

Affordable Housing Access & Requirements for Green Space for Health Benefits  
by Dr. M. Bell

Tonight I'm speaking on 2 matters relating to the proposed HRMbyDesign plan. These are:

1. Requirements for Affordable Housing Access;
2. Requirements for Green Space & Health Benefits;

Your Worship and Members of Council.

I'd like to start by expressing my support for many of the comments and recommendations made by the district 12 planning advisory committee member from last night's presentations.

I am a family physician and health educator and am currently working as a clinic physician at the Duffus Integrated Health Care Centre at Bayers Road and have previously worked in the Spryfield community at Cowie Family Medicine.

In all these settings the populations have been very diverse and complex in their needs. I have been a player in the community policy development at Captain William Spry Centre.

In reading the HRM by Design document I noted that HRM has the opportunity to be an interested and active player in adopting and developing a housing strategy that is inclusive and embraces diversity.

I believe that adopting HRMbyDesign without input from a fully developed Affordable Housing Functional Plan, which I understand is due to be completed this year, is premature. HrmbyDesign should be relying on a policy structure or framework provided by the Functional Plan.

Guidance from that plan may lend itself to improvements in HRMbyDesign's overall mandate in ensuring inclusion of tenets for sustainable and affordable housing. While HRM by design may not be a housing strategy in itself as stated in the Supplementary Report of April 7, 2009 the intended recruitment of the proposed 15,000 to 25,000 vibrant vital people to live and work in the City centre appears to be just that. I am hopeful this will not result in the non-inclusive gentrification of the city core. After all a vibrant and vital society is one that has broad acceptance of diversity.

Fixed income or low income often refers to a person who has a medical disability. These individuals live in our society and as such need a place to be housed. In fact persons with disabilities would benefit from living in the downtown sector because there wouldn't be as many transportation issues.

If there was a recommendation for a universally integrated policy across the board that all development proposals required 5% of new apartment buildings living space be made

available for low-income housing, there would be no need to adopt the model of additional “bonus” height- as a trade off for subsidized facilities. This would simply be a strategy based on a societal decision that recognizes the WHO mandate for universal access to housing.

Without having an across the board policy there is the risk of lack of equanimity, where few developers may chose to provide low income housing.

As a physician I am working with individuals or groups that are often marginalized and where housing is universally a challenge. There is a continued and on-going exclusion of lower income individuals and families from the downtown core.

This is an opportunity for the municipality to be an active and interested player in a housing strategy that is inclusive instead of the developments we will see which are more and more for the upper income individuals.

If we're talking about redensifying the downtown by increasing the population why hasn't HRMbyDesign made a requirement for public parks?- this is different from and cannot be replaced by a privately accessibly green roof or the view of such.

As we know there are direct links between access to public open green space and physical and mental health. And with this increase in population and only 6-8 additional beds at the new Halifax Infirmery Emergency we will be looking at Code Combustible, not Code Orange if we don't plan on using every opportunity of keeping people healthy.