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Executive Committee
Toronto City Hall
100 Queen Street West
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May 11, 2026

RE: EX31.2: Update on Tenant Supports and Heat-related Directives: Standardizing the Air Conditioner Benefit (Pilot)

I am pleased to submit these comments on behalf of The 519 Church Street Community Centre. We appreciate the Committee's attention to the need for accelerating action to protect Toronto residents from avoidable death and injury from extreme indoor heat.

As a City of Toronto Agency, a member of the Association of Community Centres (AOCCs), and a centre serving communities disproportionately affected by the climate crisis, we appreciate the work of our City partners to develop overdue responses to deadly heat. We supported Council's Direction to MLS in December 2025 "to report back to the appropriate Committee no later than May 2026 **with** a proposed Maximum Temperature By-law for rental units." We are concerned that Council will have no proposed by-law to consider in May, nor any timeline for one.

We support the limited but worthwhile interim efforts to mitigate harm by expanding the City's free air conditioner program. Delivering close to 2,400 AC units to vulnerable, low-income residents this year would be welcome. However, this would represent only 0.9% of the estimated RentSafeTO and TCHC units without AC.[1] Last December's amendment to require cooling of "existing indoor amenity spaces" is likewise a laudable but marginal contribution to protecting residents.

We agree that protecting tenants from AGIs must be a priority. We hope Division staff will provide greater clarity on the mechanisms being considered to prevent AGIs; the additional time needed to assess approaches from other jurisdictions; and the types and number of owners consulted for the estimate that "90% of [private-market] landlords would seek to pass the costs on to tenants."[2] We hope this challenge will be regarded as critical but also solvable and urgent, considering the number of other jurisdictions already working to implement these protections. We hope that major investments, building existing programs and protections and approaches in use elsewhere—will move forward urgently, in tandem with a maximum temperature by-law.

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 provided with basic shelter from the elements, they should not be made to pay more for it now; they should be held harmless. We encourage Council to reiterate with urgency its prior direction "to report back … **with** a proposed Maximum Temperature By-law for rental units." We also encourage Council to direct that any cost analysis related to a proposed by-law include an **analysis of the morbidity, mortality, and economic costs of not passing a safe temperature standard** for rental units.

[1] *See* Item EX31.2, Appendix 1: Available Cooling Data Across Toronto Rental Housing. If the estimates given for all rental housing were considered, 2,400 units would represent 0.67% of the total estimated units without owner-provided AC.
[2] Item EX31.2, Report from the Executive Director, ECF, the Executive Director, SD, the Executive Director, ML&S and the Chief Procurement Officer on Standardizing the Air Conditioner Benefit (Pilot), p. 5 (May 8, 2026).

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Comprehensive responses to extreme heat are essential for all communities in the City—and especially for the Downtown East and 2SLGBTQ+ communities The 519 serves.

We note that the City's Climate Risk and Vulnerability Assessment recognizes extreme heat as "Toronto's most urgent climate threat," and as having "the sharpest escalation, accounting for a large share of future risks,"[3] as "[e]xposure to dangerous levels of heat will also amplify over time."[4] As explained further in our submission on Item EX.28.3, addressing extreme heat is important to The 519 because we serve nearly every community identified in City strategies and existing research as facing heightened heat exposure and vulnerability.

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.[5] The CCRVA provides further illustrations of the Downtown East's vulnerability.[6] The 519 also serves 2SLGBTQ+ people across the city, a population that is more exposed to, and more at risk from, extreme heat—disparities we documented in a 2024 report.[7] 2SLGBTQ+ people are *more exposed to* unsafe indoor temperatures because they are more likely to be low-income renters.[8] 2SLGBTQ+ people are also *more at risk from* extreme heat. This is because of 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.[9]

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

It is for good reason that the report submitted by staff in November 2024 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."[10] This includes the 2021 British Columbia heat dome, where 98% of

[3] Sustainability Solutions Group, City of Toronto Climate Change Risk and Vulnerability Assessment (CCRVA): Technical Report, p. 8-9 (Nov. 2025), https://www.toronto.ca/wp-content/uploads/2025/11/906b-Technical-ReportTorontos-Climate-Risks-Understanding-Vulnerability-Today-Preparing-for-Tomorrow-.pdf.
[4] 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.
[5] 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/.
[6] 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.
[7] 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.
[8] Statistics Canada, Table 13-10-0874-01: Socioeconomic characteristics of the 2SLGBTQ+ population, 2019 to 2021 (2024), https://doi.org/10.25318/1310087401-eng; 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.
[9] 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").
[10] 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.

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the over 600 deaths attributed to that climate event occurred inside the victim's homes.[11] Following the findings of experts and other jurisdictions, Toronto identified the 26°C threshold—for this proposal, and in existing by-laws—not based on comfort, but on safety. It is a 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.[12] This danger become more acute as summers in midlatitude cities like Toronto are getting longer and rapidly getting hotter.[13] Crucially, **elevated deaths among older adults in Toronto are already occurring in heat waves**[14]—and could be catastrophically worse in the event of a future heat wave like that seen in British Columbia in 2021.

The "existing amenity spaces" by-law is insufficient even as a short-term measure.

Because it will take time to fully implement a new by-law so as to non-dangerous temperatures in all rental units, it is all the more urgent to begin the process of adopting and implementing that standard. In this context, December's amendment to Chapter 497, though worthwhile in its, must be understand as only a marginal interim mitigation measure. Current evidence doesn't suggest this step alone will do much to prevent injury or death caused by dangerously hot rental units.

We still have no definitive data on how many RentSafeTO buildings have an "existing amenity space" covered by Chapter 497. We do know just 15% of buildings claimed to have one in 2024, and half of those already provided tenants with air conditioning—something most covered buildings do *not* do.[15] Equally important, we lack evidence that an "amenity space" would provide substantial protection against serious injury or death. An appendix to this submission summarizes key studies and reviews on shared cooling spaces.

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."[16] The authors of 2021 UK study similarly 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."[17] In the 2021 BC heat dome, two-thirds of the over 600 heat-related deaths in the province were of people over 70 years old.[18] Many had schizophrenia, substance use disorder, COPD, asthma, and other chronic conditions

[11] *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.
[12] *Ibid.*
[13] Scott T.J. et al., Summers over land and ocean are becoming longer, transitioning faster, and accumulating more heat, Environ. Res. Lett. 21 074009 (2026), https://iopscience.iop.org/article/10.1088/1748-9326/ae5724/meta.
[14] Statistics Canada, The Impacts of Extreme Heat Events on Non-Accidental, Cardiovascular, and Respiratory Mortality: An Analysis of 12 Canadian Cities from 2000 to 2020, p. 6 (2024), https://www150.statcan.gc.ca/n1/en/pub/82-003-x/2024006/article/00001-eng.pdf.
[15] 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.
[16] 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.
[17] 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.
[18] 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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that could obviously affect their ability to access—let alone spent substantial periods—an "amenity space" during a heat wave. Most of those who died lived alone, with no one to help them.

The 519 supports investing in public cool spaces as one part of a comprehensive public health strategy. Indeed, we seek to serve as one. Nevertheless, while cool spaces may be low-cost and have potential for a variety of health and social benefits, current evidence does not suggest that they are a first-line solution to prevent heat-related illness and deaths at scale. They thus cannot be regarded as a substitute—even temporarily—for structural solutions to unsafe living conditions.

Conclusion.

We reiterate our appreciation of the efforts of ECF, ML&S, SD, and other City partners to advance plans 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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Appendix: Studies of common cooling spaces.

The 519 supports investing in public cool spaces as one part of a comprehensive public health strategy. Indeed, we seek to serve as one. Nevertheless, while such interventions may be relatively low-cost and have potential for a variety of health and social benefits, current evidence does not suggest that they are a high-impact solution to prevent heat-related illness and deaths at scale. They thus should be regarded as a substitute—even temporarily—for structural solutions to unsafe living conditions.

We could identify no studies of the efficacy of "cooling rooms" inside apartment buildings. Existing studies focus on "cooling centers" outside of residential buildings, and many of their key findings appear applicable to the apartment-building context. Regarding public cooling centres, researchers have frequently noted that while promising in principle, "the true effectiveness of this intervention is inconclusive," and there is evidence that "cooling centers are typically underutilized by the communities they are meant to serve."[1]

Dearman & Adams et al. 2025: Systematic review

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."[2] However, they considered five papers on studies from North America intended to assess the potential benefits of public cooling spaces.

Eisenman et al. 2016: Proximity to cool spaces in Maricopa County, AZ

One study examined potential relationships between heat-related mortality and proximity to any type of publicly accessible cooled space within a census tract. [3] The authors found some correlation between heat-related mortality and cool-space proximity independent of social vulnerability. However, the review notes that the the effect size and absolute number of deaths were small, and the broad definition of "cool spaces" to include many businesses introduced confounding factors.

Bedi et al. 2022: Hypothetical modeling of "number needed to treat"

Two studies reviewed 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. The first assumed that assumed visitors to cooling centers represented the

[1] Kearl, Z., & Vogel, J. (2023). Urban extreme heat, climate change, and saving lives: Lessons from Washington state. Urban Climate, 47, 101392. https://doi.org/10.1016/j.uclim.2022.101392 . *See also* Côté J.-N., Adopting Evidence-based Environmental Management to Address Climate Change: Insights from Evidence-based Medicine (preprint, 2026), http://dx.doi.org/10.2139/ssrn.5996094.
[2] 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.
[3] 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.

general population, and arrived at a very high estimate of 1.6 million visits needed to save one life.[4]

Hondula et al. 2024: Hypothetical modeling of "number needed to treat"

Another paper replicated Bedi et al.'s approach but assumed that cooling center visitors were all unhoused, and thus highly vulnerable to extreme heat. [5] This produced an estimate of "less than 1,000" visits needed to prevent one heat-related death.

Meade et al. 2023 & McGarr et al. 2023: Laboratory simulation of 2-hour cooling space visit

Two others papers reviewed reported on lab studies mimicking 2-hour visits to cooling centres in a 9-hour heat wave. Researchers recruited 40 Ottawa-Gatineau residents ages 64-79, who were exposed to a heat index of 37°C in lab conditions over a 9h period, either with or without 2h respite in a cooled room during hours 5-6. [6] The authors reported "transient" improvements in core temperature and heart strain in the cooled condition, but found that these benefits dissipated "within 2 h after returning to the heated environment." A second paper observed that by the end of the experiment, "neither mean skin nor core temperatures differed between [cooling and control] groups." [7] The authors did find that improvements in mood and self-reported symptoms for the cooling group lasted longer. However, they 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."

An invited commentary on this study noted that "the use of cooling centers is largely restricted to those who can travel, making them unlikely to protect the most vulnerable, such as those confined to bed or living with psychiatric illness"—a concern that may apply even within to traveling within an apartment building. The commentator also noted: "it remains unclear whether a brief (2-h) respite from the heat is protective against the negative health impacts of heat waves. The rapid increase in core temperature following reexposure to the heat (during hours 6–9) calls into question whether brief exposure to a cooling center should be recommended as a first line of defense during heat waves."[8]

Based on these five papers reporting four studies, the authors of the systematic review observed:

> 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.

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[4] 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.

[5] 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.

[6] 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://pmc.ncbi.nlm.nih.gov/articles/PMC10234508/ .

[7] 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.

[8] Foster, J. (2023). Invited Perspective: Cooling Centers and Heat Waves—Can Current Data Inform Guidance? *Environmental Health Perspectives*, 131(6), 061303 (2023), https://doi.org/10.1289/EHP12830.

> 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.[9]

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."[10]

Burke & Wilson et al. 2025 (preprint): Literature synthesis

Another recent synthesis paper—currently available only in preprint—summarizes a few additional relevant studies, along with Mead et al. (2023).[11] They note: "We know of no randomized or quasi-experimental evaluation of the impact of cooling centers on health outcomes, nor even any systematic data collected on the how much these centers are used and by whom."

> Berisha et al. 2017: Cooling center utilization in Arizona
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> One paper surveyed managers of 53 cooling centers in Maricopa County, AZ in 2014, generally housed within community-based organizations. Managers reported that utilization varied widely over the summer. Visitors were demographically varied; over 80% were unemployed; and one third were unhoused or insecurely housed. Visitors reportedly typically stayed for less than one hour. Vital signs or health outcomes were not measured.
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> Allen et al. 2024: Cooling centre density and heat-related illness in Virginia postal codes
>
> The authors cited another study, similar in some ways to Eisenman et al. (2016). Here, the authors evaluated the relationship between heat-related ER and urgent care visits across seven summers with the presence of cooling centres in Virginia ZIP codes. "Communities with a cooling center had higher rates of HRI than those without, and this difference was most significant in urban areas" and "coincident with a significant increase in non-white residents" in those areas. The authors suggested that "at a macro scale, the current model employed does not show cooling centers reduce rates of heat-related incidents," but also noted that many variables not studied could affect centres' utilization and efficacy.

Based on these studies and the work of Meade et al. (2023), the synthesis authors concluded: "It therefore remains unclear whether a brief reduction in heat exposure protects against negative health impacts of heat waves, whether those who can most benefit from reduced heat exposure can or are willing to access cooling centers, and whether travel to centers can actually increase heat exposure relative to staying at home."

Freire et al. 2025: Time-to-cool for unhoused Arizona cooling centre visitors

[9] 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.
[10] *Ibid*.
[11] Burke M. et al., Understanding and addressing temperature impacts on mortality (Preprint, 2025), https://doi.org/10.31223/X5TQ84.

Finally, some studies have suggested cooling centers may be particularly promising interventions for unhoused populations. One recent study evaluated 44 unhoused older adults ages 55+ who visited a Phoenix, AZ cooling centre at 7am after hot summer nights and had elevated forehead temperatures. [12] Body and skin temperatures were continuously monitored over 120 minutes of rest, cooling, and rehydration. In these conditions, the authors reported that approximately 70 minutes were "approximately 70 min were required to achieve a safe temperature for the cooling center users," with an overall decline of 1.4 °C during over two hours.

The authors recommended that cooling centres plan for adequate capacity for unhoused visitors to stay for no less than 70m per visit, and optimally 120m, especially during greater midday heat. However, noting the results of Meade at al. (2023), they cautioned that “we did not … monitor sustained body temperature after participants re-entered hot outdoor environments, which limited our understanding of the long-term effectiveness of cooling center interventions.”

[12] Heat stress symptoms & cooling center efficacy among older adults experiencing homelessness in Phoenix, Arizona To cite this article: Raul Freire et al 2025 Environ. Res.: Health 3 035009 https://iopscience.iop.org/article/10.1088/2752-5309/ae050f.