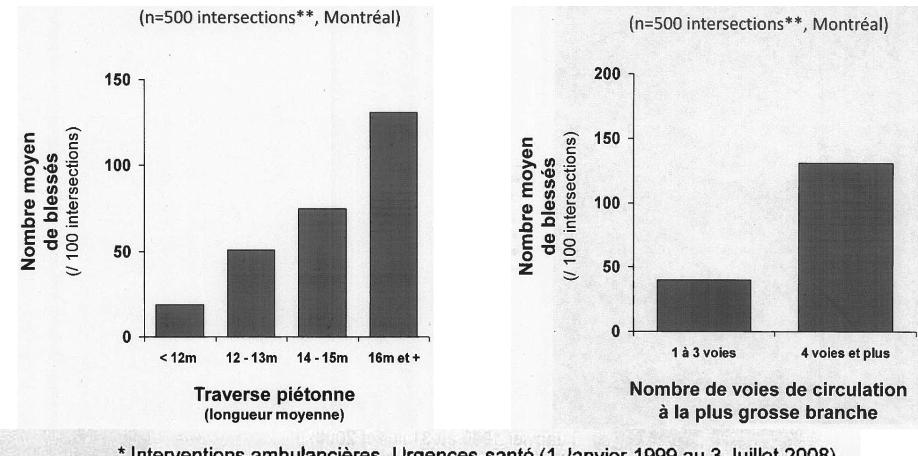
NDG: Injured pedestrians (1999-2008)*



Appendix 2

Pedestrians Injured at intersections, according to the length of the pedestrian crossing

Pedestrians Injured at intersections, according to the number of lanes in circulation



* Interventions ambulancières, Urgences-santé (1 Janvier 1999 au 3 Juillet 2008). ** Enquête aux intersections (2008) par P Morency, MS Cloutier, J Archambault, M Tremblay.