A Message to the Executive Policy Committee (EPC) re: UPass

Members of Council,

Thank you for allowing me to speak today.

My name is Dara Hallock and I am here because I care about the future of the UPass Program and the future of Winnipeg.

I am speaking today as an individual but to provide some context about why I am so passionate about the UPass program and why I felt it necessary to speak today, I'd like to share some of the ways in which I am involved in the community. Currently, I am the Vice Stick External of the Manitoba Medical Students' Association (MMSA) and I am a representative to the Canadian Federation of Medical Students'. I am also the Global Health Advocate Sr. and co-chair of the Student Advocacy Committee at the Max Rady College of Medicine. In these roles I work with other medical students, community organizations and health professionals to advocate not only for medical student concerns but, also on issues that impact the health of Manitoban's and Canadians.

From 2016 to 2017, I was the Vice-President Advocacy for the University of Manitoba Students' Union. I was actually part of the executive team who implemented the UPass just 4 short years ago. Finally, I stand before you today as a student, a student who relies solely on the Winnipeg Transit system to get where I need to go. In fact, today I used my UPass and I took bus number 18 to get here.

I am angry, I am confused, and I am worried about the proposed cuts to the UPass program and the cuts in general in the 2020 Budget. When trying to compose my thoughts into this statement, I had a very difficult time choosing which arguments for the UPass I should focus on.

I considered addressing the lack of reliable financial documents and what seems to inaccurate math explaining the actual 'cost' of the UPass program, and why this is not enough to cancel this the pass. But I believe both Jakob Sanderson and David Teffaine who have spoken at the previous hearings covered this in detail and have made it clear that the current financials that have been released do not provide an acceptable reason for discontinuing the pass without any negotiations.

I thought about addressing the issue of how cutting the UPass program is in direct opposition of what 78% of UMSU members and many students in this city fully support, a UPass at an increased cost, a new cost determined by this council. I felt it would be important to mention the fact that this council negotiated with my student union in bad faith and led students on with a false sense of security that the

UPass would indeed continue. But I believe Tanjit Nagra and other student leaders have highlighted this issue in previous meetings.

I considered addressing the impacts this would have on low income students and students who will not be able to cover the cost of a regular post-secondary pass. The issue of comparing a low-income pass, which is a discount for some, to the Universal Pass which is for all. I thought about the issue of the staggering lack of details around inclusion criteria of who would be included in the low-income pass. What about International students? What about students who are working and do not meet the "low income" threshold but, by all means are low income and living paycheck to paycheck. As a comparison, there are patients I see in clinic who do not meet the low-income level for the Provincial formulary and are faced with the decision to either quit their job to receive coverage for their medications, or go without them and continue to work. Will we be putting students in a similar situation, choosing between affordable transportation and their employment? Many of the brave student leaders that have spoken at these public hearings have addressed this issue as well.

So, thinking back on my experience as a transit user, as a past Vice President Advocacy during the very implementation of this program, and as a future health care professional, I decided to discuss with you today two issues relating to the UPass: the first, the issue of sustainability and the environment and the second, the future of Winnipeg as a whole. As a medical student passionate about health equity, I would also like to add a public health lens to this discussion.

I will start with sustainability and the environment:
Councillor Allard, you said "Climate change is the issue of our generation." I couldn't agree more and many in the health care community also agree. In fact, the past Canadian Medical Association President, Dr. Gigi Osler, a Winnipegger, has said addressing climate change is "the public health imperative of our time." The environment and climate change are what we call social determinants of health. These determinants are the social and economic factors that influence an individual's health status. By reducing our environmental impact and limiting our contribution to climate change, we can improve the health of our city. We will mitigate negative impacts of climate change and pollution on individual's health if we improve our sustainability efforts. The UPass has proven to be the most effective program in reducing the number of cars on the road and increasing transit ridership. The pass helped remove approximately 7000 cars from the road. This means that we have decreased the amount of air pollution in our communities. From the public health perspective, this also helps reduce the number of complications from respiratory and cardiovascular illnesses. This program has increased new riders by 25%, meaning fewer people choosing to drive. This also

means that more individuals are getting more exercise walking to and from bus stops and destinations. We know from various studies that those who take transit are more likely to achieve the recommended level of physical activity in a day. These are just two health and environmental benefits we experience from the UPass program. I have included a document from the Winnipeg Regional Health Authority which outlines many more connections between health and public transportation for your reference. When I hear the claims that students will continue to utilize the bus even if the pass is discontinued, I say this is false. We know from a survey done in December that 19% of students who bus said they will stop if the U-pass is removed. I am unfortunately one of these students. I love the bus and I want to continue to use transit through my clerkship year in medical school. However, based on the monthly cost of the current post-secondary pass and including costs of taxis and other methods that I would likely need to utilize to arrive on time at various clinical sites across the city, I would be better off purchasing a vehicle. I know that I am not alone in this situation as well. We are at a turning point with regards to climate change. Discontinuing the pass will cause us to move backwards. This is the time to move forward and embrace all of the positives the UPass program has to offer for our environment and our health.

On the future of Winnipeg:
It was my personal hope that the UPass could contribute to a positive shift in this city's view of public transportation, that it may help more people choose transit, have more people recognize the value in public transportation. In 2015, Mayor Brian Bowman spoke about the change that could come from this program. He has said we need to "be patient and invest in public transportation, it takes time to grow a culture of public transit in our city". To be honest I did not expect such a drastic change in 4 years time. I was one of what felt like a few loyal supporters of this program back in 2016, and perhaps one of the most passionate executives in favour of this program. However, if anything proves that this program has changed our city's culture of public transit it is the 15, 000 people signed a petition to save the UPass, it is the 17% of UMSU members voting in favour for a bus pass they will not use, it is the 25% of students using a bus strictly because of this pass. It honestly gives me hope for the future of this city.

Knowing that this program has shifted the way many people in our city view transit encourages me. What doesn't is this Council's disregard for the climate crisis and an overall lack of forward thinking.

I love Winnipeg. I grew up here. This is my home. In about two years from now, I will be making my choice on where I want to complete my residency program and

live for the next two to five years. On my list of desirables for my ideal location, I want to live in a city with a comprehensive, reliable, affordable public transportation system. I want to live in a city that is progressive, one that values public programs and the environment. So far, based on this year's budget, Winnipeg is not on my list. I know I am not alone in these considerations.

The time to act is now Councillors. I am pleading with you today to consider all of the benefits of this program, to consider how much Winnipeg has to gain, to continue the positive momentum we have made towards changing our city and Province for the better.

In 2015, Brian Bowman said, "students are listening", he wanted "to send a signal to students that their City Council has listened to them" by approving the UPass program. Well, here we are again in 2020 and we are waiting again to see, will you listen to us? Have you been listening to your constituents? For the sake of the future of Winnipeg, I certainly hope so.

Thank you.

Public Transportation and Health

Healthy transportation systems enable people to travel to the places they want and need to go in the healthiest way possible. A healthy transportation network includes robust and convenient public transit widely used by the whole community, accruing health benefits across the whole population. Public transit reduces inequities and is good for public health.

Public transit influences health through:

- Increased physical activity
- Improved mental health
- Enhanced social inclusion
- Prevention of injuries
- Protection from respiratory and cardiovascular illness associated with air quality
- Increased access to opportunities and services, including health care

Current demographic (e.g. aging population), environmental (e.g. climate change) and economic trends (e.g. rising fuel prices) increase the importance of public transit and associated health benefits. Accessible and affordable public transit is essential for those without other forms of transportation. A health equity impact assessment would better inform any major transit changes considered.

Increased Physical Activity

Accessible public transit is associated with higher physical activity levels. Promoting use of public transit is an important strategy to increase routine physical activity. Users of public transit walk 8 to 30 minutes more daily compared to non-transit users (Rissel et. al., 2012). This time spent walking means that people who use transit are more likely to meet the Canadian physical activity guidelines of 150 minutes per week and achieve the associated health benefits. Physical activity reduces risk of chronic diseases, overweight/obesity, premature death, and increases fitness and mental well-being (CSEP, 2011).

Improved Mental Health

Research consistently supports the facts that physical activity benefits mental health. Physical activity enhances self-confidence and self-esteem. Incorporating regular physical activity can decrease feelings of depression and anxiety. Improved sleep, enhanced moods, and increased energy from regular physical activity support stress-management, treatment for mood disorders and well-being.

Enhanced social inclusion

Robust public transit fosters social interactions and increases positive community connections. There is a strong association between sense of belonging to a community and mental health. Social inclusion boosts immune system function, protects from harmful effects of stress and helps to prevent loneliness and depression. Public transit can also increase inclusivity and participation in the fundamental aspects of society. Robust public transit equalizes opportunities, increases access to health and social services, and reduces the social stigma sometimes associated with lack of car ownership.

Prevention of Injuries

Injuries are consistently the leading cause of death among Canadians 1-35 years of age, with motor vehicle crashes a top cause (Statistics Canada, 2015). Traffic injuries tend to decrease as transit ridership increases in a community. For example, "cities where residents average more than 50 annual transit trips have about half the

average traffic fatality rates as cities where residents average fewer than 20 annual transit trips, making public transportation a cost-effective traffic safety strategy" (American Public Transportation Association, 2016).

Protection from respiratory and cardiovascular illness associated with air quality
Motor vehicle air pollution is estimated to cause a similar number of premature deaths as traffic crashes (Murray et al. 1996). Poor air quality can impact everyone, but people with pre-existing respiratory conditions such as asthma or chronic lung disease are most affected. Public transit tends to produce less pollution per passenger-mile compared to private motorized transport, particularly electric-powered and newer diesel buses (ICF 2008). Sustainable travel infrastructure, including public transit, is a climate change mitigation opportunity that has been shown to decrease air pollution and greenhouse gas emissions (Maizlish et al. 2013).

Increased access to opportunities and services, including health care
Those disadvantaged by low-income in Winnipeg face greater health burdens and have more transportation barriers to access the health care services that they need. Transportation barriers can cause delays or prevent access to health care services or medication. These missed opportunities for timely treatment can lead to worse health outcomes that require more extensive and expensive health care services such as hospitalizations (Syed et. al., 2013). Public transit is a fundamental way that people living in households without access to cars routinely reach health services for preventative and early treatment.

Health is not only supported through health care services but created through access to the conditions that support health. Accessible and affordable public transit increases access to recreation, stores, healthy affordable food, childcare settings, and spiritual space. Increasing access to affordable public transit can help reduce barriers experienced by people living in poverty because it is a means to reach employment and educational opportunities (Titheridge et al. 2014). Routes of public transit determine what employment, education, food retail and social services opportunities people can access in timely and affordable ways (Columbia/Boone County Department of Public Health & Human Services, 2012). Public transit is particularly important for seniors, youth, and people with physical and cognitive disabilities to be engaged and included in the community.

Summary
Equity[1] is recognized as a value in the Winnipeg Regional Health Authority's strategic plan (2016-2021). Convenient, affordable, and accessible public transportation infrastructure and services were identified in the Health for All Building Winnipeg's Health Equity Action Plan as one of many actions needed to close unnecessary health gaps (WRHA, 2013, pg. 55-56). Users of public transit and the general population all realize health benefits of a healthy transportation network.

Decisions about public transit made now will impact the public's health and the sustainability of our health care system into the future. Investment in public transit is an investment in health.

[1] Health Equity means that all people can reach their full health potential and should not be disadvantaged from attaining it because of social and economic status, social class, racism, ethnicity, religion, age, disability, gender, gender identity, sexual orientation or other socially determined circumstance.

References

American Public Transportation Association (2016). The Hidden Traffic Safety Solution: Public Transportation. Retrieved from: http://www.apta.com/resources/reportsandpublications/Documents/APTA-Hidden-Traffic-Safety-Solution-Public-Transportation.pdf

Canadian Society for Exercise Physiology (2011). *Canadian Physical Activity Guidelines for Adults.* Retrieved from: http://csepguidelines.ca/wp-content/themes/csep2017/pdf/CSEP_PAGuidelines_adults_en.pdf

Columbia/Boone County Department of Public Health & Human Services, PedNet, CMCA. (2012). Expanding Public Transit in Columbia, Missouri *A Health Impact Assessment.* Retrieved from: http://www.pewtrusts.org/~/media/assets/2012/12/columbiamotransitfullhiareportfinal.pdf?la=en

ICF (2008). The Broader Connection between Public Transportation, Energy Conservation and Greenhouse Gas Reduction, American Public Transportation Association (www.apta.com). Retrieved from: www.apta.com/research/info/online/documents/land_use.pdf.

James P., Ito K., Buonocore J.J., Levy J.I., Arcaya M.C. (2014). A Health Impact Assessment of proposed public transportation service cuts and fare increases in Boston, Massachusetts (U.S.A.). *International Journal of Environmental Research and Public Health.* 11:8010–8024.

Maizlish N, Woodcock J, Co S, Ostro B, Fanai A, Fairley D. Health cobenefits and transportation-related reductions in greenhouse gas emissions in the San Francisco Bay area. *American journal of public health*. 2013;103(4):703-9. Retrieved from: https://www.ncbi.nlm.nih.gov/pubmed/23409903

Murray, et al. (1996). Global Burden of Disease and Injury. Center for Population and Development Studies, Harvard School of Public Health. Retrieved from: www.hsph.harvard.edu/organizations/bdu

Provincial Health Services Authority (2014). *Healthy Built Environment Linkages A Toolkit For Design.* Retrieved from: http://www.phsa.ca/Documents/linkagestoolkitrevisedoct16_2014_full.pdf

Rissel, C., Curac, N., Greenaway, M., & Bauman, A. (2012). Physical Activity Associated with Public Transport Use—A Review and Modelling of Potential Benefits . *International Journal of Environmental Research and Public Health*, *9*(7), 2454–2478

Statistics Canada (2015). Data manipulation from Table 102-0561. Leading causes of death, total population, by age group and sex, Canada.

Syed S., Gerber B., Sharp L. (2013). Traveling towards disease: transportation barriers to health care access. *Journal of Community Health*, 38:976–93.

Titheridge et al. (2014). *Transport and Poverty: A review of the evidence*. Retrieved from: https://www.ucl.ac.uk/transport-institute/pdfs/transport-poverty

Winnipeg Regional Health Authority (2013). Health For All: Building Winnipeg's Health Equity Action Plan. Retrieved from: http://www.wrha.mb.ca/about/healthequity/files/HealthForAll_Documentwithlinks.pdf

Winnipeg Regional Health Authority (2016). Strategic Plan 2016-2012. Retrieved from: http://www.wrha.mb.ca/about/strategic-plan/index.php