For more than a century Wellesley has been improving the health and well-being of people in the Greater Toronto Area.
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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 hospital serving Toronto through its post-war boom years and pioneering new community health services. Today, we are an integrative health research and policy organization working on a range of initiatives to improve health and health equity.

We welcome you to our 2018-2022 strategic plan:

What do 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.

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 change. Wellesley Institute convenes broad-based discussions to improve policy on the social determinants of health. Wellesley Institute builds on its expertise and experience in strategic alliances that strive for excellence. We evaluate our progress in terms of our impact as well as the strength of our governance practices, financial performance, the health and 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
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 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 and access to services for our more marginalized populations. Wellesley Institute staff worked 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.

Wellesley has helped to improve health equity in housing on a range of social determinants while deepening our expertise in housing.

We are part of the Expert Advisory Group that set the Government target of ending chronic homelessness by 2025. We developed a new strategy for mental health supportive housing and we are leading efforts for equity in long-term care for culturally diverse seniors. We have built a new education and research platform to attract high-paying jobs in knowledge-intensive fields based on our 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 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 60 total products (publications, reports, policy briefs) per year.
• Broaden the range of social determinants we study with long-standing and new partners.
• Develop strategies that improve the quality of housing and health equity.
• Develop an enhanced method of measuring health equity in the Greater Toronto Area and we will regularly monitor and publicly report it.
• Increase the capacity of the GTA governments and organizations to develop and implement social policy.
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In effect, we will:
1. Enhance our ability to produce timely research and frameworks that are used by policy makers and civil society.
2. Strengthen our partnerships with stakeholders and community.
3. Develop new partnerships with agencies inside and outside healthcare on measurement and metrics.
4. Strengthen existing partnerships and establish strong collaborations with leading peer organizations within and outside of Canada.
5. Support community and civic organizations to improve their research and policy development.
6. Adopt leading engagement and practice tools and frameworks that improve our research.

1. Expand our reach and profile.
• Develop an annual program of public talks and events.
• Launch a biannual urban health and health equity report.
• Expand our use of new media.
• Develop the evidence base for the effective community-based index on the social determinants of health.
• Publicly report on our activities and further develop use of our evidence base more widely.

2. Build capacity throughout the Greater Toronto Area to attract high-paying jobs in knowledge-intensive fields.
• Deliver volunteer and work experience programs.
• Develop the evidence base for the effective community-based index on the social determinants of health.
• Strengthen our partnerships with stakeholders and community.
• Support the development of our staff group to attract and retain high-paying jobs in knowledge-intensive fields.
• Deliver volunteer and work experience programs.
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• Deliver volunteer and work experience programs.

3. Support our fund development.
• 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.
• Deliver volunteer and work experience programs.
• Execute our plan for long-term sustainability.

Progress over the last four years
At Wellesley Institute, we are directing our resources to reversing and reducing the impacts of health inequity. 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.

The territory was the subject of the Dish With One Spoon and most recently, the Mississaugas of the Credit River.

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 rise of racism and its impact on health and health equity.

Wellesley Institute currently works 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.

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 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, cardiac, health, high blood pressure, diabetes, cancer and mental and physical health. Though employment can be beneficial for health, a bad job can make you sick. Fundamentally, we believe that unfair social reporting is the root cause of decreased life expectancy.

Wellesley Institute believes that using resources fairly to help people achieve their potential is a human and moral imperative. It means we 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 pay for is to make sure that everyone has equal access to health care. This is the same result that those who are more at risk or who have less access to services should be given more support.

Health Equity
There are important statistical facts that societies take to improve health equity. An approach common in North America is to focus on health equity and to improve it by reducing social determinants of health equity in outcomes of treatment. But, others elsewhere take a different approach: a “bottom-up” approach to the social determinants of health equity. Our approach stems from the belief that access in equity or access to treatment does not decrease disparities in rates of illness or rates of illness between people in different communities. Many government departments influence the social determinants of health. This offers many different avenues to improve policy and so improve health and health equity.

For each year Wellesley Institute will identify the social determinates where our research, advocacy and intervention work will have the greatest impact for GTA residents.

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

Social Determinants of Health
Access to quality health and housing accounts for 25 percent of the variation in illness between populations. Fully 60 percent of the incidence of illness between people, can be attributed to social determinants of health who you are, what you do, 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 childhood development are linked to the risk of physical and mental health problems. Research reports the profound impacts of racial discrimination on fetal, cardiac, health, high blood pressure, diabetes, cancer and mental and physical health. Though employment can be beneficial for health, a bad job can make you sick. Fundamentally, we believe that unfair social reporting is the root cause of decreased life expectancy.

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Housing
Wellesley Institute will continue its exemplary work on housing, including a house by house program focused for a fact recognized by the World Health Organization’s Ottawa Charter for Health Promotion.

In Toronto, 65,000 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 lists grow longer.

Wellesley Institute is a respected housing policy leader. We will continue to focus on research and policy initiatives that aim to increase access to affordable housing and the equitable supply of housing with supports for those that need it. We will work with our stakeholder groups, including federal, provincial and municipal policy makers to identify ways to meet the Greater Toronto Area’s urgent housing need.

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 industry and habitation since the arrival of the Huron-Wendat and Pelham First Nations, the Seneca, and the Iroquois Confederacy and Confederacy of the Ojibwe.

The territory was the subject of the Dish With One Spoon Wampum Belt Covenant: an agreement between the Iroquois Confederacy and the British Crown and allied nations to peacefully share and care for the resources of the Great Lakes.

Today, the meeting place of Toronto is still the home to many Indigenous nations from Turtle Island. As an organization and members of this community, we aspire to follow the Dish With One Spoon Wampum Belt Covenant and the obligations in the spirit of stewardship and reconciliation.

About the photography
We commissioned local photographer Faith Chowdhury to contribute portraits of Greater Toronto Area residents, including members of Wellesley’s community.

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