

IMPACT REPORT 2020/21

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.

BY THE NUMBERS

18 Research Reports

10 Op-eds, published in:
- Toronto Star
- Globe and Mail
- Financial Times
- Longwoods

5,985 Newsletter recipients

15 Blogs

45 Presentations to community

210,860 Web page views

69,623 Web visitors

46 Committees, networks, and panels including:
- City of Toronto Black Health and COVID-19 Task Force
- City of Toronto System Leadership Table
- COVID-19 Science Table Mental Health Working Group
- National Advisory Council on Poverty
- University of Toronto Community Partnerships Research Program

595,490 Impressions on Twitter

9,771 Followers on



2,794 Followers on



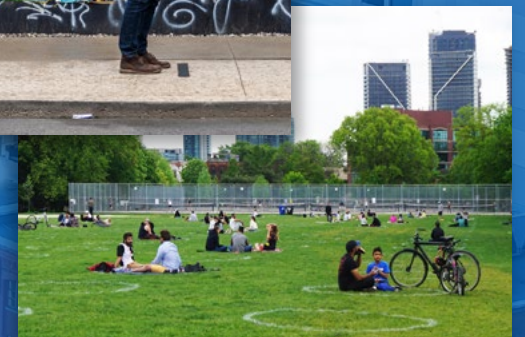
1,928 Followers on



OUR RESEARCH

2020 was the year that changed everything. It changed the way we live, work, and connect. While COVID-19 is a global story of health, housing, and employment, it is foremost a story of inequity.

The pandemic shone a spotlight on historic and systemic inequities and challenged us to rethink our priorities. Over the past year, we focused our research on responses to issues facing equity-seeking groups and explored ways to place health and equity at the forefront as we build a new normal.



CERB: Falling through the cracks

When the Canada Emergency Response Benefit (CERB) was announced in the early stages of the pandemic, it was widely touted as a much-needed resource that would help bridge gaps for Canadians facing job loss. But were all those who needed it able to access it? That is what we sought to find out in [Who's missing out? COVID-19 supports and benefits rapid analysis](#). In this study we asked stakeholders, service providers and equity-seeking groups to identify barriers they, or their communities, faced when accessing emergency benefits. We received responses from over 500 organizations and five provinces - including Francophone and Indigenous groups, as well as Northern and remote communities.

What respondents told us became a common theme throughout the pandemic - certain groups were falling through the cracks. When asked why they did not apply, 78 per cent of those surveyed reported that they did not know that they were eligible; 57 per cent reported poor digital access; 50 per cent reported computer illiteracy; and 38 per cent reported language barriers. Respondents also noted that media reports were confusing or inaccurate, and that information was changing faster than people could keep up with. Several respondents indicated that the online application systems were overloaded, crashed often, and that there were long wait times on the telephone to speak with an agent.

The CERB roll out truly showed us that one size doesn't fit all. Whether it be language, access to technology or how information is relayed, in times of crisis we need access points as diverse as our population. Many respondents pointed to a universal basic income as a solution that would simplify the process of applying for emergency benefits and ensure that vulnerable people access the benefits they need. After our study was shared with the federal government, our findings, along with advice from other organizations, were used to amend CERB to include access for students, people with reduced work hours and income, as well as people who were unemployed prior to the pandemic.

Dismantling anti-Black racism

This year also brought heightened calls for justice, accountability and policing alternatives in response to the deaths of George Floyd in Minneapolis, Breonna Taylor in Louisville, countless others; as well as the death of Regis Korchinski-Paquet right here at home. Wellesley Institute's Board of Directors expressed solidarity with Black communities and those affected and committed to challenging anti-Black racism and seeking racial justice as a core determinant of health in Toronto.

Our researchers continued to study the health impacts of racism and discrimination, and focused on policy to build healthy, equitable and inclusive communities.



The right to thrive

We continued to build our suite of research into what it takes to [thrive in the GTA](#), rather than just survive. In [No one left behind](#), we analyzed data from the 2016 Census to examine disparities and determine what proportion of Black populations in the GTA earn below the thriving income when compared to other groups.

Our study found that 74 per cent of Black populations earn below the thriving income, far higher than white and other racialized groups (53 per cent and 60 per cent, respectively). We also found stark differences when looking at the intersection of race and gender. Black women are more likely to earn less than the thriving income, with 71 per cent earning below the thriving income, compared to white and other racialized women (55 per cent and 61 per cent respectively).

Another worrying finding from the study concerns systemic barriers faced by Black men in the GTA. Even when education is accounted for, Black men experience the greatest disadvantage to earning a thriving income, with 58 per cent of Black men with a Bachelor's degree earning below the thriving income compared to 40 per cent of white men. These findings highlight how discrimination on the basis of race and gender interact in the labour market and create negative consequences for Black men and women's earnings and their ability to thrive. Our analysis was used to help inform the work of the National Advisory Council on Poverty during their cross-country consultations on poverty in racialized communities.

To leave no one behind, policymakers must implement policies that promote social and economic inclusion to address systemic racism. Ongoing efforts should better document the diverse experiences of Black Canadians, and this data should be used to improve access and opportunities for Black communities.

Evictions: Destabilizing health

Safe and stable housing is crucial to good health and positive well-being. Research has shown that evictions have numerous harmful impacts on mental and physical health. But people facing evictions do not experience these harms in isolation - evictions also erode support networks and social capital in communities where evictions occur at disproportionately high rates.

In [Forced Out: Evictions, Race, and Poverty in Toronto](#), we analyzed eviction data from the Landlord and Tenant Board and used the 2016 Census to track trends, geographic distribution, and sociodemographic characteristics of renters living in neighborhoods with high rates of evictions. Our study found that eviction filing rates were significantly higher in Toronto's inner suburban neighborhoods. Whereas the city averages one eviction application for every 20 renter households, some inner suburban neighborhoods experience rates as high as one eviction filing for every five households.

We also found worrying correlations when looking at how evictions affect low-income and Black communities. Census tracts with 53 per cent renter poverty average 2.5 times higher eviction filing rates compared to areas with 21 per cent poverty. Further, census tracts with 36 per cent Black renter households have twice the eviction filing rates compared to census tracts with 2 per cent Black households, even after controlling for poverty and other important factors.

The data paints a picture of a city where low-income and predominantly Black communities face disproportionately high rates of eviction filing. Links between poverty, race, and evictions make clear the crucial need to address racial discrimination and its effect on residential evictions to improve population health and health equity. This study led to a partnership with the City of Toronto, aimed at better understanding the reasons for these disparities, and developing policies to prevent them.

Social capital in Toronto: How connected are we?

Social capital describes the strength of social networks and the extent to which trust and reciprocity thrives among individuals and within communities. As a crucial determinant of health and collective well-being, this year we continued our work on the issue, specifically exploring how race interplays with social capital in Toronto.

Prior research led by Toronto Foundation and civic partners, including Wellesley Institute, mapped the level of social trust and community engagement in Toronto to explore ways of strengthening social capital across the city.

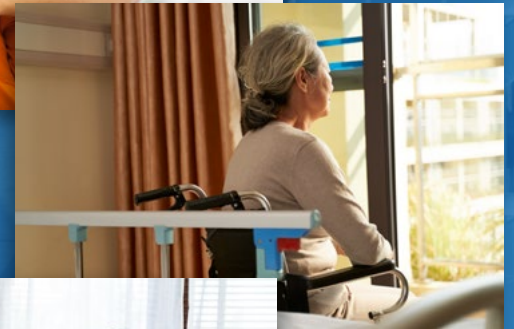
In [Race and social capital: Examining trust and connection in Toronto](#), we analyzed survey data from residents living in Toronto, focusing specifically on Black, Chinese, South Asian, and White communities - the largest ethnic identity groups in the city. Through their experiences, we sought to get a clearer picture of how social capital indicators including trust, social participation, and confidence in institutions are realized in the GTA.

Our analysis indicated that racialized Torontonians have lower levels of confidence in institutions. For example, only 12.3 per cent of Black respondents reported a great deal of confidence in the police compared to 32.7 per cent of white respondents. Black respondents also had lower levels of confidence in Toronto's school system (10.5 per cent compared to 22.7 per cent of South Asian respondents) and justice system (only 8.4 per cent compared to 18.6 per cent of white respondents).

Why does this matter? Inequities in social capital are a result of historic and structural conditions that have left some racialized groups under-served and mistreated. Toronto institutions must hold themselves accountable to improve these relationships and work proactively to build and cultivate social capital with racialized communities - specifically Toronto's Black communities. Decreasing inequities in social capital will help build a stronger city where everyone can thrive.

Seniors and health

Older adults living in long-term care homes were among the earliest, and hardest hit by COVID-19. A provincial independent commission found that during the pandemic, residents from diverse ethnocultural groups felt isolated and alienated when they were cut off from their families who often bridged language and cultural gaps in long-term care homes. This year we looked at wait times for culturally specific long-term care in the GTA, and how waiting for care impacts the health of both older adults and their families.



Equity and availability in long-term care

The wait for long-term care in the GTA can be just a day for some, or several years for others. In the study, [Waiting for long-term care in the GTA: Trends and persistent disparities](#), we found the more diverse the need, the longer the wait. The study examined Ontario wait time data by region, age, gender and language. Data showed that people who are older, do not speak an official language, and who need culturally specific care wait an average of 246 days longer than people waiting for mainstream care. The study also found dramatic increases in wait times within the Toronto Central LHIN, and that if trends continue this area will soon become the region with the longest wait times in the province.

What do these long wait times mean for older adults and their families? In [Cost of waiting for long-term care](#), we explored just that. In this qualitative analysis, family caregivers from across the GTA were interviewed about the challenges of choosing and waiting for care. The study found that while older adults who need culturally specific care wait, it is family caregivers who pick up the slack. Over half of family caregivers reported that they provided over 40 hours of care of per week. This ranged from assistance with personal care and managing finances to housework and errands. The interviews also revealed that caregivers experienced stress and anxiety with the extra burden that comes with caring for their older relative.

Without more options for culturally specific care, people will continue to wait. Along with this come numerous mental and physical health consequences for those waiting as well as for their family caregivers. As we work to improve long-term care post-COVID-19, it is crucial that we push equity and access to the forefront and prioritize the needs of diverse communities.

RESPONDING TO EMERGING ISSUES IN COVID-19

In response to rapidly changing circumstances and emerging policies throughout the COVID-19 pandemic, we produced a series of blogs dedicated to timely identification of issues and policies to mitigate inequities exacerbated by COVID-19.

Early in the pandemic we addressed multiple issues facing essential workers, including access to [emergency childcare](#), [working conditions for personal support workers](#) and the important role a well-funded [public transit](#) system could play in protecting the health of workers without the option of working from home. We also explored how the [digital divide](#) stood in the way of access to benefits, education and COVID-19 information for low-income people, and how [crowded and unaffordable housing](#) left others unable to socially distance or self-isolate, making them more vulnerable to contracting COVID-19. Our COVID-19- related blogs were viewed over 15,000 times.

In an opinion editorial, we put forward a vision of a [new normal](#) for Canada. A Canada where we focus on creating healthy jobs with good benefits and thriving wages, tax reform where the wealthiest pay their share, a housing strategy that ensures that everyone has a healthy home, and a health and social services sector that can serve all people – in times of crisis and in times of calm.

Further to this, Wellesley Institute CEO, Kwame McKenzie was invited to [present to the House of Commons Standing Committee on Health](#) and provide comment on Canada's response to COVID-19, where he urged the committee to adopt a response rooted in equity and to use sociodemographic data to ensure that communities hardest hit receive the resources they need. Dr. McKenzie also presented to the Royal Society of Canada where he discussed the impacts of COVID-19 on racialized communities and was invited to join the COVID-19 and Mental Health and COVID-19 Expert Advisory Panel to advise the Canadian Institutes of Health Research, Health Canada and the Public Health Agency of Canada on how to access and mobilize the best evidence to support mental health systems and services in Canada.

RALLYING FOR MENTAL HEALTH

More than a year into the pandemic, Canadians continue to face an unprecedented mental health crisis. We are all in this together has become a common sentiment, but not everyone is in the same boat when it comes to their mental health and well-being. Those who were already experiencing stigma, exclusion, racism, and discrimination have had their mental health hit the hardest.

A social contract for a mentally healthy Canada

Together with sector partners and stakeholders, we are calling for a 10-year agreement between civil society, the business sector and the public to commit to a [social contract](#) to transform how we support mental health and well-being in Canada.



Through working together, we aim to achieve the following goals by 2030:

- Reduce the reported rate of pre-pandemic emotional distress by half
- Decrease the number of children exposed to adverse childhood experiences that lead to poorer mental health by half
- Reduce the suicide rate by half

We must promote good mental health and resilience, as well as support those living with mental illness and mental health problems. Working together we must recognize that the social determinants of health, such as poverty, race, and social inclusion, need to be addressed to achieve a fair and resilient future for the mental health of all in Canada. As we rebuild, let's build a mentally healthy Canada.

Our partners



Canadian Mental
Health Association
Mental health for all



CHILDREN
FIRST
CANADA

LES ENFANTS
D'ABORD
CANADA

Kids Help Phone



United Way
Centraide
Canada



OUR PARTNERSHIPS

COVID-19 acted like a social x-ray exposing pre-existing inequities in communities across the GTA. As these came to light, we worked together with partners to find ways to address the needs of equity-seeking groups.

The Health Network for Uninsured Clients

A collaboration of over 40 health and community service organizations, [The Health Network for the Uninsured](#), was a lifeline for uninsured populations looking for resources and information during the COVID-19 outbreak. In response to the pandemic, the Ontario government expanded health care coverage for patients without OHIP. The Network took a lead in communicating these changes to organizations serving uninsured clients to reduce barriers to care. Through webinars and direct outreach to hospitals we worked with network partners to ensure that uninsured patients were able to access the information, resources and the care they needed. As part of this process, the network developed resources for health care providers and clients that were made available in nine languages, which were accessed by over 2,600 clients.

Healthy housing lab

To ensure good repair and quality in older private rental apartments in Toronto, we partnered with the Canada Mortgage and Housing Corporation and SHS Consulting to bring together the City of Toronto, building owners, landlords and residents to find common ground and solutions to keep housing stock in Toronto healthy. Relying on true collaboration, generative lab exercises and interviews, our Quality Housing Forum was attended by over 40 stakeholders and was the key to the success of the [Healthy housing lab](#) project.

Health equity for Black communities

The pandemic disproportionately impacted Black communities in Ontario, with higher infection rates, worse health outcomes, and more financial distress resulting from reduced work and job loss. To address these inequities, we worked with partners to develop the Black Health Equity Working Group, linking community, health service providers, academics and policy makers. The Black Health Equity Working Group was foundational in the successful push for sociodemographic data collection in Ontario during the pandemic, and has produced the Engagement Governance, Access and Protection (E-Gap), a tool that aims to improve community control of their data.

This year we partnered with Ontario Health to develop the Black Health Plan Group - tasked with producing Ontario's first health equity plan for Black populations and developed the Black Health Summit - a Chatham House group of health system leaders and service providers that meets regularly.

We also participated on provincial advisories for the Ethical framework for COVID-19 vaccine distribution, the development of the Ontario vaccine implementation, and the Ontario COVID-19 Science Advisory Table. Additionally, we partnered with Toronto Region to produce frameworks, tools and trainings that will form Ontario's first anti-black racism strategy for service providers and Ontario Health Teams.

Working with the City of Toronto

This year we partnered with the City of Toronto on several projects aimed at creating safer and healthier communities across the city.

Community crisis response

A first response to people experiencing mental health issues should not have to involve a call to the police. Alongside the City of Toronto and community stakeholders, we are working on a model to integrate peer support into the response for people experiencing mental health issues. Through literature and jurisdictional reviews, analysis of international models and consultations with key informants, we will provide recommendations that are based in collaboration and will create a safer mental health response in Toronto.

Community safety and well-being

Trauma is a universal experience, and city programs and services should be trauma-informed to better serve their diverse communities. We are contributing to the City's Community Safety and Well-being Plan by developing a model of a trauma-informed city that focuses on delivery of services in a way that prioritizes empathy, compassion and service through a trauma-informed lens.

Downtown East

We are working on a project to address substance misuse in Toronto's Downtown East centered on withdrawal support and treatment. When someone finds themselves in need of these services, their path to addiction and substance use treatment options is often not a straight line and could involve numerous services and community supports. This project will provide recommendations on how to bridge the gap and make these services more effective for the people who need them.

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Acknowledgement of traditional land

We wish to acknowledge this land on which Wellesley Institute operates. For thousands of years it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

We would also like to acknowledge all the peoples who have contributed to, and helped build Toronto, including migrant and immigrant communities.

Revised by the Ceremonial Committee at the University of Toronto Office of Indigenous Initiatives in April 2021.



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