

Three key elements in an Ontario Poverty Reduction Strategy: Health equity, affordable housing and a healthy third sector

July 30, 2008

The Wellesley Institute, a research, community engagement, policy and social innovation institute celebrating its first decade of advancing urban health, is a founding member of the 25-in-5 Poverty Reduction Network. It works with a variety of groups at the international, national, provincial and local levels on urban health, poverty and related issues. We welcome Ontario's commitment to a poverty reduction strategy and support the work of our many colleagues in a variety of sectors to define the details of a comprehensive poverty reduction strategy. In this submission, we offer four recommendations in three areas:

- *health equity,*
- *affordable housing,* and,
- *a strong and healthy third sector.*

Growing inequity in the midst of prosperity

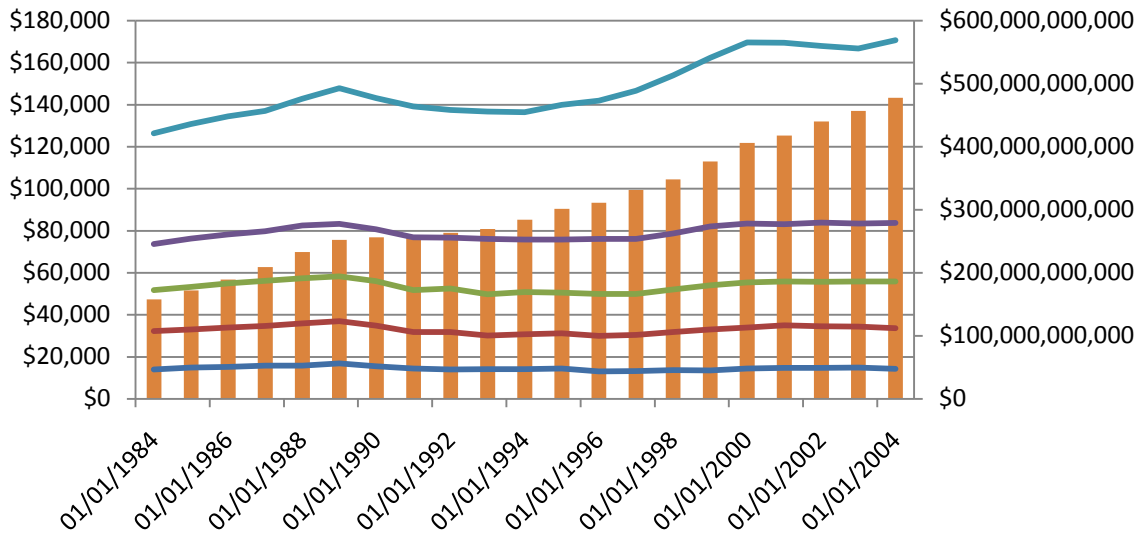
In shaping a poverty reduction strategy for Ontario, it is important to grasp some of the fundamentals of our provincial economy and the impact that these have on the lives, and health, of Ontarians. By mid-2007, troubling signs were emerging of an economic downward spiral triggered in large part by a precipitous economic decline in the United States. This was further exacerbated by the sub-prime crisis that is threatening to drag down much of the global economy although Canada has remained relatively in better financial shape and has the resources to invest in its economy and its people. However, it is important to look back two decades to see the foundations of the current economic conditions.

Overall, Ontario's economy – as measured by the province's Gross Domestic Product – has been growing steadily, with particularly strong growth since the mid-1990s. The solid bars on the chart below, with the scale to the right, measures the province's GDP. However, not all Ontarians have been sharing in the growing prosperity. The solid lines show the five income quintiles, with the scale to the left. For Ontarians in the first four quintiles (80% of the overall population) average incomes have barely budged in two decades, while the richest 20% of Ontarians have seen their average income rise by almost 40%¹.

¹ GDP calculations from Statistics Canada, Gross Domestic Product, Provincial; Income quintiles from Statistics Canada, Survey of Labour and Income Dynamics

Stagnant incomes at a time of rising costs of necessities such as housing, food, energy, medicine, clothing and transportation has trapped a growing number of Ontarians in an income squeeze.

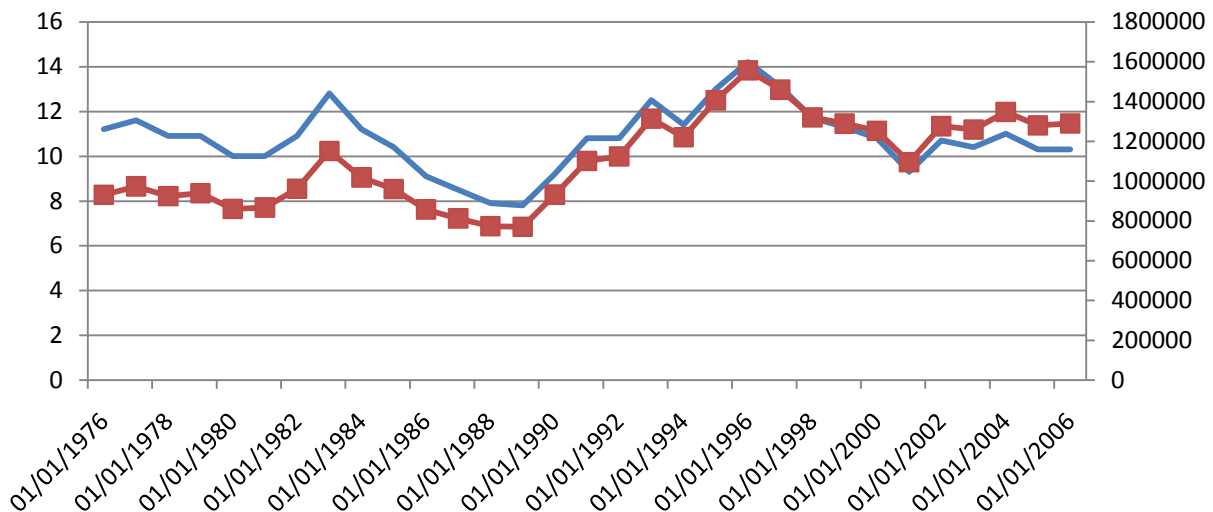
Stagnant incomes for most - as Ontario economy prospers



The solid vertical bars show the annual GDP (right scale), while the five horizontal lines record average incomes for the five quintiles (left scale). Source: Statistics Canada

Overall, about 1.3 million Ontarians were living below the Low Income Cut-Off (after taxes) in 2006, according to Statistics Canada, a number that has remained stubbornly high despite the economic good times in recent years as indicated by the growing GDP². About one-in-ten Ontarians are in low income, a number that has remained relatively steady over three decades.

Persistently high numbers are in low-income



The dotted line records the overall number in low-income (right scale), while the solid line records the percentage of overall population (left scale). Source: Statistics Canada

² Low income statistics from Statistics Canada, Survey of Labour Income Dynamics

Disaggregating the numbers, the low-income rate is slightly higher than the average for people under 18 and for those from 18 to 64, and considerably lower for the 65+ group – a clear sign that the substantial social investments in senior poverty reduction initiatives have had a positive impact. The low-income rate for newcomers, and racialized communities, is distressingly high compared to the resident population and to white Canadians. While it can be argued that the large influx of newcomers with employment opportunities that virtually ensure that they attain jobs in low wage sectors is a new phenomena, we have a moral obligation to find strategies that can assist them.

A growing number of research reports point to disturbing trends in growing poverty and income inequality, especially in the Greater Toronto Area (the largest metropolitan region in the province). These include:

An Update to TD Economics' 2002 Report on the Greater Toronto Area (GTA) Economy (TD Economics, July 17, 2007)

“Consider the area of poverty, which is among the most complex challenges confronted in the GTA. This issue is also among the most pressing. Newcomers to the region not only suffer from high and rising incidences of low-income, but they are staying there longer. And over the next 20 years, international immigration will likely be the area’s sole source of population growth.”

Losing Ground: The Persistent Growth of Family Poverty in Canada’s Largest City (United Way of Greater Toronto, November 2007)

“Most would not have predicted this (the growth of family poverty) at the start of the new decade. In 2000, economic indicators pointed to a robust and booming economy, and in many ways that outlook has held. Canada has enjoyed high employment, and strong job growth and corporate profits throughout most of the decade. But there were countervailing economic forces that made the economic picture less rosy in the City of Toronto... On every dimension of income examined, Toronto families lost ground, falling behind families in the rest of the country: overall family median incomes were lower, as were median incomes for both two-parent and lone-parent families, and overall family poverty rates were higher, as were those of both family types.”

The Three Cities Within Toronto: Income Polarization, 1970 to 2000 (University of Toronto Centre for Urban and Community Studies, December 2007).

“Before the late 1970s, few people spoke about a “housing affordability problem.” Poor people were housed, albeit in poor-quality housing, and the middle-income majority could afford what the market had to offer. It is only when the percentage of those in the middle declined that we began to hear about “housing affordability” problems. If the incomes of a significant share of people in a city fall relative to the middle, the gap between rich and poor widens. Those closer to the bottom are more numerous and find it increasingly difficult to afford the largest single item in their budget – housing (either in mortgage payments or rent). This is what has happened in the City of Toronto and its inner suburbs since 1970.”

The Wellesley Institute has worked with various partners to produce more than 100 detailed research reports over the past decade that provide a compelling and detailed picture of poverty and related concerns as they affect a number of specific communities. A list of selected research projects is in Appendix One.

The Wellesley Institute research includes studies that highlight critical concerns – such as the impact of homelessness on health – and also points to specific and practical solutions – such as the value of supportive housing in creating stronger neighbourhoods. Our work has examined issues of concern in current provincial policy – such as barriers facing homeless people with disabilities in accessing the Ontario Disability Support Program – and also the particular challenges facing specific groups –from racialized communities to lesbian, gay, bi-sexual and trans-gendered people.

Our work takes us from the neighbourhood-level, where we are engaged with specific communities, to the international level – where our staff is working with partners in several different countries and with international organizations from the World Health Organization to the United Nations’ Human Rights Council and UN Habitat to the Organization for Economic Co-operation and Development.

Poverty reduction has become a growing focus of the United Nations (Millennium Development Goals), the World Health Organization (Social Determinants of Health), the OECD (Project on Measuring the Progress of Societies) and a growing number of nations and sub-national jurisdictions. Ontario is lagging far behind many other jurisdictions in developing the robust and sophisticated analytical tools to assess the scope and scale of poverty, and monitor and evaluate the effectiveness of specific poverty reduction strategy.

As an institute based on the principle of health equity and guiding by relentless incrementalism and pragmatic advocacy, we understand the many constraints and demands on government funding. That being said, we believe that there are funding mechanisms which can be enacted to address these issues while recognizing the overall picture. This forms the basis for our recommendations

Our first recommendation:

The Ontario government should invest the dollars and resources to create an ongoing set of analytical tools to measure poverty and assess progress in eradicating poverty. Based on the experience from other jurisdictions, Ontario needs a robust basket of measures that include:

- **Income measures, such as Low Income Measures, Low Income Cut-Offs and Gini Co-efficients, that not only measure absolute incomes, but also measure income inequality.**
- **Deprivation indicators, developed in conjunction with broad sectors of the population, to assess the particular impact of poverty in terms of food, clothing and other essentials.**
- **Market basket measures which measure the actual cost of necessities such as shelter, food, medicine, transportation, childcare and other basics.**

- **Specific indicators to measure various elements of the poverty reduction strategy, including housing affordability, health equity and the relative health of the non-profit sector.**
- **Dramatically reduce the funding reporting bureaucracy so that providers can focus on delivering services instead of producing myriads of reports.**

Health equity and Ontario's poverty reduction strategy

Pervasive and systemic differences in health by income, race, neighbourhood and other social determinants of health are increasingly well documented across the province. The need to reduce these disparities and enhance overall health equity is high on the agenda of the provincial government and many Local Health Integration Networks.

The research evidence on the impact of low income and income inequality on health and health disparities is very clear:

- across Canada men in the lowest income quintile live five years less than those in the highest;
- in Ontario the percentage of low-income adults who report poor or fair health is three times higher than high income;
- there is a consistent gradient in which hospitalization for heart, asthma, diabetes and other chronic conditions is far higher for low income people;
- in Toronto the incidence of diabetes is over twice as great in low income than high income neighbourhoods.

Health disparities are among the starkest reflections of the damaging consequences of poverty: poverty results in avoidable premature deaths and a far higher burden of illness on the most disadvantaged sectors of our population. Poor health and pervasive health disparities are a critical 'canary in the mineshaft' highlighting the high individual and societal costs of poverty.

Health disparities have significant system implications as well. The higher burden of illness faced by the poorest and most vulnerable populations leads to increased demands and costs on hospitals and care providers. There are also many avoidable system inefficiencies: for example, 2007 research by Street Health found that because homeless people had far more serious health problems than the general population and very limited access to primary care, they tended to end up in emergency rooms and hospitals. This is generally medically inappropriate, is far more expensive and can contribute to delays throughout the hospitals.

Building on existing Ontario government initiatives

A very interesting cross-ministry research and policy initiative on health equity has been operating for more than a year. The goal is to highlight the ways in which the roots of health disparities lie in policy fields far beyond health – including those concerned with income distribution and poverty - and to begin to develop comprehensive and coordinated policy mechanisms and solutions.

Our second recommendation:

The Poverty Reduction Strategy should work closely with the health equity initiative, especially building on:

- its solid comparative research on integrated cross-Ministry policy initiatives and coordination from other jurisdictions;
- its commissioned research on the life-cycle implications of social mobility and inequality for health and health disparities;
- its already-established advisory committee of leading researchers and experts on health equity.

The Ministry of Health and Long-Term Care has been refining its overall strategy, and ensuring equitable access to necessary health services and reducing overall health disparities will be one of its main priorities. Among many policy directions, the Ministry and the LHINs will certainly be considering the most effective ways in which adapting and targeting investments and resources to disadvantaged populations – such as low-income neighbourhoods, Aboriginal communities, recent poorer immigrants, etc. – and to crucial barriers to services – such as language, the cost of services and treatments over and above OHIP, etc. – can contribute to reducing health disparities. The potential of such policy and program intervention and how they could be implemented at a local level were analyzed in a report by Bob Gardner, Director of Policy and Research at Wellesley. He had been seconded to Toronto Central LHIN in winter/spring 2008 to develop a comprehensive health equity strategy and this discussion paper will be published by the LHIN very soon.

The implementation of equity priorities at the Ministry and LHIN level will likely include objectives and indicators relevant to the Poverty Reduction Strategy's search for good indicators. For example, one solid equity objective is to reduce the difference in the incidence of diabetes and other chronic diseases between high and low-income neighbourhoods.

Building on community-based initiatives

The Wellesley Institute has initiated a series of forums with community-based health and social service providers, researchers and others and commissioned research to flesh out what a community-based framework for health equity would look like.

The first roundtables were held over two days in December 2007, with participants reviewing a major new research paper by noted health policy expert Dr. Michael Rachlis: “**Delivering Equity: Community-Based Models for Access and Integration in Ontario's Health System**”. A wide range of experience and expertise was represented and an equally wide range of tremendously valuable innovations and ideas were identified.

The main theme was that there is a great deal of innovative and responsive service planning and delivery underway on the ground, and one key task of provincial and LHIN policy is to enable and build on this front-line innovation. Two key directions arose out of these first roundtables, and a number of follow-up meetings and working sessions were held through the winter and spring of 2008.

“Health Equity Now: A Working Paper on the Best First Steps for Ontario” synthesizes key lines of action recommended by the roundtable participants, was used to facilitate further sessions of the roundtable in June 2008. These ideas have been worked into briefing notes and presented to the Ministry of Health and Long-Term Care and LHIN policy-makers.

Watching for unintended policy consequences

A second issue that arose during these roundtables was funding. There was considerable concern among community-based providers and researchers that the new HBAM (Health-Based Allocation Model) being developed within MOHLTC to allocate funds to the LHINs would not adequately take account of health disparities, the tremendous diversity of the Ontario population and the challenging and complex health needs of disadvantaged communities. The Wellesley Institute has prepared two backgrounders on health equity and HBAMs (available on our web site at www.wellesleyinstitute.com).

The international research evidence is very clear that investing in enhanced primary care for disadvantaged populations is one of the most effective ways to address health disparities. Major initiatives are underway within Ontario to increase access to primary care. Here again, several adverse policy consequences will need to be avoided. One potential problem is that by developing new incentives for doctors through Family Health Teams and other mechanisms, the gap between their income and salaried doctors in Community Health Centres could be increased. CHCs play a vital role in supporting the poorest and most disadvantaged populations. Increasing the numbers and reach of CHCs, even beyond the important commitments the government has already made, would have a major impact on the health of the most vulnerable.

A second problem is ‘perverse incentives’ built into capitation models: while far more geared to patient-centred care than fee-for-service payment, capitation systems create disincentives to taking on patients with complex needs or locating in poorer areas where needs will be more intensive and outcomes poorer.

Housing and Ontario’s poverty reduction strategy

The economic good times in Ontario in recent years have masked a rise in the precarious class – one-in-four Ontarians who have been forced into unaffordable and often inadequate housing. And, as the province faces an economic downturn and possible recession in 2008, the big question is how far the housing insecurity will spread.

When it comes to housing, Ontarians are caught in a triple squeeze:

- sky-rocketing shelter costs are growing faster than incomes, which leaves Ontario households with higher expenses and limited money to pay for them – creating an **affordability squeeze**;
- a growing population, mainly due to immigration, is pushing up the need for new homes, but construction is mainly on the upper-end of the ownership and rental scale – creating a **supply squeeze**; and,
- specific populations (such as people with special needs who require supportive housing; Aboriginal people, including those who live in remote, rural, northern and urban areas; people who are absolutely homeless and those who are among the “hidden homeless”; racialized people; youth; women) are facing especially difficult challenges and require

urgent attention, but government investment in housing initiatives remains inadequate – creating an *investment squeeze*.

Our third recommendation:

Ontario's Poverty Reduction Strategy needs to include a comprehensive, well-coordinated and fully-funded provincial housing strategy that offers a full range of tools to municipalities, along with indicators for affordability, supply and investment, and co-ordinated with a national housing strategy.

Most people understand that the province's physical infrastructure – roads, water purification plants, and so on – require ongoing investments to maintain and upgrade. Ontario's social infrastructure – including its housing, incomes supports, education, childcare, health systems – also requires ongoing investments to preserve its quality, meet the needs of the growing precarious class of Ontarians, and to meet the growing needs of a growing population. As the U.S. economy continues to falter, Ontario's own economy remains threatened – which underlines the urgency of social investments. Not only do these investments meet real human needs, improving the quality of life of Ontarians, but they also provide a positive economic impact (increased economic activity and even increased revenues for government through additional taxes). All of this is even important in times of economic uncertainty or even recession. Ontario has a strong obligation to make the social investments, and it has a solid economic rationale, as well.

Good quality, affordable housing is a basic necessity for good health, and it is also vital for the social and economic health of the province. Investments in affordable housing deliver multiple dividends, including good homes, good jobs, increased taxes and positive economic activity.

Ontario continues to set a series of unfortunates records when it comes to housing. Ontario has the highest shelter costs (a combination of rent or ownership costs, plus utilities) in the country. The number of Ontario households spending 30% or more of their income on housing (the danger line used by housing experts) has grown from 25.3% in 2001 to 27.7% in 2006. Median annual shelter costs for Ontarians jumped by 18.3% from 2001 to 2006, much faster than the 12.8% growth in median annual household income and well above the 11.26% growth in inflation in those years³. Digging a bit deeper, one-in-five owner households spent more than 30% of their income on shelter in 2006, but almost half of all tenant households (44.6%) slipped into the affordability danger zone by 2006. Renter household incomes are about half those of owner households, so the high number of renters paying an extremely high amount for their housing means that they have little left over for other necessities such as food, energy, transportation, clothing, medicine and other basics.

Eight of the ten least affordable rental areas in Canada are in Ontario. The worst rental zone in the country is Windsor, and other Ontario communities in the top ten are (in descending order): Ottawa, Toronto, London, Hamilton, Oshawa, Sudbury and Kitchener⁴.

³ Housing statistics from Statistics Canada, Changing Patterns in Canadian Homeownership and Shelter Costs, 2006 Census, June 2008; inflation calculation from Bank of Canada.

⁴ Canada Mortgage and Housing Corporation, Rental Affordability Indicator, fall 2007.

About 95% of Ontarians live in private market housing – 60% in ownership and 40% in rental. The remaining 5% live in social housing – including non-profit and co-operative homes. Most Ontarians, therefore, are extremely vulnerable to trends in private housing markets (increases in rents and house prices). Therefore, it is important to carefully track the private markets and assess the growing gap between household incomes and market prices.

In the affordable housing attachment, we offer a series of practical recommendations on measurements and indicators, plus a series of effective tools that can be incorporated into the Ontario Poverty Reduction Strategy.

A healthy third sector and Ontario's Poverty Reduction Strategy

Over the past several years the Wellesley Institute has studied the evolving nature of systemic change in the not for profit (NFP) sector, or what has commonly become known as “the third sector”. Non-profit organizations do a considerable amount of work delivering programs and services related to poverty reduction – from health and social services to housing and community programs. The health of the third sector should be a vital concern to the Ontario government as it launches its Poverty Reduction Strategy.

While non-profit, voluntary and charitable groups are often neglected or taken for granted, this sector comprises hundreds of thousands of organizations of various sizes. In dollar terms, it contributes a larger share to the overall economy than automobile manufacturing, but the health of the third sector is rarely given serious public or policy attention. According to the most recent numbers from Statistics Canada, the third sector generates \$81 billion annually – which represents 7.1% of Canada's Gross Domestic Product. The third sector is a major employer – with labour compensation that amount to almost \$70 billion annually. That compares to about \$60 billion for the retail trade, and less than \$15 billion for motor vehicle manufacturing.

While the economic impact of the third sector is enormous, the social impact is even greater. Non-profit organizations deliver some of the most vital services in our communities and our country. By far the biggest segment of the third sector delivers vital health services, followed by a range of social services, housing, culture and recreation. Third sector groups helps us to stay healthy, and deliver critical health services when we are ill, they provide good quality homes for about one-in-twenty Canadians, and they nurture our bodies and our minds. They entertain, amuse and educate us and our children.

But we should not take the health of the third sector for granted. Financial cuts and structural changes by governmental and non-governmental funders have exacted a heavy price on the third sector, and the millions of Canadians who work for non-profit groups, volunteer their time, or rely on their programs and services. In many communities, residents have faced the loss of critical local services and organizations. The serious crisis facing the third sector threatens to bring both social and economic consequences.

Last year, the Wellesley Institute took a close look at financial sustainability and funding practices for community, non-profit organizations. “**We Can't Afford to Do Business This**

Way: A Study of the Administrative Burden Resulting from Funder Accountability and Compliance Practices”, by Lynn Eakin, set out in stark detail the story of a sector in acute difficulty. Among the many important findings of the study:

“Our study provides further evidence that funders are not giving agencies the flexibility they need to innovate or adjust services, or to partner or develop new ways of responding to the complex challenges facing communities. We have too much of the wrong kind of accountability – too many administrative demands that sap productivity. Agencies need to be able to respond to local situations and search for new ways of meeting community needs. Funders need to involve their service providers in designing effective services and give them the stability and flexibility to try new ways of doing things.”

This important research, along with its practical and effective set of recommendations, was a wake-up call for both funders and non-profit organizations.

For more than a year, the Wellesley Institute has done considerable work with our partners to look at the state of collaboration among third sector organizations. We commissioned a series of research studies that examined collaboration in Toronto and elsewhere, and looked at models of collaboration in the private sector. We held round table discussions with non-profits, funders and others to explore issues in more detail.

Our work set out an important goal: To inform the not-for-profit sector, governments, policy-makers and others about the state of collaboration; and to set out a plan for action to build on the positive values that come from collaboration, while avoiding the difficult challenges. Collaborative activities form a significant part of the work of organizations in the non-profit sector. Much of this is accidental or incidental – a physician at a community health centre who builds a relationship with a lawyer at the local legal clinic to ensure that a patient gets all the support she needs. This kind of collaboration is important, and helps non-profit organizations to meet the range of service needs of their clients. The collaboration initiative at the Wellesley Institute aims to push this work to the next level – to make collaboration more intentional, to ensure that the proper resources are available, and to monitor and evaluate to ensure more efficient and effective service delivery. Moving from accidental and incidental to intentional and structured requires resources (from both non-profit organizations and funders), knowledge exchange to share good practices and a coherent structure that encourages collaboration and allows for proper monitoring and evaluation.

Over the years as government budgets have been reduced and reallocated, this third sector has needed to do not only more with less but significantly more with significantly less, a victim of the legerdemain downloading theory of social change. Consequently, the third sector has encountered the same pressures as the private sector with respect to restructuring, right-sizing, efficiency and productivity enhancements, mergers, acquisitions, etc. Yet, NFPs are inherently different because they have a double or even triple bottom line: fiscal responsibility, social service responsibility and environmental responsibility.

During our research, it became clear that the sector would have to undertake some form of consolidation activity; that is NFP organizations would need to band together to achieve both

effectiveness and efficiency objectives (i.e doing the right things and doing things right). This challenge was further exacerbated by the complicated and often conflicting funding and reporting models under which service providers had to function; a system which over time turned NFP leaders into NFP administrator. Furthermore, we realized that consolidation or forced integration was not the panacea that governments and the private sector espoused; the “let them operate within a for profit business model” argument. This rationale did not recognize the billions of dollars of free labour enjoyed by many NFP through volunteers. This labour pool, unlike business, is not easily transferable. For example, a worker in the telecommunications field might move from one wireless provider to another but a volunteer committed to cancer prevention does not easily migrate to an organization involved in homelessness. Hence the barriers to consolidation are more than simply philosophical.

Consequently, through this process, a model surfaced which recognized the need for effectiveness and efficiency through increased collaboration. This new and improved model went far beyond the usual “information sharing” collaboration and beyond what has been written about trans-organizational systems to what we have termed Catalytic Collaborative Networks in which various organizational missions, financial and human resources and social mobilization actions are intertwined to achieve positive social change.

Finally, any work in the area of collaboration must recognize the subtle yet intense competition amongst NFP for brand awareness, profile, funding, volunteers etc. It is by understanding that the future must address competition and cooperation in a form we term “co-opetition”.

Our fourth recommendation:

As part of its Poverty Reduction Strategy, the Ontario government needs to make a renewed commitment to work with the non-profit sector to strengthen the work of the third sector.

Appendix One – Selected Wellesley Institute-funded research

Building Capacity for CBR with racialised Groups: Towards a Richer Understanding of Health Disparities	Access Alliance	Black Creek CHD; Toronto Public Health, Family Services Ass., York University	Income security amongst racialized communities, how racialized inequalities in the labor market affect health; and strategies for overcoming racialized income and health inequalities.
Access to Safe Shelter: FTMs, Homelessness and Housing	The 519 Church Street Community Centre (Trans Shelter Access Project)	Fred Victor Centre, Native Men's Residence, Ernestine's Women's Shelter, City of Toronto, Turning Point Youth Services, Ryerson University, School of Social, York University, Department of Political Science	Shelter needs of members of the homeless Female-to-Male (FTM) trans community, unique barriers that FTMs experience, development of a cross-sector response.
The Street Health Report	Street Health Community Nursing Foundation	Centre for Research on Inner City Health, St. Michael's Hospital	A comprehensive study of the health and well-being of homeless people.
The impact of supportive housing: Community, social, economic and attitude changes	The Dream Team, AIS	University of Toronto	Identify how relationships between supportive housing residents and their communities change over time, and document how supportive housing influences the social and economic health of surrounding neighbourhoods.
Coming Together: Homeless Women, Social Support and Housing	Faculty of Social Work, University of Toronto	Regent Park Community Health Centre, Sistering	Staged photography exploring how women and transwomen who are homeless and marginally housed build support networks with each other in order to survive.
Critical Characteristics of Supportive Housing: perspectives of residents and service providers	University of Toronto	Canadian Mental Health Association, Toronto Branch	Develop an understanding of important components of supportive housing for persons with serious mental illnesses and addictions.
The effects of supportive housing on the health status and service utilization of homeless and hard-to-house adults	Centre For Research on Inner City Health, St. Michael's	Centre for Research on Community Services, Evangel Hall	Compare individuals entering supportive housing and wait-list individuals to determine changes in housing status, health status, alcohol and drug use, legal involvement, quality of life, and use of inpatient, emergency and outpatient health care services.
Mental Health Needs of Transitional Street Youth	Ryerson University	St. Michael's Hospital, Covenant House, Yonge Street Mission's Evergreen Centre for Street Youth	Develop a plan for intervention to meet the mental health needs of street youth.

Positive Spaces, Healthy Places	Fife House Family Medicine, McMaster University	Ontario Aboriginal HIV/AIDS Strategy, Ontario AIDS Network, Bruce House, AIDS Niagara, AIDS Thunder Bay, York University	Provide a space for PHAs to voice housing needs in order to better develop the case for social change in housing programming and policy for PHAs that reflects the diversity within the PHA community.
The Pathways to Education Program	Regent Park	Toronto District School Board	Monitor and evaluate the needs of students and their parents through a baseline study, a tracking study, and a comparative study.
Improving access to mental health services for immigrant and refugee persons with HIV/AIDS	Committee for Accessible AIDS Treatment c/o-Asian Community AIDS Services	Alliance for South Asian AIDS Prevention, African in Partnership Against AIDS, Black Coalition for AIDS Prevention, Centre for Spanish Speaking Peoples, Centre for Addiction and Mental Health	Focus group interviews and an interpretive approach to explore how I&R-PHAs define their mental health needs, how they make sense of and cope with their mental health issues, and their experiences in accessing mental health services.
Disability in the context of HIV/AIDS: Building the Foundation for an Instrument to Describe "Dissability" Experienced by Adults Living with HIV	St. Michael's Hospital, Centre for Research on Inner City Health	Aids Committee of Toronto (ACT)	Determine how PHAs conceptualize "disability" and what domains of "disability" they experience; and evaluate how well existing HIV health status instruments capture "disability" experienced by this population.
Count us In! Inclusion and Homeless Women in Southeast Toronto	Ontario Women's Health Network (OWHN)	Toronto Christian Resource Centre, Ontario Prevention Clearinghouse,	Investigate how health and social services in Toronto, and Ontario, can be made more inclusive, and promote health and well-being of marginalized groups. Homeless and under-housed women in Downtown East Toronto led the research and were actively engaged.
A study of local response to the food and nutrition needs of homeless people	Dept. of Nutritional Sciences, University of Toronto	Second Harvest, Daily Bread Food Bank, Street Health, CRC, Fred Victor, Dixon Hall, Sherbourne HC, City of Toronto, Weston-King Drop in Centre, Youthlink Inner City	Develop a conceptual framework for future evaluations of the effectiveness of local responses to the nutrition needs of homeless people.
The Impact of Homophobic Public Discourse on Children and Youth Living in LGBT-Led Families: A Study of the Same-Sex Marriage Debate	Family Service Association; Toronto District School Board		Community-based research project to assess: the exposure of children and youth living with LGBT-led families to homophobic public discourse surrounding the Canadian same-sex marriage debate, and the impact of homophobic public discourse on the emotional health and well-being of children and youth living with LGBT-led families.

Failing the Homeless: barriers in ODSP for Homeless People with Disabilities	Street Health Community Nursing Foundation		Identify the barriers that were preventing eligible homeless people from accessing ODSP, while at the same time helping study participants to secure the benefits they are entitled to.
Effectiveness and Costs of Two Approaches to the Provision of Practical Assistance and Counselling to PHAs	AIDS Committee of Toronto (ACT)	McMaster University (CLEAR Unit)	Randomized trial of 78 PHAs to assess who benefited most from self-directed access to support services versus case management, and compare health and social costs associated with these two approaches from a total societal perspective.
Youth Voices: Linking New Technologies with Participatory Action Research	University of Toronto	Harvey Skinner	Investigate how new technologies linked with participatory action research methods can engage and sustain youth in social action and community health promotion.
Paths to Employment in Southeast Downtown Toronto	Dixon Hall (SEED Program)		The MarketPlace Project originated as a Saturday night event at the St. Lawrence market, where high-quality one of a kind products and services could be purchased.
HIV Vulnerability among LGBT and Two-spirited Youth who Migrate to Toronto	School of Social Work, Ryerson University	AIDS Committee of Toronto (ACT), Asian Community AIDS Services, 519 Community Centre, Supporting Our Youth, and 2-Spirited People of the 1st Nations	Assess HIV vulnerability, and health and social service needs of migrant LGBT and Two-Spirited youth who have migrated to Toronto.
Creating a Space Where we are all Welcome	Fred Victor Mission	City of Toronto Public Health, Regent Park Community Health Centre	Develop a framework for a broad based supportive service which includes integrated community services offering a continuum of care, and a comprehensive health strategy.

The Wellesley Institute advances the social determinants of health through **community-based research**, **community engagement**, the informing of **public policy and social innovation**.

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