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January 17th, 2014

Mr. John Ballatine
Manager
Municipal Finance Policy Branch
Ontario Ministry of Municipal Affairs and Housing
777 Bay Street, 13th Floor
Toronto, ON M5G 2E5

Dear Mr. Ballatine,

Re: Development Charges Act Consultation

The Ontario Public Health Association and its Built Environment Workgroup appreciate the opportunity to comment on your ministry's recent consultation documentation, entitled "Ontario Development Charges Act (DCA)". As this Act has stood unchanged through recent waves of development in the province, we are concerned with the resulting high amounts of sprawl and housing segregation¹.

Smart growth principles and resulting improvements in the human built environment have a proven positive effect on public health. OPHA endorses the principles of smart growth that the Ministry of Municipal Affairs and Housing has adopted^{2,3}:

1. Mix land uses
2. Take advantage of compact building design
3. Create a range of housing opportunities and choices
4. Create walkable neighborhoods
5. Foster distinctive, attractive communities with a strong sense of place
6. Preserve open space, farmland, natural beauty, and critical environmental areas
7. Strengthen and direct development towards existing communities
8. Provide a variety of transportation choices
9. Make development decisions predictable, fair, and cost effective
10. Encourage community and stakeholder collaboration in development decisions

The basis of smart growth, that growth, in essence, should pay for growth, has not always been followed in Ontario. Resulting development—without easy access to necessary services including public transportation, healthy foods, and the other life essentials—can essentially be defined as sprawl. Sprawl has led to increased air pollution and greenhouse gas emissions due to increased driving; it presents an impediment to walking, and has thus been linked to the current obesity epidemic.

We see several facets of the DCA that may, perhaps unwittingly, encourage service-poor sprawl.

First, a municipality must indicate that it intends to ensure that an increase in the need for new development resultant services will be met (section 5.1.3). However, the development cycle turnaround may be quick enough that this proviso may be delayed.

Or, in the case of a disagreement, the Ontario Municipal Board, consisting of non-elected officials would be asked to arbitrate. We suggest that development always brings an increase in necessary services, and that an intention to provide these should proceed without special notice.

Second, charges are annulled if the municipality has excess capacity (Section 5.1.5). However, there is no guarantee that this capacity be within reasonable geographic reach of new development. Nor is there a requirement that hard services requirements such as roads include sidewalks. This, combined with the following comments about transit, could contribute to unnecessary car-based commuting, pollution and high levels of obesity.

We believe that transit funding is a key component of this consultation, specifically the current 10% deduction limitation on this service which has until now been considered non-essential for new development. From a public health perspective, the provision of adequate transit funding is critical in terms of reduction of air pollution, accessibility, mobility, health equity and promoting active transportation. Transit is also central to smart growth, and a key way to limit gridlock and congestion. Therefore, we would support that transit funding: 1) no longer be subject to the 10% discount when recovering development charges; and 2) not be amenable to 10-year historic service level, to allow for long-term planning and design.

These transit recommendations are consistent with those made in the 2013 Environmental Commissioner of Ontario Report which called for expanding the ability of municipalities to fund growth-related public transit services through development charges⁴, among other reports.

Another aspect of the built environment that is critical to human health is the avoidance of demographic segregation. When high income housing is separated (or “gated”) from low income housing, or when poorer municipalities remain separate from richer ones, crime, social capital, and well-being suffer for all, even in high income areas⁵. Again, there are facets of the DCA that encourage (or at least do not discourage) such patterns of segregation. Notably, by basing development charges on a municipality’s historical service levels (section 5.1.4), the DCA may prevent the emancipation of poorer municipalities, thus affecting public health.

Although uncontrolled development charges could negatively impact on housing affordability, more could be done to provide a range of housing choices in new construction projects. We strongly support retaining a municipality’s ability to encourage both the location and mix-type of housing developments in order to ensure more access to affordable housing. One notion is to mandate that a minimum level of new development be geared towards low-income families, or to create a separate reserve for this purpose.

We remain cognizant that the language of the DCA is flexible enough to allow for a healthy interpretation in order to avoid some of these described trends. However, if unchanged, the Act will allow further development with inadequate patterns necessary for public health. The DCA could be strengthened by incorporating requirements to support land use planning decisions, which support the development of complete communities, a goal of the Growth Plan for the Greater Golden Horseshoe (2006). Further, the proposed policies for the Provincial Policy Statement currently under review, clearly state that land use patterns should be based on land uses which support active transportation such as walking, cycling and transit.

The goal to create healthy, livable communities through planning and growth policies aligns with the Ontario Ministry of Health and Long-Term Care’s goal to improve public health through creating

healthier built environments⁶. Changes to the development charges system to reflect the above-mentioned goals will facilitate smart growth and complete communities. We thus urge the legislature to align with the Ministry of Health's stated goal of using the built environment as a principal vehicle to improve the health of all.

Thank you for considering our feedback. Members of our expert workgroup on the built environment would be pleased to discuss our recommendations further with you and your colleagues and provide additional information or clarification as needed.

Yours sincerely,



Larry Stinson
President
Ontario Public Health Association

More about the Ontario Public Health Association

OPHA has established a strong record of success as the voice of Public Health in Ontario. We are a member-based, not-for-profit association that has been advancing the public health agenda since 1949. OPHA provides leadership on issues affecting the public's health and strengthens the impact of those who are active in public and community health throughout Ontario. OPHA does this through a variety of means including advocacy, capacity building, research and knowledge exchange and transfer. Our membership represents many disciplines from across multiple sectors.

¹Social Sciences and Humanities Research Council, Atlas of Suburbanisms, http://env-blogs.uwaterloo.ca/atlas/?page_id=3129, Accessed: January 05, 2014.

²U.S. Environmental Protection Agency, Smart Growth, http://www.epa.gov/smartgrowth/about_sg.htm, Accessed: January 05, 2014.

³Ministry of Municipal Affairs and Housing, Planning by Design: a healthy communities handbook, <http://www.mah.gov.on.ca/AssetFactory.aspx?did=7171>, Accessed: January 05, 2014.

⁴Environmental Commissioner of Ontario, Building Momentum: Results, pg.32-34, http://www.eco.on.ca/uploads/Reports-Energy-Conservation/2013v2/Building_Momentum_V2.pdf, Accessed: January 05, 2014.

⁵Wilkinson, R., & Pickett, K. (2009). The Spirit Level: Why Equality is Better for Everyone. Penguin.

⁶Public Health Leadership Council, Make No Little Plans, http://www.health.gov.on.ca/en/common/ministry/publications/reports/make_no_little_plans/docs/make_no_little_plans.pdf, Accessed: January 05, 2014.