

Thriving in the City

A Framework for Income and Health in
the GTA

Nishi Kumar

Wellesley Institute works in research and policy to improve health and health equity in the GTA through action on the social determinants of health.

Thriving in the City: A Framework for Income & Health in the GTA | Wellesley Junior Fellowship Report
© Wellesley Institute 2017

Copies of this report can be downloaded from www.wellesleyinstitute.com.

Statement on Acknowledgement of Traditional Land

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.

Revised by the Elders Circle (Council of Aboriginal Initiatives) on November 6, 2014

10 Alcorn Ave, Suite 300
Toronto, ON, Canada M4V 3B2
416.972.1010
contact@wellesleyinstitute.com



Introduction

Members of any society take part in a social contract – an agreement about the relationship between the state, institutions, communities, and individuals. Individuals and communities contribute their work and their resources to institutions and the state, and in return expect to have the conditions needed for a safe, healthy, and cohesive society.

Public health agencies in Canada, Ontario, and Toronto have long accepted that the social determinants of health are critical drivers of health inequity.^{1,2,3} Guided by evidence on key determinants, these agencies affirm the broad definition of health offered by the World Health Organization (WHO).⁴ This conceptualization recognizes that a truly healthy life requires investments in physical, mental, and social well-being.

Yet despite Canada's stated commitment to a broader vision of health, our social contract is increasingly geared towards basic survival. Our policy narratives are focused on the absolute minimum requirements for physical health, like food, shelter, and access to health care. There is no doubt that there remains much work to be done in these areas, but a healthy society is about more than material needs. It is also about people's ability to meet their full potential, which requires a level of social and economic security.^{5,6,7} People need access to education and later employment to allow for socioeconomic mobility for themselves and for future generations. They must have the resources needed to adapt to major life changes, like changing careers, starting a family, and retiring.

A healthy society includes a person's ability to participate meaningfully.^{8,9,10} People need to have influence in their community and society in some way, a sense of belonging among their peers, and a sense of control over their own life. The discrete impact of each of these factors is challenging to quantify, but there is increasing recognition that these conditions must be met for people to live a full, healthy life.

In a country as wealthy as Canada, just surviving is not enough. The aim ought to be a society where everyone has the opportunity for good physical and mental health and social well-being. The collective goal should be a society where everyone can *thrive*, and the terms of our social contract should reflect this.

To deliver on this goal, it is essential to understand what it means to thrive. A practical standard to measure thriving, one that reflects the physical, mental, and social dimensions of health, is a good start.

The Thriving in the City framework offers such a standard. Guided by institutional guidelines and scientific evidence, it aims to clarify the goods, resources, and services that are required to thrive. In doing so, this framework brings health and well-being to the forefront of the discussion about our social contract. This paper will describe the Thriving in the City methodology, present each component of the framework and describe the rationale for

including it, and reflect on the implications of this framework for assessing the social contract.

Approach

Research Aims

The Thriving in the City project describes: a) what constitutes thriving with respect to key dimensions of physical, mental, and social health; and b) what goods, resources and services would be required for a person to thrive.

This project is focused on the experiences of single working-age people age 25-40, without significant disabilities or chronic conditions, who live in the GTA. A forthcoming report by Wellesley Institute will explore the Thriving in the City framework for retirement. Individuals with disabilities or chronic conditions, or those with families or dependents, have different needs, and these will be addressed in future iterations of this work.

Previous Work

The Thriving in the City framework is based on an approach developed by Jerry Morris and colleagues in the United Kingdom.¹¹ The Minimum Income for Healthy Living (MIHL) approach evaluates what an individual needs to achieve good health, and then estimates what these needs would cost. This approach relies on a strong body of evidence about healthy living, rather than relying on subjective judgements about what people need. This approach also accounts for the many complex ways that income can influence health, touching on physical, mental, and social dimensions of health. The MIHL framework includes a broad range of components: food, housing, physical activity, social integration, transportation, personal care and hygiene, health services, and savings. In each domain, researchers determine a set of requirements, identify goods and services that would allow those requirements to be met, and then estimate the associated costs. The MIHL approach has been applied to single working-age men in the UK,¹² as well as retirement-age individuals and couples in the UK¹³ and New Zealand.¹⁴ In each case, the estimated income required far exceeded social security and minimum wage rates.

Methods

Following the methodology used in the Minimum Income for Healthy Living approach, this work involved three stages:

1. *Literature Review:* This project began with a review of recommendations about each component of health, as described above, from organizations in Canada and abroad.

We scanned the websites of major Canadian institutions including Health Canada and the Public Health Agency of Canada, Canada Mortgage and Housing Corporation, Consumer Finance Agency of Canada, and major hospitals and research institutes to identify credible, evidence-based recommendations for each of the components listed above. Where such recommendations were not available, we turned to guidance from international institutions such as the National Health Service in the UK. These broad recommendations gave us an indication of what a healthy life should entail. We then collated these recommendations to define parameters of our framework.

2. *Constructing initial framework:* Guided by parameters for each component, we proposed specific goods, services, and resources that would support one's ability to thrive. Recognizing that there are many ways to meet the parameters in each component, we used data from Statistics Canada and other national and local surveys to identify the most common or preferred option. This allowed us to tailor the framework to the GTA context.
3. *Focus groups:* We held two focus groups, one in Toronto (with Toronto residents) and one in Mississauga (with residents from Peel, Durham, and Halton regions). Each included 10-12 participants aged 25-40. We asked participants for their feedback and ideas on our initial framework, prompting them to consider whether the items listed would allow them to truly thrive. We synthesized by theme the focus group feedback and used it to modify the initial framework to make it more relevant and appropriate for the target population.

We recognize that the items in the framework cannot reflect the subjective preferences of each person. Instead, it indicates in a general sense what types of resources, goods, and services would allow a person to meet the parameters needed for a full, healthy life. The framework offers an evidence-based foundation for understanding what it means to thrive. The following section presents nine components of the framework, each with a set of items that reflect the parameters for thriving in each component.

Thriving in the City Framework

Food and Nutrition

A healthy and varied diet is critical for promoting lifelong health and protecting against chronic conditions.¹⁵ *Canada's Food Guide*,¹⁶ developed by Health Canada, offers evidence-based recommendations for the amount and types of food required by adults and forms the basis for this component of the framework. Rather than developing a sample grocery list, we have chosen to use the 2008 *National Nutritious Food Basket*¹⁷ (NNFB) developed by Health Canada. The NNFB is a list of food items that meet the recommendations described in *Canada's Food Guide* while also aligning with the food preferences of Canadians.

In addition to the costs of groceries, we have included additional non-durable supplies for preparing and storing food. Other items required for cooking, like appliances and cookware, are included in the Shelter component under *Household Equipment*.

- Groceries
- Food preparation supplies

Shelter

Safe and adequate shelter is an essential health need. Poor quality shelter exposes individuals to hazards such as mold and lead that can have serious negative health impacts over time.¹⁸ This component is grounded in the Canadian Mortgage and Housing Corporation (CMHC) *Housing Standards*.¹⁹ These standards state that an acceptable home must be: affordable, meaning it costs less than 30 percent of a household's pre-tax income; adequate, meaning it is not in need of major repairs; and suitable, meaning it is not overcrowded (for a single person, a bachelor unit is considered suitable). There are also other considerations for maintaining an acceptable home, such as utilities, household furnishings and equipment, repairs and maintenance, and insurance.

In addition to having an acceptable home, we also incorporate the strong evidence on the importance of the surrounding neighbourhood environment in promoting health. The *Healthy Development Index Guidelines*²⁰ suggest that healthy neighbourhoods are sufficiently dense to allow residents to be walking distance to neighbourhood services, such as parks, retail, or transit. Our focus group participants agreed that living in a reasonably walkable neighbourhood with access to green space and grocery stores was important to their well-being.

While most City of Toronto residents in this age group who are single are renters, there are significantly more homeowners in other regions of the GTA. In the over-30 age range in Peel, Halton, York, and Durham regions, the majority are homeowners.²¹ To account for these differences, we include two scenarios: one for a renter in the City of Toronto, and one for a homeowner in Mississauga. In both cases, we include a small bachelor unit located within a moderately walkable neighbourhood. For the homeowner, we include other requirements such as condo fees and property taxes. We also anticipate that both scenarios would require equipment/appliances and repairs/maintenance, although more so for homeowners.

Homeowner

- Mortgage for bachelor unit
- Utilities
- Equipment and appliances
- Furnishings

- Repairs and maintenance
- Condo fees
- Property taxes
- Contents and liability insurance

Renter

- Rent for bachelor unit
- Utilities
- Equipment and appliances
- Furnishings
- Repairs and maintenance
- Contents and liability insurance

Transportation

Having reliable access to transportation is essential for maintaining employment, accessing health care, and accessing health resources like healthy food and recreation opportunities. In Toronto, those with limited transit access are more likely to have poor health outcomes such as diabetes.²² The urban environments of central Toronto and the rest of the GTA have varying degrees of transit accessibility, meaning that for many residents, a private vehicle is the most reliable and efficient option.²³ Our focus group participants from GTA regions outside of Toronto also emphasized that a car is a necessity for their day-to-day lives. Our focus group participants in Toronto noted that while they generally rely on public transit, they still need access to other types of transportation, for example to travel outside of the city or to carry bulky items. To reflect this reality, we have chosen to include two scenarios: one for a transit user in the City of Toronto, and one for a car owner in Mississauga. For the transit user, we include a car-sharing membership and taxi fare for trips within the city, as well as occasional travel using regional transit, train or bus, and car rentals. For the car owner, in addition to the car itself and other necessities like insurance and gas, we include occasional taxi and transit trips.

Car Owner

- Car payments
- Car insurance
- License and registration
- Car repairs and maintenance
- Gas
- Street or lot parking
- TTC fare

- Taxi

Transit user

- TTC pass
- Car sharing membership
- Taxi
- Regional transit
- Car rentals
- Intercity train or bus

Health Care

Medical care is essential for protecting health throughout the life course, and most Ontario residents are covered for basic health services through OHIP. However, to meet guidelines for regular vision²⁴ and dental care²⁵ and to maintain prescription adherence,²⁶ access to comprehensive health and dental coverage is important. Our focus group participants also emphasized their need for extended health benefits, such as physiotherapy and mental health care. Over one-third of Ontarians do not receive medical or dental benefits from their employer.²⁷ To meet these needs, this framework includes a comprehensive health benefits insurance package as well as additional over-the-counter products.

- Extended health coverage including drugs, dental, vision, and extended benefits
- Over-the-counter drugs and other health products

Personal Care

Toiletries and cleaning supplies are necessary for maintaining personal and household hygiene. Clean and adequate clothing is a necessity too. Our focus group stressed the social and professional importance of clothing and noted that they often required clothing above and beyond the basics, like formalwear and cultural outfits for celebrations and business attire for the workplace.

- Clothing, including formal and business attire
- Toiletries and haircuts
- Household cleaning supplies
- Laundry services

Physical Activity

Regular physical activity is associated with reduced risk of chronic illness such as heart disease and diabetes.²⁸ The *Canadian Physical Activity Guidelines*,²⁹ developed by the Canadian Society for Exercise Physiology, recommend that all adults participate in a

minimum of 150 minutes of aerobic activity per week in order to achieve health benefits. In addition, the guidelines recommend training for muscle and bone strengthening at least twice per week. In Canada, popular activities include walking, gardening, home exercises, swimming, and cycling.³⁰ Focus group participants noted that group activities like fitness classes and team sports gave them the opportunity to socialize with friends while getting their necessary exercise. They also mentioned that they enjoyed both indoor and outdoor activities. In particular, the Toronto focus group participants noted that cycling offered exercise and an efficient alternative to transit. The framework includes a membership to a local community recreation centre, which offers access to a range of athletic facilities, equipment, and classes. We also include the bicycle repairs and maintenance, which could be substituted for other outdoor equipment such as hiking gear, running gear, etc.

- Membership to community centre fitness facilities
- Bicycle repairs and maintenance

Social Participation

Evidence from Canada demonstrates that having strong social support networks and a sense of belonging in the community is associated with better emotional and psychological well-being.³¹ The National Health Service in the UK has endorsed an evidence-based guide for supporting mental health, originally prepared by the New Economics Foundation. The guide suggests that activities that facilitate social connectedness, learning, mindfulness, and giving back to the community can improve personal resilience and mental health.³² The Social Participation component of the framework encompasses a broad range of activities that enhance mental health. While people have distinct preferences for the frequency and type of activity, the items included here touch on each of these dimensions in some capacity.

Hobbies

Individual activities such as reading, music, and creative projects support mental health by offering an opportunity to relax and be mindful.³³ They can also be an opportunity to learn, protecting against cognitive decline.^{34,35} Included are reading materials and music, with the expectation that other materials will be available through the public library. We also include supplies for painting, which could be substituted for another creative project like gardening or crafting.

- Books
- Magazine or newspaper subscription
- Music downloads or music streaming subscription
- Paint, canvas, brushes

Outings and Socializing

Canadian data suggests that socializing with family and friends is associated with improved self-rated health and life satisfaction.³⁶ The majority of Ontarians spend time with friends at least once a week.³⁷ We account here for the many ways that people stay connected socially, guided by our focus groups and other national surveys. We included a range of outings including movies, sporting events, museums, etc., which offer social connectedness and learning opportunities. Many focus group participants valued the diverse range of entertainment and arts that the GTA has to offer, and felt that being able to access these institutions on a regular basis was an important part of their social life.

Meeting friends for restaurant meals and alcoholic drinks was another preferred social activity in focus groups. Recognizing that these activities can undermine good nutrition, we have chosen to limit these outings to once per week, which is below the Ontario average of twice per week.³⁸ As an alternative to restaurants, we also include items for hosting friends or family for dinner at home, although most food is captured in the *Food and Nutrition* component. Finally, recognizing the cultural importance of birthdays, holidays, weddings, and other celebrations, we include gift-giving in this component of the framework.

- Tickets to movie, gallery/museum, concert, or sporting event
- Restaurant meals or drinks
- Additional food/drinks for entertaining at home
- Gifts for birthdays, holidays, etc.

Donations

Participating in a broader community is an important way of building social capital, which is associated with improved self-rated health.³⁹ Focus group participants expressed a desire to “look outwards” by engaging with institutions that they care about such as charitable causes, religious institutions, or political organizations. While participants acknowledged that volunteering their time was an important way of contributing, they also noted that there are often financial implications to this type of engagement. For example, several participants noted that contributions are often expected when attending religious services; others noted the opportunity cost incurred when taking time off work to volunteer. In both cases, participants felt that their involvement was crucial to their own sense of well-being. Here we include contributions to charity (including religious institutions), and contributing to a political or civic organization.

- Charitable donations
- Political donations

Telecom services

Access to internet and phone services is critical for staying connected with friends and family, and are often required for employment and training as well. The majority of Canadian adults now own a smartphone.⁴⁰ Focus group participants did not feel that cable was a necessity, given that they primarily get their news online. However, they did feel that having access to TV shows, movies, or live sports through an online streaming service was important as a leisure activity.

- Basic smartphone plan
- Basic home broadband plan
- TV streaming subscription

Travel

Vacations are associated with an improved sense of well-being and perceived health.⁴¹ Focus group participants emphasized that leaving the city occasionally helped them relax and feel more productive at work. They discussed how outdoor activities and exploring other cities were important for their sense of well-being. Our initial framework included only domestic travel, but focus group participants felt strongly that international travel is often a necessity for the 52 percent of Ontarians and 75 percent of Toronto CMA residents who are first- or second-generation immigrants.⁴² They emphasized the negative mental health implications of being away from family for long stretches of time. For this reason, we have chosen to include an international airfare in this component, without accommodation as we assume that people will stay with family. In addition, the component includes weekend camping trip within Ontario and a weekend trip to a nearby city. Bus and car rental for those without cars are included in the *Transportation* component, and travel health insurance is included under the *Health Care* component.

- Campsite rental
- Weekend hostel stay
- International flight fare

Professional Development

Employment is a fundamental determinant of health. Canadian data consistently shows that those with higher and more stable employment status have better health.³¹ Our initial iteration of the Thriving in the City framework included some items to support lifelong learning, such as an adult education course, primarily as a leisure activity. When bringing the initial framework to the focus groups, there was consensus that more comprehensive professional development, beyond a single course, is critical for people in this age range to truly thrive. The group noted that in a precarious job market where employees are often

switching employers and careers, there is a need to consistently upgrade skills and build professional networks through conferences, certifications, and professional associations. Having access to equipment such as upgraded laptops and software is necessary for securing freelance and contract work. Based on the focus group feedback, we chose to add a separate Professional Development component to the framework. Included are a variety of needs including networking, training, and equipment.

- Certification or license updates
- Continuing education or professional development course
- Professional association membership
- Conference registration
- Software
- Laptop repairs
- Online networking and job search website memberships

Savings and Debt

Thriving is not just related to meeting today's needs, it also requires the ability to meet future needs. Building financial security for working-age adults is therefore a vital component of this framework. This component is informed by the Financial Consumer Agency of Canada's *Your Financial Toolkit* which underlines the importance of maintaining an emergency savings account, saving for major purchases, making regular retirement contributions, and paying down debts. Focus group participants in this age group anticipated that buying their first home or a larger home, starting a family, or enrolling in a post-secondary program were important savings goals for them. The *Financial Toolkit* echoes the common rule-of-thumb of saving approximately 10 percent of take-home pay.⁴³

However, this amount would likely be insufficient for retirement. The *Financial Toolkit* emphasizes the importance of saving for retirement as early as possible to maximize returns, delaying only increases the required amount. For a reasonable retirement, about 10 percent of take-home pay should go towards retirement, assuming one is starting in their mid-20s.⁴⁴ We assume that retirement contributions would need to be significantly higher for a renter compared to a homeowner, as they would have fewer assets to rely on for retirement income.

In addition to savings, we also recognize that most Canadian graduates have some student debt. The average OSAP recipient in a four-year degree program owes over \$20,000 with an average repayment time of approximately 10 years.⁴⁵ To follow the guidance around saving for retirement early, it is important that debt is repaid while simultaneously contributing towards retirement.

- Savings
- Retirement contributions
- Student loan repayments

Discussion and Implications

The Thriving in the City framework presented here offers a comprehensive and realistic description of what people need to live a healthy life in Toronto. It offers a practical benchmark of what is needed to achieve and maintain “health as a complete state of physical, mental, and social well-being.” It recognizes the interconnections between the social determinants of health and accounts for the ways that education and employment, financial security, and connections with community contribute to overall health and well-being.

Importantly, the parameters of this framework are not guided by subjective perceptions of what people want or deserve. It is informed by the evidence-based guidelines by major institutions, including Canadian public agencies. A person who met all the parameters described here would be following the advice of credible experts in achieving a healthy life. The specific items that correspond with those parameters may be different for each individual, but each domain of health is well accounted for.

The fact that this framework is grounded in evidence does not mean the concept of thriving is static. This work highlights how the concept of thriving is highly dependent on economic and social environments. For example, the initial framework did not include a Professional Development component, nor did the initial iterations of the Minimum Income for Healthy Living framework in the UK. Yet there was consensus in both focus groups that ongoing investment in a career is critical for economic stability and overall well-being. This speaks to the changing context of employment within, and beyond, the GTA.⁴⁶ As people in this age range increasingly work in precarious positions, they require more substantial supports than they might have several decades ago. To truly thrive, people need to be able to cope with unexpected job loss, short-term contracts, and limited opportunities to move up the career ladder. As our focus group participants emphasized, the best way to manage these challenges is to consistently network and upgrade skills.

Moreover, the growing trend towards freelance work puts more responsibility on individual employees than employers. Our focus group participants spoke about how they needed to provide their own equipment and seek out their own training. The rising costs of post-secondary education, now essential for nearly all careers, means that OSAP debt is a reality for most Ontario graduates. This type of economic context fundamentally shifts the parameters of what is required for a person to thrive.

Similarly, the social and demographic trends of the GTA need to be accounted for in the concept of thriving. For example, the framework includes international travel. As noted in our focus groups, most GTA residents are likely to travel abroad to see family, otherwise their social and emotional needs would not be met. The framework also reflects the changing nature of household structure in the GTA. There are an increasing number of single-person households throughout Canada.⁴⁷ It is no longer typical to share housing, transportation, or

savings with a partner or a family member, meaning that the responsibility for these needs falls on the individual alone. It is important that the concept of thriving accounts for these social and demographic dynamics.

The Thriving in the City framework is a valuable tool for understanding what people may expect of the social contract between individuals, communities, institutions, and the state. It highlights how the current social contract, which focuses almost exclusively on basic needs like food and shelter, is not adequate for creating a healthy society. People clearly need much more than material resources. In order to thrive, people have to be able to invest in themselves, plan for their future, and fully participate in their community.

It is important to consider the Thriving in the City framework through the lens of shared responsibility. The material and social needs described here cannot be met by a single person. Fostering a healthy society requires investment from individuals, communities, private institutions, and public services. Individuals have responsibilities to themselves, such as saving for retirement, and to their communities, as in the case of donations and civic participation. Private institutions play a significant role as well, for example by offering their employees stable work and opportunities for career growth. Public services must provide the broad infrastructure needed for a thriving population, like libraries, health care, and transit.

If we want a society that thrives, we need to ensure that each player is contributing to the social contract and that each dimension of health is well supported. The Thriving in the City framework offers a useful starting point for understanding what exactly it will take to have a healthier, more equitable GTA.

Appendix 1: Thriving in the City Framework Components and Items

Food and Nutrition	Groceries Food preparation supplies	
Shelter	Home owner Mortgage for bachelor unit Utilities Equipment and appliances Furnishings Repairs and maintenance Contents and liability insurance Property taxes Condo fees	Renter Rent for bachelor unit Utilities Equipment and appliances Furnishings Repairs and maintenance Contents and liability insurance
Transportation	Car user Car payments Car insurance License and registration Car repairs and maintenance Gas Street or lot parking TTC fare Taxi	Transit User TTC pass Car sharing membership Taxi Regional transit Car rentals Inter city train or bus
Health Care	Extended health coverage including drugs, dental, vision, and extended benefits Over-the-counter drugs and other health products	
Personal Care	Clothing, including formal and business attire Toiletries and haircuts Household cleaning supplies Laundry services	
Physical Activity	Membership to community centre fitness facilities Bicycle repairs and maintenance	
Social Participation	Books Magazine or newspaper subscription Music downloads or music streaming subscription Paint, canvas, brushes Tickets to movie, gallery/museum, concert, or sporting event Restaurant meals or drinks Additional food/drinks for entertaining at home Gifts for birthdays, holidays, etc. Charitable donations Political donations Basic smartphone plan Basic home broadband plan TV streaming subscription Campsite rental Weekend hostel stay International flight fare	
Professional Development	Certification or license updates Continuing education or professional development course Professional association membership Conference registration Software Laptop repairs Online networking and job search website memberships	
Savings and Debt	Savings Retirement contributions OSAP Repayments	

References

1. Public Health Agency of Canada. (2006). Canada's Response to WHO Commission on Social Determinants of Health. Retrieved May 8, 2017, from <http://www.phac-aspc.gc.ca/sdh-dss/bg-eng.php>
2. King, A. (2011). *Health, Not Health Care: Changing the Conversation*. Ontario Ministry of Health and Long Term Care. Retrieved May 8, 2017 from http://www.health.gov.on.ca/en/common/ministry/publications/reports/cmoh_10/cmoh_10.pdf
3. van Ingen, T., Khandor, E., Fleischer, P., McKeown, D., Houston, J., Fordham, J., ... Yue, C. (2015). *The Unequal City 2015: Income and Health Inequities in Toronto*. Toronto Public Health. Retrieved May 8, 2017 from <http://www.toronto.ca/legdocs/mmis/2015/hl/bgrd/backgroundfile-79096.pdf>
4. Public Health Agency of Canada. (2008). Population Health Approach: What is health? Retrieved May 8, 2017, from <http://www.phac-aspc.gc.ca/ph-sp/approach-approche/qa-qr5-eng.php>
5. Solar, O. and Irwin, A. (2010). *A Conceptual Framework for Action on the Social Determinants of Health*. Discussion Paper #2, Policy and Practice. World Health Organization. Retrieved May 4, 2017 from: http://apps.who.int/iris/bitstream/10665/44489/1/9789241500852_eng.pdf
6. Corna, L. M. (2013). A life course perspective on socioeconomic inequalities in health: a critical review of conceptual frameworks. *Advances in Life Course Research*, 18(2), 150–9. <https://doi.org/10.1016/j.alcr.2013.01.002>
7. Benach, J., Muntaner, C., and Santana, V. (2007). *Employment Conditions and Health Inequalities: Final Report to the WHO Commission on Social Determinants of Health*. Employment Conditions Knowledge Network. Retrieved from http://www.who.int/social_determinants/resources/articles/emconet_who_report.pdf?ua=1
8. Braveman, P., Egerter, S., and Barclay, C. (2011). *How Social Factors Shape Health: Income, Wealth and Health*. Issue Brief #4: Exploring the Social Determinants of Health. Robert Johnson Wood Foundation. Retrieved May 3, 2017 from http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70448
9. Macinko, J. A., Shi, L., Hopkins, J., Starfield, B., and Wulu, J. T. (2003). Income Inequality and Health: A Critical Review of the Literature. *Medical Care Research and Review*, 60(4), 407–452. <https://doi.org/10.1177/1077558703257169>
10. Popay, J., Escorel, S., Hernández, M., Johnston, H., Mathieson, J., and Rispel, L. (2008). *Understanding and Tackling Social Exclusion: Final Report to the WHO Commission on Social Determinants of Health*. Social Exclusion Knowledge Network. Retrieved from http://www.who.int/social_determinants/knowledge_networks/final_reports/sekn_final_report_042008.pdf?ua=1
11. Morris, J. N., and Deeming, C. (2004). Minimum incomes for healthy living (MIHL): next thrust in UK social policy? *Policy and Politics*, 32(4), 441–454. <https://doi.org/10.1332/0305573042009507>
12. Morris, J. N., Simpson, R., Hollingsworth, D., Wilkinson, P., and Dowler, E. A. (2000). A minimum income for healthy living. *Journal of Epidemiology and Community Health*, 54, 885–889. [https://doi.org/10.1016/0140-6736\(90\)92026-E](https://doi.org/10.1016/0140-6736(90)92026-E)
13. Morris, J., Wilkinson, P., Dangour, A. D., Deeming, C., and Fletcher, A. (2007). Defining a minimum income for healthy living (MIHL): older age, England. *International Journal of Epidemiology*, 36(6), 1300–1307. <https://doi.org/10.1093/ije/dym129>
14. O'Sullivan, J., and Ashton, T. (2012). A minimum income for healthy living (MIHL) – older New Zealanders. *Ageing and Society*, 32(5), 747–768. <https://doi.org/10.1017/S0144686X11000559>

15. Health Canada. (2015). *Evidence review for dietary guidance: summary of results*. Retrieved May 15, 2017 from <https://www.canada.ca/content/dam/canada/health-canada/migration/publications/eating-nutrition/dietary-guidance-summary-resume-recommandations-alimentaires/alt/pub-eng.pdf>
16. Health Canada, Health Products Food Branch, Office of Nutrition Policy and Promotion. (2012). Background on Canada's Food Guide. Retrieved April 25, 2017, from <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/context/index-eng.php>
17. Health Canada, Health Products and Food Branch. (2009). National Nutritious Food Basket. Retrieved April 25, 2017, from <http://www.hc-sc.gc.ca/fn-an/surveill/basket-panier/index-eng.php>
18. Moloughney, B. (2004). *Housing and Population Health: The State of Current Research Knowledge*. Canadian Institute for Health Information and Canada Mortgage and Housing Corporation. Retrieved May 15, 2017 from https://secure.cihi.ca/free_products/HousingPopHealth_e.pdf
19. Canada Mortgage and Housing Corporation. (n.d.). "Housing Standards" - Housing in Canada Online Definitions. Retrieved April 25, 2017, from http://cmhc.beyond2020.com/HiCODefinitions_EN.html#Housing_Standards
20. Dunn, J., Creatore, M., Peterson, E., Weyman, J., and Glazier, R. (2009). *Peel Healthy Development Index - Final Report*. Centre for Research on Inner City Health, St. Michael's Hospital, Toronto. Retrieved from <http://www.peelregion.ca/health/urban/pdf/HDI-report.pdf>
21. Canada Mortgage and Housing Corporation. (2011). Household count for non-family households, ages 15-44, by tenure type, by regional municipality. Housing in Canada Online. Retrieved April 26, 2017, from <http://cmhc.beyond2020.com/TableViewer/tableView.aspx>
22. Sengupta, R. P., Fordham, J., Day, N., Macfarlane, R., and Campbell, M. (2013). *Next Stop Health: Transit Access and Health Inequities in Toronto*. Toronto Public Health. Retrieved May 15, 2017 from <http://www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-56681.pdf>
23. Hertel, S., Keil, R., and Collens, M. (2015). *Switching Tracks: Towards transit equity in the Greater Toronto and Hamilton Area*. City Institute, York University, Toronto. Retrieved May 8, 2017 from http://suburbs.appso1.yorku.ca/wp-content/uploads/2015/03/Switching-Tracks_9-March-2015.pdf
24. The Canadian Association of Optometrists. (n.d.). Frequency of Eye Examinations. Retrieved May 3, 2017, from <https://opto.ca/health-library/frequency-of-eye-examinations>
25. Canadian Dental Association. (n.d.). Dental Care. Retrieved May 3, 2017, from https://www.cda-adc.ca/en/oral_health/faqs/dental_care_faqs.asp
26. Canadian Medical Association. (2010). *CMA Policy: Funding the Continuum of Care*. Retrieved from <https://www.cma.ca/Assets/assets-library/document/en/advocacy/PD10-02-e.pdf>
27. Barnes, S., Abban, V., and Weiss, A. (2015). Low Wages, No Benefits: Expanding Access to Health Benefits for Low Income Ontarians. Retrieved from <http://www.wellesleyinstitute.com/wp-content/uploads/2015/02/Low-Wages-No-Benefits-Wellesley-Institute-Feb-2015.pdf>
28. Humphreys, B. R., McLeod, L., and Ruseski, J. E. (2014). Physical activity and health outcomes: evidence from Canada. *Health Economics*, 23(1), 33-54. <https://doi.org/10.1002/hec.2900>
29. Tremblay, M. S., Warburton, D. E. R., Janssen, I., Paterson, D. H., Latimer, A. E., Rhodes, R. E., ... Duggan, M. (2011). New Canadian physical activity guidelines. *Applied Physiology, Nutrition and Metabolism*, 36, 36-46. <https://doi.org/10.1139/H11-009>
30. Statistics Canada. (2005). Percentage participating in selected leisure-time activities and average number of times per month, household population aged 12 or older, Canada. Canadian Community Health Survey. Retrieved May 1, 2017, from <http://www.statcan.gc.ca/pub/82-003-x/2006008/article/phys/t/4060708-eng.htm>

31. Canadian Institute for Health Information. (2009). *Improving the Health of Canadians: Exploring Positive Mental Health*. Retrieved May 15, 2017 from https://www.cihi.ca/en/improving_health_canadians_en.pdf
32. Aked, J., Marks, N., Cordon, C., and Thompson, S. (2008). *Five Ways to Wellbeing*. Centre for Well-Being, New Economics Foundation, London. Retrieved from <http://b.3cdn.net/nefoundation/8984c5089d5c2285ee-t4m6bhqq5.pdf>
33. Pressman, S. D., Matthews, K. A., Cohen, S., Martire, L. M., Scheier, M., Baum, A., and Schulz, R. (2009). Association of enjoyable leisure activities with psychological and physical well-being. *Psychosomatic Medicine*, 71(7), 725–32. <https://doi.org/10.1097/PSY.0b013e3181ad7978>
34. Singh-Manoux, A., and Richards, M. (2003). Leisure activities and cognitive function in middle age: evidence from the Whitehall II study. *Journal of Epidemiology and Community Health*, 57, 907–913. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1732329/pdf/v057p00907.pdf>
35. Yates, L. A., Ziser, S., Spector, A., and Orrell, M. (2016). Cognitive leisure activities and future risk of cognitive impairment and dementia: systematic review and meta-analysis. *International Psychogeriatrics*, 28(11), 1791–1806. <https://doi.org/10.1017/S1041610216001137>
36. Gilmour, H. (2012). Social participation and the health and well-being of Canadian seniors. *Health Reports*, 23(4). Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/82-003-x/2012004/article/11720-eng.pdf>
37. Statistics Canada (2013). Frequency of in-person contact with friends, by sex, Canada and provinces, 2013. General Social Survey. Retrieved May 1, 2017, from <http://www5.statcan.gc.ca/cansim/a26>
38. Canadian Restaurant and Food Service Association. *Canada's Restaurant Industry: putting jobs and economic growth on the menu*. (2010). Retrieved from http://www.restaurantscanada.org/wp-content/uploads/2016/07/Report_IpsosPublicOpinion_Dec2010.pdf
39. Fujiwara, T., and Kawachi, I. (2008). Social Capital and Health: A Study of Adult Twins in the U.S. *American Journal of Preventive Medicine*, 35(2), 139–144. <https://doi.org/10.1016/j.amepre.2008.04.015>
40. Canadian Radio-Television and Telecommunications Commission. (2016). *Communications Monitoring Report*. Retrieved from <http://www.crtc.gc.ca/eng/publications/reports/PolicyMonitoring/2016/cmr.pdf>
41. Chen, C., and Petrick, J. F. (2013). Health and wellness benefits of travel experiences: a literature review. *Journal of Travel Research*, 52(6), 209–719. <https://doi.org/10.1177/0047287513496477>
42. Statistics Canada. (2011). Generation status: Canadian-born children of immigrants. National Household Survey. Retrieved May 1, 2017, from http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011003_2-eng.cfm
43. Finance Consumer Agency of Canada. (2017). Your Financial Toolkit: Savings. Retrieved May 4, 2017, from <https://www.canada.ca/en/financial-consumer-agency/services/financial-toolkit/saving/saving-1/7.html>
44. Munnell, A. H., Webb, A., and Hou, W. (2014). *How much should people save?* Center for Retirement Studies, Boston College, Boston. Retrieved from http://crr.bc.edu/wp-content/uploads/2014/07/IB_14-111.pdf
45. Ontario Ministry of Advanced Education and Skills Development. (2013). Average debt of OSAP recipients, by post-secondary sector. Ontario Open Data Catalogue. Retrieved May 4, 2017, from <https://www.ontario.ca/data/average-osap-debt>
46. Lewchuk, W., Lafleche, M., Dyson, D., Goldring, L., Meisner, A., Procyk, S., ... Vrankulj, S. (2013). It's More than Poverty: Employment Precarity and Household Well-being. Retrieved from <http://www.unitedwaytyr.com/document.doc?id=91>

47. Statistics Canada. Canadian households in 2011: Type and growth. (2013). Canadian Census of Population. Retrieved May 12, 2017, from http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-312-x/98-312-x2011003_2-eng.cfm