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Housing & Planning Committee  
City Hall  
100 Queen St. W  
Toronto, ON M5H 2N2

**RE: PH17.5 - Establishing a Framework to Address Excessive Indoor Temperatures in Leased Residential Premises**

Dear Committee Members,

I am pleased to submit these comments to the Planning and Housing Committee on behalf of The 519 Church Street Community Centre. We appreciate the Committee's consideration of staff recommendations regarding the establishment of a framework on adequate indoor temperatures. We wish to share why addressing excessive indoor temperatures is urgent and essential for the neighbourhoods and the people The 519 serves.

As a City of Toronto Agency, and as Canada's largest 2SLGBTQI+ organization, The 519 Community Centre strives to make a real difference in people's lives, while working to promote community well-being, equity and justice for 2SLGBTQI+ communities. Recognizing the growing impact of disruptive events such as the COVID-19 pandemic and extreme weather on marginalized communities in Toronto and elsewhere, we are seeking to integrate a community resilience lens throughout our work.<sup>1</sup>

**Red alert for our urban heat islands**

The 519's catchment area, historically centered around the Church-Wellesley neighbourhood, has recently expanded to take in much of the Downtown East. Many of the neighbours we work with every day live in buildings that can rapidly become unsafe during heat events. As University of Toronto researchers have shown, our catchment area is among those with the highest vulnerability to extreme heat in Toronto.<sup>2</sup> Their Heat Vulnerability Maps reflect the greater heat exposure of our neighbourhoods, greater heat sensitivity of our spaces and our neighbours, and the lack of neighbourhood resources that track the familiar "u-shaped" arc of inequality across our city. It adds up to the bright red shading all over our expanded catchment - a red alert for us and for much of the city.

**Heat-health risks for 2SLGBTQI+ people**

The 519 also serves 2SLGBTQI+ people across the city, a population that is more exposed to, and more at risk from, unsafe indoor temperatures. They are *more exposed to* unsafe indoor temperatures because they are more likely to be low-income renters. According to Statistics Canada, 2SLGBTQ+ people nationally and in Ontario are more likely to be in the lowest income quintile, despite having higher levels of education.<sup>3</sup> 2SLGBTQI+ Canadians are also more likely to live in rental housing.<sup>4</sup> As the City's data has already shown, an unconscionable number of low-income renters in Toronto live in outdated apartment buildings without heat pumps or air conditioning.

2SLGBTQI+ people are *more at risk from* unsafe indoor temperatures because they experience multiple disparities in health and social determinants of health, "driven by social forces, such as stigma, prejudice, and discrimination," that can increase their risk exposure during heat events.<sup>5</sup> These factors include:

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<sup>1</sup> The 519 Church Street Community Centre, [Framing Queer Resilience and Climate Justice: Exploring Approaches to 2SLGBTQ+ Resilience to Climate Change and Other Shocks and Stresses](#) (2024). Among other steps, The 519 is currently participating in the advisory process to inform the planned Building Energy Performance Standards (BEPS) bylaw.

<sup>2</sup> Bu S. et al., [Mapping Heat Vulnerability in Toronto](#), Univ. of Toronto School of Cities (Aug. 6, 2024).

<sup>3</sup> Statistics Canada, [Table 13-10-0874-01: Socioeconomic characteristics of the 2SLGBTQ+ population, 2019 to 2021](#) (2024).

<sup>4</sup> Statistics Canada, [Housing experiences in Canada: LGBTQ2+ people in 2018](#) (2021).

<sup>5</sup> Nat'l Acad. Sci., Engineer., & Med., [Understanding the Well-Being of LGBTQI+ Populations](#) (2020). See also Kinitz D.J. et al., [Health of 2SLGBT people experiencing poverty in Canada: a review](#), *Health Promotion Int'l* 37:daab057 (2022) ("Discrimination was an overarching finding that explained persistent associations between 2SLGBTQ+ status, poverty and health").

- Health conditions. 2SLGBTQI+ Canadians are more likely to rate their overall health as fair or poor.<sup>6</sup> Some 2SLGBTQI+ populations have higher levels of smoking, asthma, and risks of cardiovascular disease.<sup>7</sup> Pre-existing respiratory conditions put individuals at greater risk from heat waves, wildfires, and smoke exposures. There is also evidence of higher rates of some other chronic conditions, such as epilepsy,<sup>8</sup> which can also be exacerbated by heat events.<sup>9</sup>
- Mobility impairments. 2SLGBTQI+ people are more likely to have mobility impairments and other physical disabilities.<sup>10</sup> Structural and other ableist barriers routinely endanger people with these impairments by making it more difficult to move to a cooler place or seek help during a heat event, including when power or utilities fail.
- Medications. 2SLGBTQI+ people may be more likely to rely on any of a range of medications that could increase risks of heat illness, including certain antidepressants and other mental health medications, or diuretics like the antiandrogen spironolactone.<sup>11</sup>
- Isolation and living alone. Studies have found that some 2SLGBTQI+ populations, including older 2SLGBTQI+ adults, are more likely to live alone and experience social isolation and loneliness, creating additional risks during heat events.<sup>12</sup>

### **Urgent action is needed to address excessive indoor temperatures**

We welcome the staff recommendations to make immediate, small adjustments to existing bylaws to address shoulder seasons, and to endorse a broader framework for ensuring adequate indoor temperatures for all rental housing. We agree that community consultation is needed, particularly with 2SLGBTQI+ and other marginalized community groups and tenants, and The 519 is happy to participate in this process. As with the planned BEPS bylaw to ensure resilient building retrofits, adequate tenant protections will be critical to prevent inequitable passing-on of up-front costs.

We urge that the City move as quickly as possible to adopt a strong set of actions that protect the tenants we serve and make community with every day.

Thank you for your consideration.

Sincerely,



Harper Jean Tobin  
Director, Community Resilience Project

<sup>6</sup> *Ibid.*

<sup>7</sup> See, e.g., Ferriter K.P., Parent M.C., & Britton M., [Sexual orientation health disparities in chronic respiratory disorders](#), *Chronic Obstr Pulm Dis.* 11:307 (2024); Tran N.K., et al. [Prevalence of 12 Common Health Conditions in Sexual and Gender Minority Participants in the All of Us Research Program](#), *JAMA Netw. Open* 6:e2324969 (2023); Abramovich A. et al., [Assessment of Health Conditions and Health Service Use Among Transgender Patients in Canada](#), *JAMA Netw. Open* 3:e2015036 (2020); Caceres B.A. et al., [Assessing and addressing cardiovascular health in LGBTQ adults: a scientific statement from the American Heart Association](#), *Circulation* 142:e321 (2020).

<sup>8</sup> See, e.g., Johnson E.L., et al. [Prevalence of Epilepsy in People of Sexual and Gender Minoritized Groups](#), *JAMA Neurol.* online (2024); Pinnamaneni, M. et al., [Disparities in chronic physical health conditions in sexual and gender minority people using the US Behavioral Risk Factor Surveillance System](#), *Prev. Med. Rep.* 28:101881 (2022).

<sup>9</sup> See, e.g., Gulcebi M.I. et al., [Climate change and epilepsy: Insights from clinical and basic science studies](#), *Epilepsy & Behav.* 116:107791 (2021).

<sup>10</sup> See, e.g., Smith-Johnson M., [Transgender Adults Have Higher Rates Of Disability Than Their Cisgender Counterparts](#), *Health Affairs* 41:1470 (2022); Pharr J.R. & Batra K. [Physical and Mental Disabilities among the Gender-Diverse Population Using the Behavioral Risk Factor Surveillance System, BRFSS \(2017—2019\): A Propensity-Matched Analysis](#), *Healthcare* 9:1285 (2021).

<sup>11</sup> See Winklmayr C. et al., [Heat in Germany: Health risks and preventive measures](#), *J. Health Monit.* 8(Suppl 4):3 (2023).

<sup>12</sup> Statistics Canada, [Family and household characteristics of 2SLGBTQ+ people in Canada](#) (2024). See also Grady A. & Stinchcombe A., [The impact of COVID-19 on the mental health of older sexual minority Canadians in the CLSA](#), *BMC Geriatr.* 23:816 (2023); Kim H.-J. & Fredriksen-Goldsen K.I., [Living arrangement and loneliness among lesbian, gay, and bisexual older adults](#), *Gerontologist* 56:548 (2016); Fredriksen-Goldsen K.I., et al., [Health disparities among lesbian, gay, and bisexual older adults: results from a population-based study](#), *Am. J. Pub. H.* 103:1802 (2013).