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Executive Committee
Toronto City Hall
100 Queen Street West
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December 9, 2025

RE: EX28.3 - Towards Implementing a Maximum Indoor Temperature Requirement for Rental Units and Cooling Rooms

I am pleased to submit these comments on behalf of The 519 Church Street Community Centre. We appreciate the Committee's attention to the urgent and rising climate crisis and the need for accelerating action on lifesaving decarbonization and just and equitable climate resilience.

We thank the staff of the Environment, Climate and Forestry (ECF), Municipal Licensing and Standards (ML&S) Divisions, Toronto Public Health (TPH), and other City partners for their work to develop these reports, recommendations, and to update the Heat Relief Strategy. As a City of Toronto Agency and a member of the Association of Community Centres (AOCCs), and as a centre serving communities disproportionately affected by the climate crisis, we are eager to work with our City partners to advance these goals and plans.

Recognizing these impacts, The 519 is working through its Community Resilience Project to advance climate resilience and action across our programs and operations. In 2025, The 519's Board of Management adopted a strategic commitment to enhance the climate resilience of our building and facilities—consistent with the TransformTO and Resilience Strategies and The 519's goal of serving as a community resilience hub—through resilient retrofits and related projects.

We have made separate submissions on Items EX28.4 and EX28.5. We also take note of the closely related reports and recommendations presented at the December 4 Infrastructure and Environment Committee meeting on the Net Zero Action Plan 2026-2030, and submitted separate comments on that report.

Urgent action on unsafe indoor heat is essential for all communities in the City, and especially for the Downtown East and 2SLGBTQ+ communities The 519 serves.

Addressing unsafe indoor heat is important to The 519 because we serve nearly every community identified in City strategies and existing research as facing heightened climate-health risk exposure and vulnerability, including: 2SLBTQ+ people; Newcomers; insecurely-housed people; older adults; families with young children; people with mental illness; drug users; sex workers; and Black, Indigenous, and racialized communities.

The 519's catchment area, historically centered around the Church-Wellesley neighbourhood, expanded in 2024 to take in much of the Downtown East. As University of Toronto researchers have shown, our catchment area is among those areas of the city with the highest vulnerability to extreme heat.[1] The new Climate Risk and Vulnerability Assessment (CCRVA) provides additional

[1] Bu S. et al., *Mapping Heat Vulnerability in Toronto*, Univ. of Toronto School of Cities (Aug. 6, 2024), https://schoolofcities.github.io/heat-vulnerability-toronto/.

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illustrations of the Downtown East's elevated heat vulnerability.[2] Many of the neighbours we work with every day live in buildings that can rapidly become unsafe during extreme weather, poor air quality, and/or outages.

The 519 also serves 2SLGBTQ+ people across the city, a population that is more exposed to, and more at risk from, unsafe indoor temperatures and other climate risks. The 519 summarized the growing evidence of these disparities in our 2024 report *Framing Queer Resilience and Climate Justice*.[3] 2SLGBTQ+ 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.[4] 2SLGBTQ+ Canadians are also more likely to live in rental housing.[5] 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.

2SLGBTQ+ people are also *more at risk from* unsafe indoor temperatures and other climate hazards. This because 2SLGBTQ+ populations 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 extreme heat and other climate hazards.[6] These factors include:

- Health conditions. 2SLGBTQ+ Canadians face well-documented health disparities, including in self-rated overall health and a variety of mental health and chronic physical health conditions.[7] Some 2SLGBTQ+ populations have higher levels of smoking, asthma, and risks of cardiovascular disease.[8] Pre-existing respiratory conditions put individuals at greater risk from heat waves and smoke exposures. There is also evidence of higher rates of

[2] Sustainability Solutions Group, *Toronto's Climate Risks: Understanding Vulnerability Today, Preparing for Tomorrow: Summary Report*, Figures 7, 10-11 (Nov. 2025), https://www.toronto.ca/legdocs/mmis/2025/ex/bgrd/backgroundfile-260483.pdf.
[3] The 519, *Framing Queer Resilience and Climate Justice: Exploring Approaches to 2SLGBTQ+ Resilience to Climate Change and Other Shocks and Stresses* (2024), https://www.the519.org/climate-justice/. *See also* Mann S., McKay T., Gonzales G., Climate Change-Related Disasters & the Health of LGBTQ+ Populations, *J. Clim. Chang. Health*, 18:100304 (2024), https://doi.org/10.1016/j.joclim.2024.100304.
[4] Statistics Canada, Table 13-10-0874-01: Socioeconomic characteristics of the 2SLGBTQ+ population, 2019 to 2021 (2024), https://doi.org/10.25318/1310087401-eng.
[5] Statistics Canada, Housing experiences in Canada: LGBTQ2+ people in 2018 (2021), https://www150.statcan.gc.ca/n1/pub/46-28-0001/2021001/article/00004-eng.htm.
[6] Nat'l Acad. Sci., Engineer., & Med., *Understanding the Well-Being of LGBTQI+ Populations* (2020), https://doi.org/10.17226/25877. *See also* Kinitz D.J. et al., Health of 2SLGBT people experiencing poverty in Canada: a review, *Health Promotion Int'l* 37:daab057 (2022), https://doi.org/10.1093/heapro/daab057 ("Discrimination was an overarching finding that explained persistent associations between 2SLGBTQ+ status, poverty and health").
[7] *See*, *e.g.*, Comeau D., Johnson C, & Bouhamdani N., Review of current 2SLGBTQIA+ inequities in the Canadian health care system, *Front. Public Health* 11:1183284 (2023), https://doi.org/10.3389/fpubh.2023.1183284.
[8] *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), http://doi.org/10.15326/jcopdf.2023.0467; 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), https://doi.org/10.1001/jamanetworkopen.2023.24969; Abramovich A. et al., Assessment of Health Conditions and Health Service Use Among Transgender Patients in Canada, *JAMA Netw. Open* 3:e2015036 (2020), https://doi.org/10.1001/jamanetworkopen.2020.15036; 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), https://doi.org/10.1161/CIR.0000000000000914.

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some other chronic conditions, such epilepsy,[9] which can also be exacerbated by heat events.[10]

- Physical disabilities. 2SLGBTQ+ people are more likely to have mobility impairments and other physical disabilities.[11] 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 wave, including when power or utilities fail.
- Medications. 2SLGBTQ+ 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.[12]
- Isolation and living alone. Studies have found that some 2SLGBTQ+ populations, including older 2SLGBTQ+ adults, are more likely to live alone and experience social isolation and loneliness, creating additional risks during extreme heat and other climate events.[13]
- Barriers to help in emergencies. 2SLGBTQ+ also experience barriers to seeking and receiving effect help in extreme weather, due to legacies and continuing realities of stigma and discrimination.[14]

For these and other reasons, the City cannot fulfill its commitments to equity for 2LGBTQI+ communities, as well as other equity-deserving groups, without bold and urgent climate action.

Toronto urgently needs a safe indoor temperature standard for all rentals to prevent needless deaths and hospitalizations.

We were concerned by the proposal not to present a by-law that protects tenants from life-threatening conditions within their rental units, and to push the timeline for even presenting such a proposal to 2027. This concern would be partially ameliorated by Mayor Chow's subsequent proposal to bring that date forward to no later than July 2026.

The City's CCRVA describes extreme heat as "Toronto's most urgent climate threat," and as having "the sharpest escalation, accounting for a large share of future risks."[15] It rates Toronto's vulnerability for heat-related illnesses for vulnerable populations, pregnancy complications, and

[9] *See*, *e.g.*, Johnson E.L., et al. Prevalence of Epilepsy in People of Sexual and Gender Minoritized Groups, *JAMA Neurol.* 81(9):996 (2024), https://doi.org/10.1001/jamaneurol.2024.2243; 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), https://doi.org/10.1016/j.pmedr.2022.101881.
[10] See, *e.g.*, Gulcebi M.I. et al., Climate change and epilepsy: Insights from clinical and basic science studies, *Epilepsy & Behav.* 116:107791 (2021), https://doi.org/10.1016/j.yebeh.2021.107791.
[11] *See*, *e.g.*, Rauh K, Functional health difficulties among LGB people in Canada, Statistics Canada cat. no. 45200002 (2023), https://www150.statcan.gc.ca/n1/pub/45-20-0002/452000022023003-eng.htm; Smith-Johnson M., Transgender Adults Have Higher Rates Of Disability Than Their Cisgender Counterparts, *Health Affairs* 41:1470 (2022), https://doi.org/10.1377/hlthaff.2022.00500; 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), https://doi.org/10.3390/healthcare9101285.
[12] *See* Winklmayr C. et al., Heat in Germany: Health risks and preventive measures, *J. Health Monit.* 8(Suppl 4):3 (2023), https://doi.org/10.25646%2F11651.
[13] Statistics Canada, Family and household characteristics of 2SLGBTQ+ people in Canada (2024), https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2024046-eng.htm. *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), https://doi.org/10.1186/s12877-023-04513-w; Kim H.-J. & Fredriksen-Goldsen K.I., Living arrangement and loneliness among LGB older adults, *Gerontologist* 56:548 (2016), https://doi.org/10.1093/geront/gnu083; Fredriksen-Goldsen K.I., et al., Health disparities among LGB older adults: results from a population-based study, *Am. J. Pub. H.* 103:1802 (2013), https://doi.org/10.2105/AJPH.2012.301110.
[14] Kilpatrick C. et al., A Rapid Review of the Impacts of Climate Change on the Queer Community, Environmental Justice, 17(5):306 (2024), https://doi.org/10.1089/env.2023.001; Goldsmith, L., Raditz, V. & Méndez, M., Queer and present danger: understanding the disparate impacts of disasters on LGBTQ+ communities *Disasters*, 46:946 (2022), https://doi.org/10.1111/disa.12509.
[15] *Ibid.* at pp. 8, 147.

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mental health impacts as "very high."[16] As TEM aptly summarizes in its report, "The number, type, and severity of heat-related risks overall is expected to increase in the coming decades, redefining how summers will be experienced," and "Exposure to dangerous levels of heat will also amplify over time."[17]

It is for good reason that the report submitted by staff last November referenced "death" more than ten times: This is a question of preventing entirely avoidable death and injury in the home. That report stated: "Past extreme heat events in Canada have resulted in most deaths occurring due to unsafe indoor temperatures." [18] This includes the 2021 British Columbia heat dome, where 98% of the over 600 deaths attributed to that climate event occurred inside the victim's homes.[19] Following the findings of experts and other jurisdictions, Toronto has identified the 26°C degree threshold—for this proposal, and in existing by-laws—not based on comfort, but on safety. 26°C is the threshold below which elderly, homebound, or otherwise vulnerable individuals are not subjected to injury or risk of death by simply sitting or sleeping in their home.[20]

In sum, cooling is not a luxury; it is a fundamental component of offering meaningful shelter from the elements for the preservation of health and of life. That is the bare minimum of what rent is paid for. If tenants are not being provided with basic shelter from the elements, they should not be made to pay more for it now; they should be held harmless.

While we support all efforts toward engaging other levels of government to fulfill their responsibilities, Toronto urgently needs by-laws and investments that can prevent deaths and hospitalizations that will otherwise occur from extreme heat.

We suggest that ML&S, ECF, and TPH, with the support of Council, **bring forward concrete proposals by no later than July 2026**, based on timely and meaningful consultations with a focus on equity-deserving communities. We support Mayor Chow's proposed direction that staff proposal **includes mechanisms to prevent above guideline rent increases passed on to tenants**. We further suggest that these Divisions, with the support of Council, work with stakeholders to align implementation pathways and incentives with urgently needed Building Emissions Performance Standards (BEPS).

[16] Sustainability Solutions Group, City of Toronto Climate Change Risk and Vulnerability Assessment (CCRVA): Technical Report, p. 76 (Nov. 2025), https://www.toronto.ca/wp-content/uploads/2025/11/906b-Technical-ReportTorontos-Climate-Risks-Understanding-Vulnerability-Today-Preparing-for-Tomorrow-.pdf.
[17] Report of the Executive Director, Toronto Emergency Management, "Strengthening the City's Heat Relief Strategy," p. 6 (Nov. 25, 2025), https://www.toronto.ca/legdocs/mmis/2025/ex/bgrd/backgroundfile-260580.pdf.
[18] Item 2024.PH17.5, Report of Executive Directors of Municipal Licensing and Standards and Environment and Climate and Medical Officer of Health, Establishing a Framework to Address Excessive Indoor Temperatures in Leased Residential Premises, p. 7 (Nov. 22, 2024), https://secure.toronto.ca/council/agenda-item.do?item=2024.PH17.5.
[19] *Ibid.*, *citing* British Columbia Coroners Service, Extreme Heat and Human Mortality: A Review of Heat-Related Deaths in B.C. in Summer 2021 (2022), https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/extreme_heat_death_review_panel_report.pdf.
[20] *Ibid.*

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A standard on cooling "amenity spaces" is insufficient even as a short-term measure.

If it will take time to ensure non-dangerous temperatures in all rental units, it is all the more urgent to begin the process of adopting and implementing that standard. Cooling spaces in common rooms or other public spaces may be worthy measures in themselves. However, an "amenity space" bylaw does not advance the ball on safety in rental units. In the meantime, current evidence doesn't suggest this step alone will do much to prevent injury or death.

We have no definitive data on how many RentSafeTO buildings have an "amenity space" that *could* become a "cool room." We do know just 15% of buildings claims to have one now, and half of those already provide tenants with air conditions—something more covered buildings do *not* do.[21] Equally important, we lack evidence that an "amenity space" would provide substantial protection against serious injury or death.

Studies of common cooling spaces say more about limits than efficacy.

The first systematic review of evidence on the effectiveness of shared cooling spaces for this purpose was recently published. The authors "found no published studies that reported on the heat-related health impacts of real-world cooling centres and therefore we found no direct evidence they improve heat-related health outcomes."[22] However, they considered five papers on studies from North America intended to assess the potential benefits of public cooling spaces.

One studied examined potential relationships between heat-related mortality and proximity to any type of publicly accessible cooled space within a census tract; it found some relationship, but with significant limitations.[23] Two studies used simple hypothetical modeling to estimate the number of visitors needed to a cooling centre to avoid one death in a heat wave, arriving at divergent estimates based on whether they assumed visitors represented the general population (arriving at 1.6 million visits to save one life)[24] or assumed visitors were all unhoused, and thus highly vulnerable (estimating "less than 1,000" visits needed).[25] Two others reported on lab studies mimicking 2-hour visits to cooling centres in a 9-hour heat wave. The first lab-study paper found "transient" improvements core temperature and heart strain that dissipated "within 2 h after returning to the heated environment."[26] Researchers found improved mood and self-reported symptoms lasted longer, but expressed concern that this alone "could be problematic if body temperatures have already returned to pre-cooling levels and appropriate precautions are not taken to limit further increases in thermal strain."[27]

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[21] Item 2024.PH17.5, Report of Executive Directors of Municipal Licensing and Standards and Environment and Climate and Medical Officer of Health, Establishing a Framework to Address Excessive Indoor Temperatures in Leased Residential Premises, p. 13 (Nov. 22, 2024), https://secure.toronto.ca/council/agenda-item.do?item=2024.PH17.5.
[22] Dearman C. et al., Public health effectiveness of cooling centres during periods of adverse hot weather: a systematic literature review, Oxf. Open Clim. Change 5(1): kgaf020 (2025), https://doi.org/10.1093/oxfclm/kgaf020.
[23] Eisenman, D.P., et al., Heat Death Associations with the built environment, social vulnerability and their interactions with rising temperature, Health & Place 41:88 (2016), https://doi.org/10.1016/j.healthplace.2016.08.007.
[24] Bedi N.S. et al., The role of cooling centers in protecting vulnerable individuals from extreme heat, Epidemiology 33:611 (2022), https://doi.org/10.1097/EDE.0000000000001503.
[25] Hondula D.M. et al, Re: The role of cooling centers in protecting vulnerable individuals from extreme heat, *Epidemiology* 35:e4 (2024), https://doi.org/10.1097/EDE.0000000000001685.
[26] Meade R.D. et al., Efficacy of cooling centers for mitigating physiological strain in older adults during daylong heat exposure: a laboratory-based heat wave simulation, *Environ. Health Perspect*. 131:67003 (2023), https://doi.org/10.1289/EHP11651.
[27] McGarr G.W., Meade R.D., & Kenny G.P., Indoor overheating influences self-reported symptoms and mood-state in older adults during a simulated heatwave: Effects of mid-day cooling centre use, *Physiol. Behav*. 271:114335 (2023), https://doi.org/10.1016/j.physbeh.2023.114335.

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The authors of the systematic review stated:

> Whilst we know cool environments reduce heat stress it is not clear that cooling centres are an effective, efficient or equitable means to achieve this for a given population, especially with regard to protecting those most vulnerable to adverse heat.
>
> The studies included in this systematic review suggest, with a low degree of certainty, that living close to cool areas (including but not limited to formal cooling centres) is associated with reduced heat-related ill health, however the effect of cooling centres on measurable morbidity or mortality might be very small and potentially not an effective use of resources in many contexts and climates.[28]

The review authors concluded: "There is insufficient evidence to determine whether the use of cooling centres at an individual or population-level reduces heat-related mortality and morbidity. … Significant further experimental research is needed to determine the public health benefit of cooling centres and whether they should be included in heat-response plans."[29] We are not aware of similar studies focused on common cooling spaces within apartment buildings. However, the findings just described—so far as they go—appear largely applicable to this context.

Heat risk is centered on spaces where people live and sleep and those least able to access common spaces.

Especially important in considering the limited utility of "cool rooms" is the fact that even vulnerable residents who are able to access them, and willing and able to remain in them for hours during the day, must ultimately return to their units to sleep. As the City's CCRVA explains, "Overnight temperatures are a critical measure of heat-related health risk, as the inability to cool down at night is often the primary driver of severe health outcomes during heat waves."[30] As a 2021 UK study explained, "High night-time temperatures in bedrooms are a particular concern. They can limit a person's ability to recover from heat stress experienced during the day and so have been identified as a significant contributing factor to heat-related mortality, especially in the elderly."[31]

Consider findings from the 2021 BC heat dome.[32] Of the over 600 heat-related deaths in the province, two-thirds were over 70 years old. Many had schizophrenia, substance use disorder, COPD, asthma, and other chronic conditions that could obviously affect their ability to access, let alone spent significant time in, an "amenity space" during a heat wave. Most of those who died lived alone, with no one to help them. We know that being over 70, and being on many medications people take for their disabilities and chronic conditions, affects your heat perception. Thus, the

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[28] Dearman C. et al., Public health effectiveness of cooling centres during periods of adverse hot weather: a systematic literature review, Oxf. Open Clim. Change 5(1): kgaf020 (2025), https://doi.org/10.1093/oxfclm/kgaf020.
[29] *Ibid.*
[30] Sustainability Solutions Group, City of Toronto Climate Change Risk and Vulnerability Assessment (CCRVA): Technical Report, p. 24 (Nov. 2025), https://www.toronto.ca/wp-content/uploads/2025/11/906b-Technical-ReportTorontos-Climate-Risks-Understanding-Vulnerability-Today-Preparing-for-Tomorrow-.pdf, *citing* Zhang Y. et al., Night-time Heat and Human Health: A Multi-Country Analysis," *Lancet Planetary Health* 6(12) e969 (2022), https://doi.org/10.1016/S2542-5196(22)00139-5.
[31] Drury P., Watson S. & Lomas K.J., Summertime overheating in UK homes: is there a safe haven?, *Buildings & Cities* 2(1):970 (2021), https://doi.org/10.5334/bc.152.
[32] British Columbia Coroners Service, Extreme Heat and Human Mortality: A Review of Heat-Related Deaths in B.C. in Summer 2021 (2022), https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/extreme_heat_death_review_panel_report.pdf.

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very populations most at risk from heat in their units are least able to self-monitor and go back and forth to whatever common space is available—however far from their unit, often on their own.

Cool "amenity rooms" are a worthy attempt in themselves but no substitute for progress towards non-dangerous temperatures in rental units.

None of this is to suggest that the City should not adopt the proposed by-law amendment to require cooled "amenity spaces" in some apartment buildings; indeed, we support public cooling spaces as a modest part of a comprehensive public health strategy. We at The 519 work hard to welcome community members into our centre as a cool space during heat events, and we know this is especially important for those who are unhoused or otherwise lack a safe space to go.

However, the City's human rights obligations ultimately demand that a structure we call a home provides shelter from the elements that is adequate to sustain life and health. Interim measures toward the progressive realization of human rights must move us measurably toward that realization. We are concerned that this proposed amendment, absent additional actions, is not sufficient to do that. Given that compliance with a maximum indoor temperature standard, even with broad flexibility in how to achieve it, will take time, Council should take immediate actions that would be likely to produce yield short-term reductions in the risks of preventable heat-related illness and death.

Conclusion.

We reiterate our appreciation of the efforts of ML&S, ECF, TPH, this Committee, and our other City partners to advance plans for the next phases of action to meet the City's commitments to climate resilience and to protect residents from life-threatening heat. We look forward to working with you, together with other AOCCs and community partners, to advance the transformational actions needed to preserve the lives, health, resilience of Toronto's residents in the critical years ahead.

Thank you for your consideration.

Sincerely,

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