

# Impact Report

# 2019-2020

## BY THE NUMBERS

22 research reports ----- 15,525 people reached

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6 blogs ----- 11,731 people reached

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9 op-eds in the Toronto Star ----- 3,424,000 weekly readers

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1 CONFERENCE  
Advance 2019:  
Building Healthier  
Cities ----- 150 attendees

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2 EVENTS  
A.I. and Health Equity:  
Opportunities and challenges  
for ethics and policy ----- 221 attendees  
Race, Mental Health and the Workplace

# 35 committees, panels, networks and tables including:

- National Advisory Council on Poverty
  - Advisory Council on the Implementation of National Pharmacare
  - Racialized Populations and Mental Health & Addictions Community of Interest
  - City of Toronto Inter-Sectoral Data Working Group
  - University of Toronto Community Partnerships Research Program
  - City of Toronto's System Leadership Table
  - Canadian Housing Policy Roundtable
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**3,497** people reached through e-newsletters



**143,111** webpage views



**63,427** website visitors



**314,100** impressions on Twitter



**2,699** followers on Facebook

## Our Mission

Advance population health and reduce health inequities by driving change on the social determinants of health through applied research, effective policy solutions, knowledge mobilization, and innovation.

## Health policy across the life-course

Everyone deserves the chance to live a healthy life. This year, we completed three projects that looked at what both older and younger people need to thrive.

### From birth to employment

Not all young people will have a fair chance to realize their full potential. Some will face barriers to education, mental health issues, poverty, homelessness, racism and discrimination. Such inequities can start before birth and build over time, resulting in negative health outcomes and the inability to thrive. Funded by, and carried out in partnership with, the Government of Ontario, [Supports for Success \(SFS\)](#) was a province-wide initiative geared towards improving educational, economic and social outcomes for marginalized children and youth – from birth to employment.

A team of over 20 people including researchers, community engagement leads, indigenous leaders and elders worked alongside local service providers and stakeholders in Brant County, Thunder Bay, East Scarborough, and the Kingston, Frontenac and Lennox & Addington (KFL&A) region. Together we sought find out what we are doing well, and what we could do to improve supports for young people. In addition to program inventory and social network analyses, we also conducted focus groups to ensure that our work was tailored to the unique issues and concerns facing each community.

SFS developed a model of needs-based collective action that is being used by local communities to help build on existing services and build seamless supports for young people.

### Diverse care for diverse populations

The proportion of Ontario's diverse aging population is growing, but evidence suggests that the culturally appropriate services available in the home and community care system aren't following suit.

Home and community care makes aging in place possible by helping older Ontarians remain active, healthy and can help those who have been in hospital transition back to their homes. But aging adults who need linguistic and cultural accommodation face barriers to care. In the [Changing face of home and community care](#), we spoke to older women and their caregivers about their experiences and challenges in the care system. We found that language barriers, lack of language supports for care staff, and long waitlists for the few services that do meet ethnocultural needs, keep people from receiving quality care.

Improving access to ethnoculturally appropriate care can help ensure that more Ontarians receive the care they need, at the right time, in the right place. We used this research to inform submissions made to the Premier's Council on Improving Health Care and Ending Hallway Medicine, as well as Ontario's Senior Strategy by the Ministry for Seniors and Accessibility.

## From surviving to thriving

Our Thriving in the city framework, has redefined what it means to live a healthy life in the GTA. We began this work two years ago by exploring what working-aged individuals need to thrive. This went beyond basic needs and factored in food, shelter, transportation, healthcare, personal care, and social participation. Thriving sets out the income level and resources a person needs to thrive, rather than just survive. Next in this collection of work we examined thriving in retirement and determined that an older adult living independently, would need approximately \$33,000 to afford the resources, goods and services needed to live a healthy, thriving life.

This year, we continued to expand on this work, and examined who is and who isn't earning the thriving retirement income in the GTA. In *The Haves and the Have Nots*, we found that thriving in retirement is affected by many factors including gender, immigration status, race, and other socio-demographic factors – which have created income gaps within older adults. Our research found that single people, women and immigrants are less likely to thrive in retirement than others. Moving forward, we will conduct a more detailed study on what changes and policy improvements could be made to Ontario's retirement framework to ensure that older Ontarians are able to thrive.

Especially relevant, our Thriving framework holds a new way forward post-COVID-19. Using this research, we have been urging governments to rethink what retirement and social assistance supports could look like in order to create a healthier and more resilient Ontario as we recover, and into the future.

## Social Inclusion

**Feeling valued, having your rights respected, needs met, and your voice heard are some factors that contribute to the feeling of inclusion. Increasingly, social inclusion is being recognized as a contributor to good health. This year we completed two projects that examined social inclusion in the GTA.**

### The Toronto experience

We partnered with Toronto Public Health on a two-part exploratory project. In *Promoting Health and Well-Being through Social Inclusion in Toronto* we examined social inclusion through self-reported levels of social connectedness, social inclusion and civic engagement. Most Torontonians expressed moderately high feelings of social inclusion. However, inclusion was not experienced equally across the city, with social, economic, and disability factors greatly influencing people's experiences.

In phase two, we engaged community organizations, funders and the City of Toronto to share our findings, discuss gaps and identify priority areas for action to advance social inclusion. Our research and consultations identified several promising practices that could spark change for many communities. These include initiatives that are community or peer-led, centred around the arts, social media and volunteering, as well as those that are intergenerational, psychosocial, or centre around improving the built environment. This work was disseminated among community organizations and funders to inform and imbed social inclusion into programs and planning.

## Belonging among racialized youth

Belonging is not only important to individual health, but it is also beneficial for the health of the entire community. For youth, a strong sense of belonging can lead to improved mental health and well-being. It also helps them build resilience, form lasting relationships and encourages volunteerism and commitment to their community. Unfortunately, in many cities racialized youth can often feel socially excluded and isolated. In our think piece, [Inclusive cities and the experiences of racialized youth](#), we examined the feeling of belonging among racialized youth and explored how to create cities that strengthen their sense of belonging.

Our evidence review showed that institutional racism has resulted in many young people often feeling unrepresented in - and unfairly targeted by - public institutions, contributing to a negative sense of belonging. Additionally, spatial inequality poses difficulties in participation and civic engagement. Access to affordable housing and ethnocultural networks make it more likely for racialized populations to settle in the inner and outer suburbs of Toronto. Because of this, young people are often shut out of opportunities that are largely concentrated in the downtown core - which for some youth, is not easily accessible by transit.

To build inclusive communities, equity must be embedded into decision-making. This means that we need to change the way we design and deliver services, programs and policies. The first step in this is to include racialized youth in the process. Co-creation of a shared vision for cities can help break down barriers that affect racialized youth's ability to belong.

## Inequities in access

**People need a range of resources and services to keep them healthy. Access to medications is a crucial part of this. This year we looked at workers' access to medication across Ontario to answer the question: who benefits?**

### Good benefits, good health

Access to prescription medication is crucial to the health of Ontarians, but coverage often depends on where and how you work, rather than your needs. In [Who benefits? Gaps in medication coverage for Ontario workers](#), we examined the gap between the benefits received by part-time and full-time workers as well as the disparities between Ontario workers. We found that one in five workers - 1.5 million people in Ontario - are left without employer or government-provided medication coverage. Without coverage, workers are forced to either pay out of pocket, or go without the medications they need. Part-time workers, newcomers, racialized people and young workers are hit the hardest by this benefit gap.

Our current patchwork approach to drug coverage is leaving workers behind. To achieve good health, all Ontarians need access to prescription medications regardless of hours of work and free from financial barriers.

## Partnership Networks

Working collaboratively with community organizations makes our city stronger. This year we led networks that came together to find solutions and advance health equity in the GTA.

**Toronto Strong** was formed by the Toronto Foundation in partnership with community stakeholders, including the City of Toronto, to design an evidence-based way to distribute donations made to the victims of the Yonge Street van attack, and subsequently, the Danforth shootings. To foster cohesion across sectors and find ways to better support the non-profit sector in responding to future attacks, the Barbara Hall Community Resilience Fund was created. We convene over 25 organizations including non-profits, first responders and City of Toronto staff to work toward this goal together.

**The Health Network for Uninsured Clients** works to improve access to health care for people living in Toronto who do not have Ontario Public Health Coverage (OHIP). Convened by Wellesley Institute, it is a collaboration of over 40 health and community service organizations that focus on capacity building, research and policy solutions. The network works with decision makers and the wider health sector to advance healthy policy and improve health access.

**THRIVE Toronto** envisions a city where all Torontonians thrive. Co-led by the Centre for Addiction and Mental Health and comprised of 11 non-profit agencies and the City of Toronto, THRIVE aims to optimize Toronto's public and private resources to improve the mental well-being of all Torontonians. By acting together, THRIVE aims to reduce the discrimination faced by people living with mental health and addiction problems, address disparities in mental health outcomes and co-create a mental well-being system in Toronto. This fall THRIVE was selected by the International Initiative for Mental Health Leadership to host an event that brought mental health specialists from around the world to learn from mental health initiatives in Toronto.



## Events

Artificial intelligence has caused fundamental changes in our lives, affecting everything from business to government, working life to personal time. As increasingly sophisticated AI systems are created and used more widely, the effects on our health are unclear. At *A.I. and Health Equity: Opportunities and Challenges for Ethics and Policy*, a panel of experts examined a diverse set of topics ranging from ethics and policymaking to the implications for health equity and the future the health of our cities.



Panel from Left to Right

**Jennifer Gibson**

Director, University of Toronto's Joint Centre for Bioethics

**Kwame McKenzie**

CEO, Wellesley Institute

**Vass Bednar**

Head of Public Policy, Delphia

**Alison Paprica**

Vice-President, Health Strategy and Partnerships, Vector Institute

In collaboration with the Economic Club of Canada, we hosted *Race, Mental Health and the Workplace*. A panel discussion featuring corporate leaders, health experts and diversity and inclusion professionals, this conversation centred around collective awareness of the intersections between racialization, mental health and workplaces. This solutions-focused session aimed to help guests think about strategies to build support and increase mental health and well-being within their own workplaces.



Panel from Left to Right

**Hannah Sung**, Moderator

Manager of Digital Video and Podcasts, TVO

**Karlynn Percil**

CEO of KDPM Consulting Group INC

**Derek Quashie**

Partner, PwC Canada

**Kwame McKenzie**

CEO, Wellesley Institute

Photo credit: Jenna Muirhead



## Events

Twenty-five speakers, 10 sessions, 1 day - all aimed at generating solutions to create cities that thrive. Large and diverse cities face many challenges - from housing and social inclusion to affordability and climate change. Our inaugural health equity symposium [Advance 2019: Building Healthier Cities](#), welcomed 150 thought leaders from Toronto and internationally for a day of panel discussions, presentations, ideas labs and co-creation. Our keynote speaker was Lord Victor Adebowale, Chief Executive, Turning Point UK, who spoke about the efforts of his organization to improve mental health in the UK.



[Lord Victor Adebowale](#)  
Chief Executive, Turning Point UK



Panel from Left to Right  
[Kwame McKenzie](#)  
CEO, Wellesley Institute  
[Elliott Cappell](#)  
Former Chief Resilience Officer, City of Toronto  
[Jeff Hebert](#)  
Former Chief Resilience Officer, City of New Orleans  
[Atyia Martin](#)  
Former Chief Resilience Officer, City of Boston



Ideas Lab Participants

## Acknowledgment

We would like to acknowledge this sacred land on which the Wellesley Institute operates. It has been a site of human activity for 15,000 years. This land is the territory of the Huron-Wendat and Petun First Nations, the Seneca, and most recently, the Mississaugas of the Credit River. The territory was the subject of the Dish With One Spoon Wampum Belt Covenant, an agreement between the Iroquois Confederacy and Confederacy of the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes.

Today, the meeting place of Toronto is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work in the community, on this territory. We would also like to acknowledge all the peoples who have contributed to, and helped build Toronto, including migrant and immigrant communities.



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