A Safer Parkdale Avenue

Submitted to The Standing Committee on Finance and Economic Affairs
For the Study of the recommendations relating to the Economic and Fiscal Update Act, 2020
and the impacts of the COVID-19 crisis on certain sectors of the economy

Submitted by Civic Hospital Neighbourhood Association (CHNA), Ottawa
Luanne Calcutt, Chair Transportation Committee
Tanis Halpape, Lead, Parkdale Avenue Sub-Committee

August 11, 2020

We appreciate this opportunity to provide information concerning the impact of the COVID-19 crisis and the longstanding hazardous traffic management on Parkdale Avenue, Ottawa. The dangerous conditions on this road, which jeopardize the safety of all users, have been well documented with municipal, provincial and hospital authorities but have received little attention. The Civic Hospital Neighbourhood Association (CHNA) represents more than 600 subscribers and advocates for safe streets in our community. It is that simple.

The failure of the Province and the City to adequately account for the lack of appropriate road design as well as safe pedestrian and cyclist infrastructure, leads us this submission.

In particular, the 4-way intersection at Parkdale Avenue and Sherwood Drive continues to be the most dangerous intersection in our community.

The COVID-19 crisis adds another layer of complexity to this already 'failed' street in that user patterns are no longer predictable. With changes in the traditional work week, there has been an increase in the number of families walking and cycling on the street with the likelihood of even more risk due to the poor road design and lack of infrastructure.

Increases in traffic volume on Parkdale Avenue are largely due to two factors; i) the permanent closure of the EE 417 ramp Carling (Westgate) in 2018 due to the 417 expansion and ii) the relocation of the H (Hospital) sign from its original location at 417 EB-Carling to the current location at 417 EB-Parkdale.

i) Closure of E-E ramp at Carling-Westgate - 2018

Notwithstanding opposition to this ramp closure by community and elected officials, neither the City nor the Province have implemented even one strategy to mitigate the additional traffic burden on Parkdale Avenue. It was acknowledged prior to the 2018 closure that 1700 of the 3900 cars using the ramp each day would be diverted to Parkdale and adjacent streets in order to access the 417 EB. One less east bound 417 ramp has resulted in a nearly continuous stream of northbound traffic on Parkdale. Not surprisingly every intersection is clogged and motorists from side streets are in direct opposition with cars having no respite to safely proceed.

This traffic pressure is unsustainable and has resulted in numerous collisions. Traffic volume data collected in 2019 (Parkdale-Sherwood intersection) from the City of Ottawa illustrates a 10% increase in traffic in the first year alone following the ramp closure.

ii) Placement of H sign on 417 (Carling vs Parkdale)

This section is included in our submission in order to describe a contributing factor to the overall traffic volume burden on Parkdale. Currently the Parkdale 417 Interchange is the selected by the Hospital as the most direct and appropriate route. It is common practice by MTO to relocate hospital signing temporarily when an interchange is impacted by construction activities. There appears to be no data relied upon by the MTO in any decision to move the H signs permanently. For years CHNA have been requesting to have the H sign reinstated to its original 417 EB-Carling location. However, without the willingness of The Ottawa Hospital to do so, Parkdale remains at risk to increasing volumes of traffic.

****

We are seeking changes to the current infrastructure, which will provide not only a safer Parkdale Avenue but one whose design will also accommodate our changed reality due to the impact of COVID-19.