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Board of Health
Toronto City Hall
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July 7, 2025

RE: HL26.5, Planning for Climate Change Monitoring to Understand Health Impacts and Support Resilience in Toronto

I am pleased to submit these comments on behalf of The 519 Church Street Community Centre. We appreciate the Board's attention to the urgent and growing challenge of climate and health in our city.

Climate-health efforts are essential for all communities in the City, and especially for the Downtown East and 2SLGBTQI+ communities The 519 serves.

The City's climate-health efforts are important to The 519 because we serve nearly every community identified in existing research as facing heightened climate-health risk exposure and vulnerability, including 2SLGBTQI+ people; Newcomers; unhoused and 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, has recently expanded to take in much of the Downtown East. As University of Toronto researchers have shown, our catchment area is among those with the highest vulnerability to extreme heat in Toronto.¹ 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. Others are unhoused or insecurely housed and have little ability to protect themselves from outdoor conditions.

The 519's mission also includes serving 2SLGBTQI+ communities across the City, who are also more exposed to, and more at risk from, climate-health impacts, due to health, housing, economic, and social disparities and barriers driving by stigma and discrimination. The 519 summarized evidence of these disparities and strategies for action in our 2024 report *Framing Queer Resilience and Climate Justice*.²

For example, are *more exposed to* unsafe indoor temperatures because they are more likely to be low-income renters, and *at more at risk from* them because they experience multiple disparities in health and social determinants of health, "driven by social forces, such as stigma, prejudice, and discrimination," that contribute to climate-health outcomes.³

¹ The 519, [Framing Queer Resilience and Climate Justice: Exploring Approaches to 2SLGBTQ+ Resilience to Climate Change and Other Shocks and Stresses](#) (2024).

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

³ Nat'l Acad. Sci., Engineer., & Med., [Understanding the Well-Being of LGBTQI+ Populations](#) (2020). See also Statistics Canada, [Table 13-10-0874-01: Socioeconomic characteristics of the 2SLGBTQ+ population, 2019 to 2021](#) (2024); 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").

The 519 is a member of the Toronto Heat Safety Coalition, endorses its call to action, and encourages the Board and TPH to consult with Coalition members on these efforts.

Developing and monitoring a robust set of climate-related public health indicators could help the City better understand unique local impacts, better target interventions, and evaluate and improve those interventions over time.

TPH's proposed indicators have promise for tracking the range of climate-health impacts that disproportionately impact the communities we serve. We strongly support the inclusion of proposed indicators focusing on climate-related mental health, drug overdose, and food security impacts, which are of great importance for the communities we serve. We offer the following considerations:

- With regard to drug overdose, it is more vital than ever that we understand and address the intersecting impacts of the climate crisis, the drug toxicity crisis, and the withdrawal of life-saving harm-reduction resources such as safe consumption sites.
- With regard to mental health, TPH should consider impacts in both directions—that is, how mental health can dramatically affect risks of serious illness and death in extreme weather, and how climate in turns impacts mental health.
- Acute impacts in these areas have been documented around the world but often receive inadequate attention in climate planning and investments. The City should consider accelerating timelines for these indicators.
- TPH should work with communities and public health stakeholders to capture inclusive demographic data where possible, including but not limited to data such as housing status and 2SLGBTQI+ status.

More robust local measurement should proceed in parallel with—and should not delay—urgent bold actions supported by existing evidence.

Despite the potential value of this data, the City should not wait to continue increasing its investment in proven solutions.

- Evidence from around the world points clearly to solutions that work, including increasing investments in addressing the health, housing, economic, and social inequalities that drive climate-health impacts.
- These include investing in increasing access to comprehensive health care; affordable, low-barrier, and supportive housing; increasing security of tenure, access to cooling, and resilient retrofits; and evidence-based harm reduction services.
- The City should consider how it can swiftly act on calls to action such as those from the Toronto Heat Safety Coalition, Health Providers Against Poverty, and For Our Kids Toronto, while building a local climate-health monitoring system to inform and strengthen these efforts over time.

The City's climate-health responses could benefit from a range of quantitative indicators such as those described, combined with qualitative or mixed-methods data.

We encourage TPH to work collaboratively with communities and community-based groups to collect and interpret this information, including through methods such as community-based participatory action research. We offer the following considerations:

- In addition to working with health care and housing providers, grassroots community leaders and networks, and others, TPH should explore opportunities to fund and

formalize collaborations with community hub partners to develop indicators and collect data.

- Among others, TPH should consider engaging with the Association of Community Centres in the former City of Toronto (of which The 519 is one); the growing network of City-led hubs coordinated by SDFA; and other established hubs and provider networks across the City.
- TPH should focus especially on consulting, collaborating with, and understanding climate-health impacts among populations known to be more exposed to risk, including unhoused people; drug users; sex workers; older adults; people with disabilities; Newcomers; Indigenous, Black, and racialized communities; and 2SLGBTQI+ people.

The City should consider additional quantitative indicators for causal/risk factors, including indoor health, indoor air quality, and housing factors.

We appreciate that the current proposal includes key casual or risk factors such as water quality and mosquito pool testing. Modeling morbidity and mortality related to temperature and outdoor air quality also incorporates these types of indicators. Measuring, and including in a public dashboard and other reporting, such indicators as part of this system will enable City divisions, agencies, partners, community members, and researchers to understand factors driving or contributing to outcomes. We offer the following considerations:

- Among additional topics the City should consider for such indicators are indoor heat and indoor air quality. Indoor temperature and air quality conditions, especially in residential, school, congregate care, and incarceration settings, are key factors in their own right in climate-health outcomes and disparities.
- TPH should consider ways to incorporate consideration of key social determinants in climate-health monitoring—especially in relation to housing. Such approaches might include analyzing these indicators in connection with other data sets, such as the City’s forthcoming Climate Risk and Vulnerability Assessment.
- The City should consider available data sources that could be leveraged for these purposes, as well as data that could be generated in conjunction or in support of with pending or future program or policies (such as building emissions and indoor temperature standards).

Conclusion

We appreciate the efforts of TPH and the Board create evidence-based tools for action on the escalating climate-health impacts on our communities. We look forward to working with TPH and other City agencies and community partners to drive these efforts toward urgent public health benefits.

Thank you for your consideration.

Sincerely,



Harper Jean Tobin
Director, Community Resilience Project