



Wellesley Toronto

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In 1911, we began as a private hospital founded to treat rich and poor alike. In the 1940s, we became a public general hospital serving Toronto through its post-war boom years and pioneering new community health services. Today, we are an independent research institute and a leading voice on health equity and social policy.

Our work has changed but our commitment has never wavered. We continue to advance the health and health equity of Toronto area residents.

This plan describes our focus for 2018–2022 and how we intend to build on our legacy.

Progress over the last four years

At Wellesley Institute, we are directing our resources to reversing and making gains against health inequities and inequality. Making the Greater Toronto Area a more socially equitable region will have significant positive impacts on our health. We aim to improve health and health equity in the GTA through a better understanding of the social determinants of health and better social and health policy.

Over the last four years Wellesley has created knowledge, capacity and policies to improve the social determinants of health. We have drawn attention to community concerns about the impact of racism on health and the impact of institutional racism on policing. We sit on the Advisory of the Ontario Anti-Racism Directorate and our work is reflected in new efforts by the Toronto Police Service to improve equity in their work. Wellesley has helped in the development of the Basic Income Pilot and in coalitions that are improving protections for the workforce and driving up the minimum wage across Ontario. We are pioneers in identifying strategies to meet the needs our diverse senior population and in helping Ministries understand the impact of the social determinants on mental health. We were part of the Expert Advisory Group that set the Government target of ending chronic homelessness by 2025, we developed Ontario's strategy for mental health supportive housing and we are

Strategy 2018–2022

Wellesley Institute supports the World Health Organization definition of health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Healthy people have the resilience to deal with life's challenges and are able to fulfill and enjoy their social roles.

Health inequities are differences in health that are systemic, patterned, unfair and can be addressed. They are not random or caused by those who become ill.

Health equity will be achieved when all people living in the Greater Toronto Area are able to reach their full health potential.

Wellesley Institute believes that using resources fairly to help people achieve their potential is a human and moral imperative. It means we may need to give more to one group than another to ensure they have fair chances in life. But even if we did not believe in fairness, it is clear that the most efficient use of the health and social services that we all pay for is to offer support and treatment based on need. This results in the same thing: those who are more at risk or who have less access to services should be given more support.

Health Equity

There are two routes that societies take to improve health equity. An approach common in North America is to focus on health systems and to improve access to care and equity in outcomes of treatment. But, others elsewhere take a different approach. The best societies use a "whole of government" approach to health equity. They focus on the ability of government policy across ministries to improve health, well-being and health equity in addition to improving access and quality of health system equity. This approach stems from the fact that equity in access or treatment does not decrease disparities in rates of illness or risks of illness between populations. Differences in rates and risk are linked to the social determinants of health.

Wellesley's approach to health equity is to work across government to decrease disparities.

Social Determinants of Health

Access to quality healthcare only accounts for 25 percent of the variation in illness between populations. Fully 60 percent of the incidence of illness between people, can be

What we do

Wellesley Institute works to improve health and health equity in the Greater Toronto Area. We bring together residents, stakeholders, researchers and policy-makers to pursue changes that support the health and well-being of all.

Working with our community we:

- Conduct research into the social determinants of health and health equity;
- Build capacity throughout the Greater Toronto Area to develop and implement evidence-based social policy; and,
- Share knowledge, ensure that policy discussions are well-informed and benefit from varied perspectives and sources of expertise.

leading efforts for equity in long-term care for culturally diverse seniors.

Wellesley has helped partners to develop strategies to change the impact of the social determinants in the Greater Toronto Area. This included work to support the development of metrics to monitor the Toronto Poverty Reduction Strategy, evaluation of initiatives funded by the Ontario Poverty Reduction Strategy, policy development work with Toronto Public Health.

Wellesley has been successful in raising the prominence of equity in health policy. We have highlighted the reasons for disparities in health and access to services for our more marginalized populations. Wellesley Institute staff helped with the development of the health equity impact assessment tool used to improve services across Ontario. We supported Health Quality Ontario in the development of their first health equity plan.

Over the next four years Wellesley will continue to improve health and health equity by working on a range of social determinants while deepening our expertise in housing.

attributed to social determinants of health; who you are, where you live and how you live.

Our understanding of the social factors that impact health continues to grow. Studies repeatedly demonstrate that social factors such as poverty, nutrition, parental stress, bullying and early childhood development are linked to the risk of physical and mental health problems. Research reports the profound impacts of racial discrimination on fetal growth, cardiac health, high blood pressure, diabetes, cancers and mental health. Though employment can be beneficial for health, a bad job can make you sick. Fundamentally, poverty and social exclusion have been linked to decreased life expectancy.

If we are to move towards equity in health we need to take action on the social factors that increase the risk of illness and decrease the chance of recovery. Many government departments influence the social determinants of health. This offers many different avenues to improve policy and so improve health and health equity.

Each year Wellesley Institute will identify the social determinants where our research, advocacy and investment can have the greatest impact for GTA residents.

Housing

Wellesley Institute will continue its exemplary work on housing because good housing is fundamental to health, a fact recognized by the World Health Organization's Ottawa Charter for Health Promotion.

In Toronto, 85,000 people are waiting for social housing. Twice as many are precariously or poorly housed. The Greater Toronto Area is getting richer and housing is getting more expensive. Day-by-day these wait lists grow.

Wellesley Institute is a respected housing policy leader. We will continue to focus on research and policy inventions that aim to increase access to affordable housing and the equitable supply of housing with supports for those that need them. We will work with our stakeholders as well as federal, provincial and municipal policy makers to identify ways to meet the Greater Toronto Area's urgent housing need.

How we work

- > Wellesley Institute produces several dozen research-based reports, papers, data sets and commentaries.
- > Wellesley Institute is involved in coalitions, collaborations and partnerships that focus on policy and community changes that will improve population health.
- > Wellesley Institute convenes broad-based discussions to improve policy on the social determinants of health.
- > Wellesley Institute builds on its experience. We are a learning organization that strives for excellence. We evaluate our progress in terms of our impact as well as the strength of our governance processes, financial performance, and the health, happiness and well-being of our team.
- > Wellesley Institute works in partnership with a wide range of stakeholders to inform and shape our research priorities and practices.

What we see

The Greater Toronto Area has never been more prosperous or diverse. We are home to 1 in 5 Canadians and continue to be among the fastest growing regions in the country. Each year, up to 100,000 people settle here and more than 50 percent of our population is new to Canada. Soon, 7,000,000 people will call the Greater Toronto Area their home, making the region one of the world's great multicultures.

But this great region is also a divided region. Repairing this divide is an essential part of our work. The Greater Toronto Area is struggling with a crisis that has made basic housing unaffordable for far too many. At least 85,000 people are waiting for social housing. Another 10,000 people are waiting for mental health supportive housing. Over 5,000 people use shelters every night. And, while 40,000 new condominium units have been built across the GTA in the past two years, just 100 new social housing units were created.

Income inequality is rising twice as quickly in the Greater Toronto Area than it is in the rest of Canada. One in four children in the region are living in poverty and there has been a nearly 50 percent increase in visits to food banks in the last eight years. Unemployment is lower now than before the 2008 recession and the region continues to attract high-paying jobs in knowledge-intensive fields but jobs for workers in semi-skilled, service-based sectors are increasingly precarious.

Strategic goals 2018–2022

Over the next four years Wellesley will continue to improve health and health equity in the Greater Toronto Area. We will use our existing tools to continue to build better social policy based on community informed research and to communicate our findings widely. Additionally, there are specific goals and new tools that we believe will help us to maximize our ability to do this.

Over the next four years, Wellesley Institute will:

- Accelerate our publication rate so that we produce at least 40 new research reports.
- Broaden the range of social determinants we study with long-standing and new partners.
- Develop strategies that improve the quality of housing and access to housing, so improving health.
- Develop an enhanced method of measuring health equity in the Greater Toronto Area and we will regularly monitor and publicly report the region's progress.
- Increase the capacity of the GTA governments and organizations to develop better social policy by expanding the senior fellowship program, increasing access of marginalized groups to Wellesley through community facing events and by more support for community researchers.
- Build the expertise to use legal challenges to improve health.

In effect, we will grow the ability of Wellesley to improve health and health equity in the Greater Toronto Area and we will have cemented our reputation as the leading organization working to advance the social determinants of health.

Specifically, we will:

1. Enhance our ability to produce timely research and frameworks that are used by policy makers and civil society.
 - > Develop new tools to track SDOH.
 - > Build a new urban health equity index.
 - > Support legal challenges.

- > Wellesley Institute staff sit on boards, expert groups, forums and working groups.
- > Wellesley Institute hosts events, forums, talks to engage a wide cross-section of researchers, policy-makers and community members.
- > Wellesley Institute participates in networks of academics, advocates, residents, community leaders, business people, policy-makers and non-governmental organizations.
- > Wellesley Institute consults to produce integrative ways forward.
- > Wellesley Institute creates the capacity of the Greater Toronto Area to develop policy based on the social determinants of health.

This economic divide is reflected in urban settlement patterns that continue to concentrate wealth and poverty, leading to a city where neighbourhoods are cut off from one another.

We also see these inequities compounding. For instance in the Greater Toronto Area, Indigenous, African and Caribbean Canadians are most likely to live in sub-standard housing, to be unemployed, have their children taken into care, to be incarcerated and to not graduate from high school. Social and economic differences lead to disparities in wellness. Social and economic factors can combine to increase the risk of illness and decrease the ability to recover.

Recent Wellesley research confirms that men in some areas of Toronto live 4.5 years shorter than those in wealthy neighbourhoods. Marginalized groups develop a range of illnesses younger than their peers. Low-income residents have poorer access to health services and are much less likely to be screened for cancer or to benefit from cancer treatment.

Toronto Public Health monitors health inequalities through their *Unequal City* report. Ten years ago it reported that low-income groups fare worse in 21 of the 34 health indicators used to measure health service performance. Over the past decade, there has been no change in 16 of these indicators while others have declined.

As a city and as a region, we must do better.

2. Strengthen our partnerships with stakeholders and community.

- > Develop new partnerships with agencies inside and outside healthcare on measurement and metrics.
- > Strengthen existing partnerships and establish strong collaborations with leading peer organizations within and outside of Canada.
- > Develop tools to support community and civic organizations to improve their research and policy development activities.
- > Adopt leading community engagement practices to strengthen the quality and relevance of our research.

3. Expand our reach and profile.

- > Develop an annual program of public talks and events.
- > Launch a biennial urban health and health equity conference.
- > Expand our use of new media.
- > Develop the evidence base for the effective communication of information on the social determinants of health.
- > Report publicly on our activities and further develop use of all forms of media.

4. Develop our staff and cultivate new voices.

- > Expand our cadre of senior leaders and our senior fellowship program.
- > Support the development of our staff group to enhance our ability to deliver on our strategic goals.
- > Deliver volunteer and work experience programs focused on marginalized populations.

5. Steward our resources responsibly.

- > Continue to preserve and enhance our portfolio of capital assets to ensure the long-term sustainability of the organization.
- > Develop an assessment tool to evaluate and monitor the health and health equity impact of our investment portfolio.
- > Develop and maintain new funding streams.
- > Execute our plan for long-term sustainability.

Acknowledgment 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. As an organization and members of this community, we aspire to fulfill our covenant and treaty obligations in the spirit of stewardship and reconciliation.

About the photography

We commissioned local photojournalist Fatin Chowdhury to contribute portraits of Greater Toronto Area residents, including members of Wellesley's community.

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Welcome to Wellesley Institute

Wellesley Institute
advancing urban health

Strategic Plan
2018–2022