

2ND REPORT OF THE
COMMUNITY SAFETY AND CRIME PREVENTION
ADVISORY COMMITTEE

Meeting held on March 22, 2012, commencing at 12:17 p.m.

PRESENT: M. Wilson (Chair), B. Brock, M. Georgieff, L. Norman, M. Sherritt, B. Spearman and L. Steel and B. Mercier (Secretary).

ALSO PRESENT: R. Black, J. Castanza, G. Fowler, G. McMahon and J. Wever.

REGRETS: J. Bennett, G. Fowler, D. Hogg and D. Howard.

I YOUR COMMITTEE RECOMMENDS:

- Fleming Drive 1. (Add) That the Community Safety and Crime Prevention Advisory Committee (CSCP) **BE PROVIDED** copies of all public reports related to the Fleming Drive incident of March 17 and 18, 2012.
- Red Light Cameras 2. (Add) That the Civic Administration **BE REQUESTED** to provide the Community Safety and Crime Prevention Advisory Committee (CSCP) with the rational and supporting evidence relating to the installation and use of the red light cameras.

II YOUR COMMITTEE REPORTS:

- 1st Report of the CSCP 3. (1) That the Community Safety and Crime Prevention Advisory Committee (CSCP) received and noted the 1st Report of the CSCP from its meeting held on February 23, 2012.
- Child Safety Middlesex London 4. (2) That the Community Safety and Crime Prevention Advisory Committee (CSCP) reviewed and received a communication dated March 7, 2012, from M. Georgieff, Public Health Nurse, Middlesex-London Health Unit, with respect to a request for funding for the printing of the Child Safety Middlesex London Spring/Summer edition of the "Safety Never Hurts" newsletter. The CSCP approved the expenditure of \$600.00, from its 2012 budget allocation, for the printing of the above-noted newsletter; it being noted that the CSCP has sufficient funds in its 2012 budget for this expenditure.
- Healthy Communities Partnerships Middlesex-London 5. (3) That the Community Safety and Crime Prevention Advisory Committee (CSCP) reviewed and received a communication and heard a verbal delegation from B. McCall, Middlesex-London Health Unit, with respect to a community partner initiative of the Middlesex London Health Unit entitled, "Healthy Communities Partnership Middlesex-London", and also heard a verbal update from D. Szoller with respect to the Active and Safe Routes to School pilot project. The CSCP noted support for the principles outlined in the attached "Toronto Charter for Physical Activity: A Global Call for Action"; it being noted that the Toronto Charter addresses the urban and rural planning policies and design guidelines that support walking, cycling, public transport, sport and recreation with a particular focus on equitable access and safety.
- LTC – Community Safety Initiatives 6. (4) That the Community Safety and Crime Prevention Advisory Committee (CSCP) reviewed and received a communication dated March 12, 2012, from L. E. Ducharme, General Manager, and heard a verbal delegation from J. Ford, Director of Transportation and Planning and T. Cragg, Manager of Service Delivery, London Transit Commission (LTC), with respect to the LTC's community safety initiatives.
- CSCP Deferred Matters List 7. (5) That the Community Safety and Crime Prevention Advisory Committee (CSCP) reviewed and received its Deferred Matters List, as at March 22, 2012. The CSCP asked for the following:
- (a) Item #3 – an update from Staff on the rationale and supporting evidence related to the safety of utilizing rear lanes in existing and new developments;

- (b) Item #9 – an update from Staff on elementary school areas as it relates to the following:
 - (i) the lowering of speed limits to 40 km/hr in the immediate vicinity of elementary schools; and,
 - (ii) the installation of signs in school areas to ensure the safety of children walking to and from school; and,
- (c) Item #10(b) – an explanation from Staff related to the lack of community safety information, with respect to the Downtown Master Plan.

Update on
Police
Activities

8. (Add) That the Community Safety and Crime Prevention Advisory Committee (CSCP) heard a verbal presentation and received the attached statistics from R. Black, London Police Service, with respect to the Police Statistics for the month of February 2012.

Update on
Fire Activities

9. (Add) That the Community Safety and Crime Prevention Advisory Committee (CSCP) heard a verbal presentation and received the attached statistics from J. Wever, London Fire Service, with respect to the Fire Statistics for the month of February 2012.

Safety
Patrollers

10. (Add) That the Community Safety and Crime Prevention Advisory Committee (CSCP) heard a verbal report from R. Black, London Police Service, with respect to a request for funding to assist sending fifty Safety Patrollers to the Toronto Jamboree on May 23 and 24, 2012. The CSCP approved the expenditure of \$2,000.00 from its 2012 budget allocation; it being noted that the CSCP has sufficient funds in its 2012 budget for this expenditure and that the CSCP has previously supported this annual event.

Next Meeting

11. That the Community Safety and Crime Prevention Advisory Committee will hold its next meeting on April 26, 2012.

The meeting adjourned at 2:32 p.m.



The Toronto Charter for Physical Activity: A Global Call for Action

Physical activity promotes wellbeing, physical and mental health, prevents disease, improves social connectedness and quality of life, provides economic benefits and contributes to environmental sustainability. Communities that support health enhancing physical activity, in a variety of accessible and affordable ways, across different settings and throughout life, can achieve many of these benefits. The Toronto Charter for Physical Activity outlines four actions based upon nine guiding principles and is a call for all countries, regions and communities to strive for greater political and social commitment to support health enhancing physical activity for all.

Why a Charter on physical activity?

The Toronto Charter for Physical Activity is a call for action and an advocacy tool to create sustainable opportunities for physically active lifestyles for all. Organisations and individuals interested in promoting physical activity can use this Charter to influence and unite decision makers, at national, regional and local levels, to achieve a shared goal. These organisations include health, transport, environment, sport and recreation, education, urban design and planning as well as government, civil society and the private sector.

Physical activity – a powerful investment in people, health, the economy and sustainability

Throughout the world, technology, urbanisation, increasingly sedentary work environments and automobile-focused community design have engineered much physical activity out of daily life. Busy lifestyles, competing priorities, changing family structures and lack of social connectedness may also be contributing to inactivity. Opportunities for physical activity continue to decline while the prevalence of sedentary lifestyles is increasing in most countries, resulting in major negative health, social and economic consequences.

For health, physical inactivity is the fourth leading cause of chronic disease mortality such as heart disease, stroke, diabetes, cancers; contributing to over three million preventable deaths annually worldwide. Physical inactivity also contributes to the increasing level of childhood and adult obesity. Physical activity can benefit people of all ages. It leads to healthy growth and social development in children and reduces risk of chronic disease and improved mental health in adults. It is never too late to start physical activity. For older adults the benefits include functional independence, less risk of falls and fractures and protection from age related diseases.

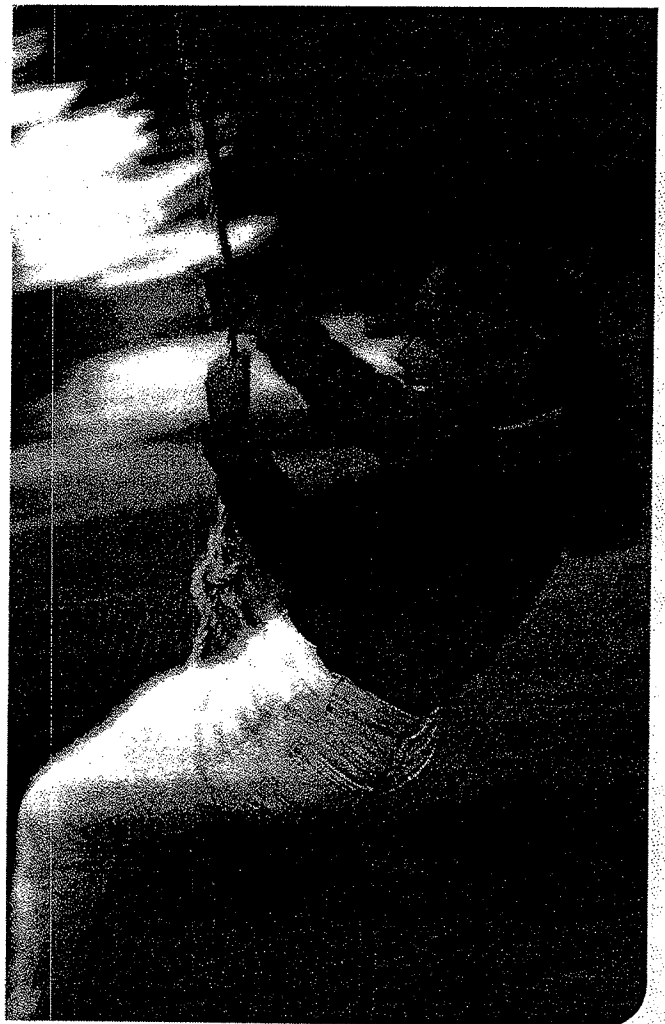
For sustainable development, promoting active modes of travel such as walking, cycling and public transport can reduce harmful air pollution and greenhouse gas emissions, which are also known to negatively impact health. Urban planning, design and redevelopment that aim to reduce dependence on motor vehicles can also contribute to increased physical activity, particularly in those developing countries experiencing rapid urbanisation and growth. Increasing investment in active travel provides more equitable mobility options.

For the economy, physical inactivity contributes substantially to direct and indirect health care costs and has a significant impact on productivity and healthy life-years. Policies and actions that increase participation in physical activity are a powerful investment in preventing chronic diseases and improving health, social connectedness and quality of life as well as providing benefits for economic and sustainable development of countries throughout the world.

Guiding principles for a population based approach to physical activity

Countries and organisations working towards increasing participation in physical activity are encouraged to adopt the following guiding principles. These principles are consistent with the Non Communicable Disease Action Plan (2008) and the Global Strategy on Diet, Physical Activity and Health (2004) of the World Health Organisation as well as other international health promotion charters. To increase physical activity and decrease sedentary behaviour, countries and organisations are encouraged to:

1. Adopt evidence based strategies that target the whole population as well as specific population sub groups, particularly those facing the greatest barriers;
2. Embrace an equity approach aimed at reducing social and health inequalities and disparities of access to physical activity;
3. Address the environmental, social and individual determinants of physical inactivity;
4. Implement sustainable actions in partnership at national, regional and local levels and across multiple sectors to achieve greatest impact;
5. Build capacity and support training in research, practice, policy, evaluation and surveillance;
6. Use a life-course approach by addressing the needs of children, families, adults and older adults;
7. Advocate to decision makers and the general community for an increase in political commitment to and resources for physical activity;
8. Ensure cultural sensitivity and adapt strategies to accommodate varying 'local realities', contexts and resources;
9. Facilitate healthy personal choices by making the physically active choice the easy choice.



A framework for action

This Charter calls for concerted action across four key areas. This action should involve governments, civil society, academic institutions, professional associations, the private sector, and other organisations within and outside the health sector, as well as communities themselves. These four action areas are distinct, yet complementary, building blocks for successful population change.

1. IMPLEMENT A NATIONAL POLICY AND ACTION PLAN

A national policy and action plan provides direction, support and coordination of the many sectors involved. It also assists in focusing resources as well as providing accountability. A national policy and action plan is a significant indicator of political commitment. However, the absence of a national policy should not delay the efforts of state, provincial or municipal organisations to enhance physical activity in their jurisdictions. Policy and action plans should:

- Gain input from a broad constituency of relevant stakeholders;
- Identify clear leadership for physical activity, which may come from any government sector, other relevant non government agencies or from a cross sector collaboration;
- Describe the roles and actions that government, not-for-profit, volunteer and private sector organisations at national, regional and local levels should take to implement the plan and promote physical activity;
- Provide an implementation plan that defines accountability, timelines and funding;
- Include combinations of different strategies to influence individual, social, cultural and built environment factors that will inform, motivate and support individuals and communities to be active, in ways that are safe and enjoyable;
- Adopt evidence based guidelines on physical activity and health.

2. INTRODUCE POLICIES THAT SUPPORT PHYSICAL ACTIVITY

A supportive policy framework and regulatory environment are required to achieve sustainable changes in government and society. Policies that support health enhancing physical activity are needed at national, regional and local levels. Examples of supportive policy and regulations include:

- Clear national policy with objectives for increasing physical activity that state by how much and by when. All sectors can share common goal(s) and identify their contribution;
- Urban and rural planning policies and design guidelines that support walking, cycling, public transport, sport and recreation with a particular focus on equitable access and safety;
- Fiscal policies such as subsidies, incentives and tax deductions that may support participation in physical activity or taxation to reduce obstacles. For example, tax incentives on physical activity equipment or club membership;
- Workplace policies that support infrastructure and programs for physical activity and promote active transport to and from work;



- Education policies that support high quality compulsory physical education, active travel to school, physical activity during the school day and healthy school environments;
- Sport and recreation policy and funding systems that prioritise increased community participation by all members of the community;
- Advocacy to engage the media to promote increased political commitment to physical activity. For example, 'Report Cards' or civil society reports on the implementation of physical activity action to increase accountability;
- Mass communication and social marketing campaigns to increase community and stakeholder support for physical activity action.

3. REORIENT SERVICES AND FUNDING TO PRIORITISE PHYSICAL ACTIVITY

In most countries, successful action to promote physical activity will require a reorientation of priorities in favour of health enhancing physical activity. Reorienting services and funding systems can deliver multiple benefits including better health, cleaner air, reduced traffic congestion, cost saving and greater social connectedness. Examples of actions underway in many countries include:

In education:

- Education systems that prioritise high-quality compulsory physical education curriculum with an emphasis on non competitive sports in schools and enhancing physical education training for all teachers;
- Physical activity programs that focus on a range of activities that maximise participation regardless of skill level and that focus on enjoyment;
- Opportunity for students to be active during class, in breaks, at lunch time and after school.

In transportation and planning:

- Transport policies and services, that prioritise and fund, walking, cycling and public transit infrastructure;
- Building codes that encourage or support physical activity;
- Trails in national parks and preserved areas to increase access.



▲ Community-based physical activity programs

In planning and environment:

- Evidence based urban design that support walking, cycling and recreational physical activity;
- Urban design that provides opportunities for sport, recreation and physical activity by increasing access to public space where people of all ages and abilities can be physically active in urban and rural settings.

In workplace:

- Workplace programs that encourage and support employees and their families to lead active lifestyles;
- Facilities that encourage participation in physical activity;
- Incentives for active commuting to work or by public transport rather than by car.

In sport, parks and recreation:

- Mass participation and sports for all, including those least likely to participate;
- Infrastructure for recreational activities across the life-course;
- Opportunities for individuals with disabilities to be physically active;
- Building capacity among those who deliver sport through increased training on physical activity.

In health:

- Greater priority and resourcing of prevention and health promotion including physical activity;
- Screening of patients/clients for levels of physical activity at every primary care consultation, and provision of brief, structured counselling and referral to community programs for insufficiently active patients;
- For patients with diseases/conditions such as diabetes, cardiovascular disease, some cancers or arthritis, screening by health and exercise professionals for contraindications and advice on physical activity as part of treatment, management and review plans.

4. DEVELOP PARTNERSHIPS FOR ACTION

Actions aimed at increasing population-wide participation in physical activity should be planned and implemented through partnerships and collaborations involving different sectors, and communities themselves, at national, regional and local levels. Successful partnerships are developed by identifying common values and program activities and by sharing responsibilities, accountabilities and information. Examples of partnerships that support the promotion of physical activity are:

- Cross-government working groups at all relevant levels to implement action plans;
- Community initiatives involving different government departments and non government agencies (for example: transport, urban planning, arts, conservation, economic development, environmental development, education, sport and recreation, and health) working in collaboration and sharing resources;
- Coalitions of non government organisations formed to advocate to governments for the promotion of physical activity;
- National, regional or local partnership forums with key agencies from multiple sectors, and public and private stakeholders to promote programs and policies;
- Partnerships with population sub groups including indigenous peoples, migrants and socially disadvantaged groups.



A call to action

A strong body of science supports the benefits of physical activity for health, the economy and the environment. To achieve a greater commitment to increasing physical activity around the world there is an urgent need for clear direction and strong advocacy. The **Toronto Charter for Physical Activity** outlines four actions based upon nine guiding principles. Implementation of the Toronto Charter will provide a solid foundation and direction for health enhancing physical activity in all countries.

We encourage all interested stakeholders to support the adoption and implementation of the **Toronto Charter for Physical Activity** and to engage in one or more of the following actions:

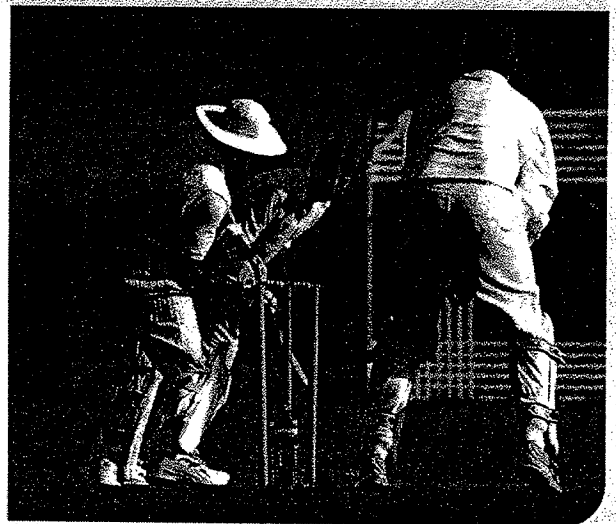
1. Show your agreement with the four areas for action and nine guiding principles by registering your support of the **Toronto Charter for Physical Activity**;
2. Send a copy of the **Toronto Charter for Physical Activity** to at least five of your colleagues and encourage them to do the same;
3. Meet with decision makers in different sectors to discuss how national plans and policy action following the guiding principles of the **Toronto Charter for Physical Activity** might positively influence action across sectors;
4. Mobilise networks and partnerships all sectors to support and implement the Toronto Charter.

In turn, members of the Global Advocacy Council for Physical Activity commit to the following actions:

- Translate the final version of the **Toronto Charter for Physical Activity** into French, Spanish and possibly other languages;
- Disseminate the final version of the **Toronto Charter for Physical Activity** widely;
- Work with physical activity networks and other stakeholder organisations to further mobilise governments and decision makers throughout the world to increase commitment towards the promotion of health enhancing physical activity;
- Continue to partner with other groups and organisations in order to advocate for health enhancing physical activity throughout the world.

For links to supporting resources and to directly forward the Toronto Charter for Physical Activity to colleagues please visit:
www.globalpa.org.uk

Global Advocacy Council for Physical Activity,
International Society for Physical Activity and Health.
The *Toronto Charter for Physical Activity: A Global Call to Action*.
www.globalpa.org.uk.
May 20, 2010.



LONDON POLICE SERVICE
YEAR TO DATE CRIME STATISTICS
Period Ending February 29, 2012

	Current Month	YTD	Previous Year		% Change	
			Month	YTD	Month	YTD
Homicide	0	0	0	0		
Attempted Murder	0	2	0	0		
Sexual Assault	21	39	27	54	-22%	-28%
Assault	171	349	177	362	-3%	-4%
Abduction	2	5	4	5	-50%	0%
Robbery	38	63	26	46	46%	37%
B & E	152	322	191	380	-20%	-15%
Theft - Auto	53	132	47	139	13%	-5%
Theft	642	1306	491	1038	31%	26%
Possession - Stolen	16	31	13	38	23%	-18%
Fraud	90	162	98	221	-8%	-27%
Counterfeit	26	51	14	19	86%	168%
Prostitution	11	26	17	25	-35%	4%
Gaming & Betting	0	0	0	0		
Weapons	20	35	17	40	18%	-13%
Criminal Code Other	745	1539	709	1415	5%	9%
TOTAL	1987	4062	1831	3782	9%	7%



MONTHLY REPORT TO THE COMMUNITY SAFETY & CRIME PREVENTION ADVISORY COMMITTEE

Julianne Wever, Public Fire & Life Safety Educator

Statistical Information

February 2012	Current Year		Previous Year	
	Month	Year-To-Date	Month	Year-To-Date
Burn Complaint	11	19	4	10
Carbon Monoxide Alarm	74	159	97	228
Defibrillator Call	125	263	120	261
Extrication	23	44	28	66
False Alarms (see Mech.)	0	0	0	0
Negligent False Alarms	4	9	2	4
Malicious False Alarms	18	40	16	39
Mechanical & Accidental False Alarms	130	312	180	402
General Alarm	9	35	13	32
Level 1 Hazmat	8	19	8	18
Level 2 Hazmat	1	4	2	5
Monitor Alarm	109	248	116	250
Natural Gas Incident	5	19	17	33
Public Service Response	3	6	6	11
Single Pump Alarm	61	119	48	120
Structure Fire	34	76	40	86
UWO Monitor Alarm	5	17	13	27
Motor Vehicle Accident	48	108	64	119
Water Rescue	1	2	2	6
Technical Rescue	0	0	0	0
Suspected Arson Fires	3	13	0	2
TOTAL	672	1512	776	1719

Fire Prevention

February 2012	Current Year		December
	Month	Year-To-Date	31, 2011
Routine Inspection	370	640	3665
Recalls	213	439	2225
General Complaint	53	116	872
Fire Investigation	3	14	48
Request Business License	34	67	250
Public Education	63	136	926
Safety Village	27	44	241
TOTAL	763	1456	8227

Personnel Distribution

Total Year	2012	2011	Change
Safety Village	1	1	0
Suppression	372	372	0
Fire Prevention	20	20	0
Administration	12	12	0
Training	5	5	0
Apparatus	7	7	0
Communications	14	14	0
TOTAL	431	431	0