

IMPACT REPORT

2022 2023



MISSION

WELLESLEY INSTITUTE AIMS TO CATALYZE ACTION THAT IMPROVES HEALTH AND HEALTH EQUITY IN THE GREATER TORONTO AREA. WE STRIVE TO PRODUCE GROUND-BREAKING APPLIED RESEARCH, BUILD SKILLS AND CAPACITY, FACILITATE THE SYNTHESIS AND TRANSLATION OF KNOWLEDGE, AND INFLUENCE POLICY TO DECREASE HEALTH INEQUITIES.

WELLESLEY INSTITUTE BY THE NUMBERS

453 CITATIONS ON
GOOGLE SCHOLAR

18 RESEARCH PAPERS

9 POLICY PIECES

31 TALKS AND
PRESENTATIONS

55 COMMITTEES, NETWORKS
AND PANELS, INCLUDING:

- Black Scientists' Taskforce on Vaccine Equity
- Black Health Plan Group
- Black Health Summit
- Ontario Health Data Council
- National Advisory Council on Poverty

37

Media appearances

5,270

Newsletter recipients

62,070

Web visitors

9,940

 Twitter followers

3,312

 LinkedIn followers

162,449

Webpage views

105,000

Impressions on Twitter

2,761

 Facebook followers

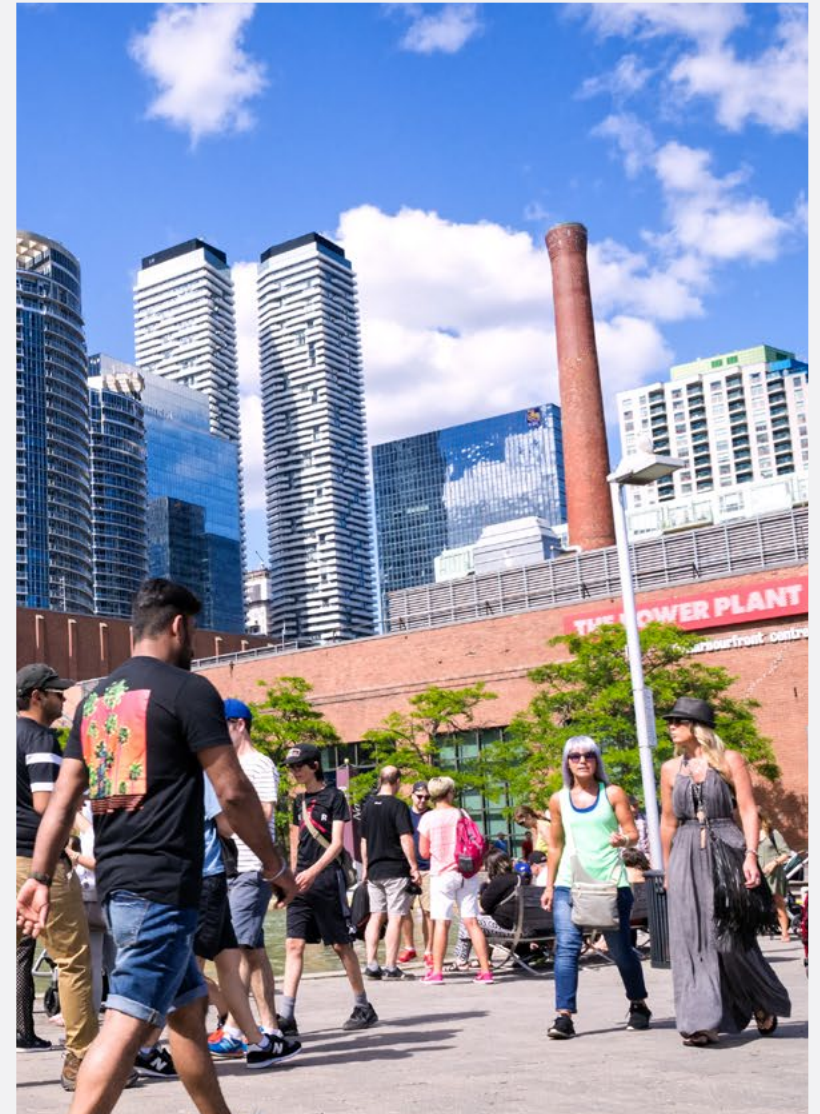
NEW BEGINNINGS

As pandemic restrictions lifted Torontonians reconnected in person with family, friends, and colleagues. People in the GTA welcomed the idea of new beginnings while remaining masked in public spaces.

The Wellesley Institute also looked forward to a change of pace as we moved into new offices in southeast Toronto—close to where the original Wellesley Hospital stood. Back in the community and grounded in a newly renovated space, we were happy to safely create a hybrid work model where staff could continue to collaborate on projects that aim to advance health equity in the city.

However, while people embraced the slackening of COVID-19 restrictions, the threat of infection still loomed. Additional challenges that had been exacerbated by the pandemic persisted. Older adults continued to experience barriers in social housing, evictions carried on in a City that lacks affordable and supportive housing, and those experiencing long COVID had difficulty finding resources.

As we embrace new beginnings and the human desire to “get back to normal,” we must remember what has been left behind after a tumultuous three years. Those who experienced worse health inequities during the height of the pandemic and those who still face significant challenges because of it deserve our attention.



OUR NEW STRATEGIC PLAN

Our last strategic plan covered the years 2018 through 2022. During that time the urgency for social and environmental action to address major challenges to population health made the relevance and importance of our work clearer than ever. COVID-19 exacerbated health disparities and highlighted the impact of the social determinants of health such as racialization, employment, poverty, housing supply, and affordability on the health outcomes of equity-seeking groups.

Our new strategic plan will enable increased focus. We will continue our research and policy work, ensuring that advancing health equity is at the forefront of everything we do.

As we enter a new year, our [strategic plan for 2023-2026](#) is to achieve the following:

1. Applied health research is used by civil society and government to inform and advance their work toward health equity.
2. Expertise and leadership in health equity is further developed and strengthened within and beyond Wellesley Institute.
3. Policy makers address equity. Policy makers are engaged, informed, and motivated to act.



Our new strategic priorities will strengthen Wellesley Institute's ability to achieve these outcomes:

Leadership Development	Inclusion and Transparency	Branding and Communications
<p>Wellesley Institute's influence in advancing progress on health equity depends on our expertise, our relationships, partnerships and our reputation among policymakers and organizations.</p> <p>We intend to strengthen these relationships and leadership in health equity.</p> <p>Wellesley Institute will build and deliver a health equity leadership development program, including our alumni and experts in health equity, internally and externally.</p>	<p>Wellesley Institute's project and policy development portfolio will be actively managed to ensure our resources are deployed effectively.</p> <p>Wellesley Institute will be inclusive and transparent in the management of our project and policy portfolio.</p>	<p>Wellesley Institute will develop a strategy, standards, tools, and tactics that ensure that we deploy our work in the most effective way and that we increase the understanding of and reach of the Institute.</p> <p>We will develop internal and external communication strategies that align all parts of the organization to improve effectiveness.</p>

To view the full strategic plan and to review our new theory of change, visit:
<https://www.wellesleyinstitute.com/about/strategic-plan/>

THE DELAYED RESPONSE TO LONG COVID

Long COVID is often referred to as a silent pandemic; those touched by the condition tend to feel isolated while those with no connection to the illness are unaware of its threat. But the reality is that anybody can still contract COVID-19, and therefore, anybody can develop Long COVID.

Long COVID has many symptoms—including fatigue, memory problems, shortness of breath and pain—and is linked to reduced quality of life. Globally, as many as 200 million individuals have experienced long-term health consequences of COVID-19. A recent study estimated that 1.4 million Canadian adults (14.8 per cent of those infected with COVID) would satisfy the criteria for long COVID. It can compromise people's jobs, interfere with caregiving duties, and deplete people's energy reserves. It is exhausting to be forced to advocate for one's health while one is struggling—and such is the nature of long COVID.

One of our research reports detailed the [healthcare experiences of people with long COVID](#) and shone a light on how difficult it can be to gain access to services, support, and resources for this condition.

Existing research highlights the continued need to focus on health and social equity in the experiences of long COVID patients. Initial research on long COVID relied on participants who were active in online communities, advocacy work, or those seeking support for long COVID. This led to greater representation of white, affluent participants with digital access and excluded the perspectives of racialized groups and those with lower incomes. There is also growing anecdotal evidence that patients presenting at long COVID clinics and related programs do not reflect the heterogeneity of the population impacted by ongoing symptoms. Our research included the voices of racialized individuals who would otherwise be voiceless.

In order to protect those with long COVID, and to protect those who are at risk of developing this condition, our report recommended five actions governments should take: increase awareness and access to information about the illness for healthcare providers, mobilize knowledge for public awareness, address systemic issues of the overburdened primary healthcare system, improve equitable access to multidisciplinary long COVID healthcare services, and develop mechanisms to connect socially isolated populations to long COVID health services.



RESEARCH HIGHLIGHTS

OLDER ADULTS IN SOCIAL HOUSING: LANGUAGE BARRIERS AND EVICTIONS

Older adults living in social housing are among the most vulnerable and marginalized in the community. They face a variety of physical, mental, and social health challenges that negatively impact their ability to maintain successful tenancies. For those who do not speak English proficiently, language barriers add another layer of complexity to accessing housing supports.

The COVID-19 pandemic stretched social housing workers thin—as well as the residents who were already dealing with physical, social, and mental health issues. We wanted to know how residents were coping with the added pressure of language barriers during this difficult time and beyond.

In 2022, with support from Sunnybrook Research Institute and the City of Toronto, [we produced a research report that highlighted the issue of language barriers](#). In one of our research projects, we conducted qualitative interviews and focus groups with 58 older social housing tenants and 58 local health and community service providers who support them. We found that tenants with limited English proficiency described several challenges accessing information about their building, unit, and tenancy, as written notices were often in English. Conversations with housing staff were also an everyday challenge for tenants who could not speak English fluently. As a result, tenants relied heavily on informal support networks, such as their children or neighbours, to navigate English communication.

While some tenants were able to access community services in their language of choice, many service providers noted that a lack of translation and interpretation services within the sector created barriers in accessing home and community care services in diverse languages.

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RESEARCH HIGHLIGHTS

Our five recommendations to remedy this gap in communication included calls for housing providers to record language profiles of tenants, improve language access, train staff, proactively share information with tenants in languages they understand, and facilitate more engagement. [We shared our findings with community partners to turn research into action.](#) Targeted knowledge translation efforts helped the City of Toronto, Toronto Seniors Housing Corporation, and the Toronto Seniors Strategy Accountability Table understand the housing experiences of older tenants while providing a clear path forward to reduce language barriers.

As older adults were one of the groups most impacted by COVID-19, it was necessary to research how evictions also played a role in their health and wellbeing. In our research paper on [enhancing eviction prevention supports for older adults in social housing](#), we conducted qualitative interviews and focus groups with older adult tenants living in social housing as well as local health and community service providers who support them.

Service providers expressed their understanding that housing staff were committed to providing stable housing for older adult tenants. However, tenants and service providers alike shared many stories of times when housing was threatened by eviction. Participants discussed their views on the need to transform eviction prevention strategies to be more proactive and "senior-friendly." Specifically, three key needs were identified to improve housing stability for low-income older tenants: the need to understand that some tenants have mental and physical disabilities, "senior-friendly" communication, and proactive eviction prevention supports.



SERVICE PROVIDER PERSPECTIVES ON EVICTIONS

Toronto faces a housing crisis that cannot be ignored. While renovictions and no-cause evictions have been an issue in our city for some time, the pandemic only added fuel to the fire. In an average year, over 20,000 Torontonians renter households face formal eviction filings. We already know that evictions have a host of negative health outcomes for those involved, including both mental and physical health. But Wellesley was concerned about the growing evidence that evictions disproportionately and inequitably impact low-income people, Black, Indigenous, and racialized people—along with single parents and their children.

Building on previous work, and funded by the City of Toronto, [one of our reports on evictions in Toronto](#) explored how local service providers and community leaders understood the causes, impacts, and experiences of evictions in neighbourhoods disproportionately impacted by residential eviction filings—particularly in the midst of a global pandemic. Interviewees identified three main causes of evictions: tenant economic vulnerability, landlord incentives to evict, and discrimination against populations including Black renters. Five renter populations were identified by interviewees as being disproportionately at risk of and impacted by evictions. They included: low-income renters, Black and racialized people, people with mental health challenges, families with children, and new immigrants.

A crucial finding in this report, interviewees identified individual discrimination and structural barriers, including systemic racism, as the causes of these inequities. Low-income Black renters, single women, and female-lead households felt particularly targeted, and interviewees shared that an eviction could mean relying on less safe or stable housing.

At the community level, evictions were identified as playing a role in the fraying of social, economic, and neighbourhood networks. Communities across North York and Toronto were described as being fragmented by evictions, causing one participant to explain they felt as if they were “fighting to keep their home in a community.” We made clear recommendations on next steps to reduce the inequalities this, and past work, has identified.



ONTARIO'S NEW BLACK HEALTH PLAN

Developed jointly by Ontario Health, The Wellesley Institute, Parkdale Queen West Community Health Centre, and the Black Health Alliance, [The Black Health Plan](#) provides a roadmap for creating equitable health conditions for Black populations.

Black Ontarians have experienced long-standing systemic health inequities. They've disproportionately experienced poorer health outcomes, and significant barriers to accessing preventive care and health services due to systemic racism within government and healthcare.

To quote the report:

"It is often said that the increased rates and huge impacts of COVID-19 in Ontario's Black population are because the pandemic has exacerbated pre-existing health inequities. This phrase is rarely critiqued. But it should be. That in 2023 we still speak about the exacerbation of pre-existing inequities should fill us with shame for at least two reasons. First, health inequities are avoidable differences between populations. Pre-existing health inequalities for Black populations mark a failure of our social and health policies, and a failure of our health system to meet the needs of all members of the public. Our one-size-fits-all health system has not delivered for Black populations and we have not done enough to change that."

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As we strive for equity within the health system for Black Ontarians, Wellesley contributed to the three pillars of the plan which include:

- Equitable pandemic response for Black populations
- Equitable health system recovery with a focus on Black populations
- Sustained health equity for Black populations

Each pillar includes a corresponding set of recommendations for the Ministry of Health, Ontario Health, Ontario Health Teams, and health service providers.

The plan should push health care providers, organizations, and governing bodies to take action on the recommendations it has set out, and to use it both as a guide for specific changes and as inspiration to transform existing structures. The goal is to ensure that Black communities across Ontario receive safe and equitable care and improved outcomes.



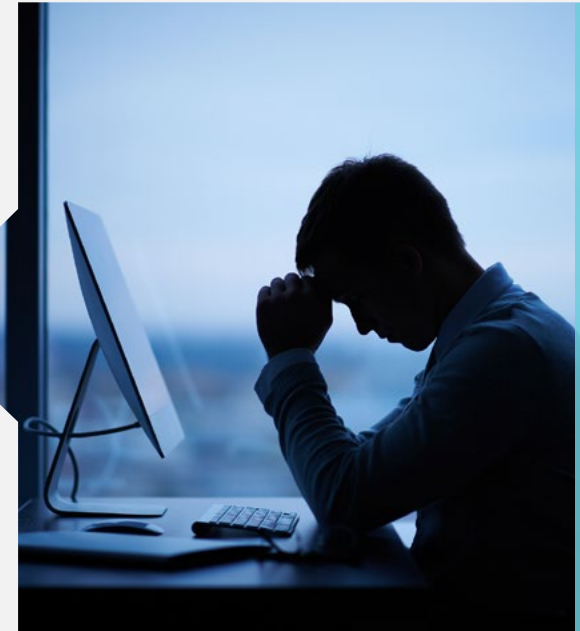
LONG COVID LITERATURE SCAN TO INFORM POLICY RESPONSE

As mentioned earlier, long COVID is often referred to as a silent pandemic. Not only can symptoms be insidious, but the policy response to the condition has been lacking. Before our [qualitative research report that dove into the healthcare experiences](#) of people with long COVID, Wellesley conducted a [literature scan to inform policy responses on long COVID](#).

Our policy piece outlined four areas that needed immediate attention if Toronto wanted to support people with disability caused by the coronavirus: access to healthcare services, workplace accommodations and conditions, income supports, and community-based care and supports.

We were heartened to see some progress from the provincial government, as an Ontario Health Insurance Plan diagnostic code was added to enable physicians to bill for assessment and management of the condition, and promulgated Ontario Health's Guidance for Primary Care on the subject. However, much more work remains to be done to ensure a coordinated and equitable response.

Long COVID represents the evolving impact of the virus on society as we continue to navigate its inherent uncertainty. Gaps in understanding of long COVID should not be used as a rationale for a delayed response to meet the health and social needs of those suffering from the condition. This is especially the case because inaction is likely to further contribute to inequities that have become starkly evident during the pandemic.



THRIVE TORONTO: A NEED FOR A MENTAL HEALTH STRATEGY

For six years, Wellesley Institute has provided leadership and backbone support for Thrive Toronto, a multi-stakeholder collaboration which aims to improve mental health in Toronto. The partners have convened regularly and made important contributions to mental health, but the worsening mental health situation due to the COVID-19 pandemic demonstrated Thrive needed to do more.

In partnership with the United Way Greater Toronto and the City's Social Development, Finance, and Administration Division, Wellesley led a one-year project to develop a Mental Health Strategy for Toronto. Alongside all the Thrive partners, and informed by in-depth literature reviews and stakeholder interviews, we identified actions to create a "Thrive Toronto 2.0."

This plan aims to advance mental health in Toronto through a renewed and stronger partnership that will take on meaningful actions and commitments by implementing a Toronto Mental Health Strategy.

The vision of the Toronto Mental Health Strategy is a Toronto where there is equity in mental wellness across the population and equity of outcomes for people with mental health problems. A Toronto where mental wellness has been optimized, risks for and rates of mental illness and problematic substance use have been minimized, and there is appropriate access to high-quality treatment and supports.

The aim of the Toronto Mental Strategy is to improve mental health and equity of mental health of people in Toronto. More specifically, our work this year:

- Identified opportunities for improving the equity, effectiveness and efficiency of existing policies and services;
- Identified the new resources that are available to improve mental health and equity of mental health in Toronto;
- Developed strategies and facilitated the implementation of initiatives that lead to increased system equity, effectiveness and new resource acquisition for mental health and mental health equity in Toronto.

We look forward to publishing and implementing specific actions for Thrive Toronto through the Strategy in our next fiscal year.



RESEARCH IN ACTION: THE EFFECTS OF PRECARIOUS IMMIGRATION STATUS ON HEALTH

The Community Knowledge Program's first webinar of the year examined how precarious status is understood as a social determinant of health and how precarious status impacts community health and/or an individual's access to care.

[Click here to watch.](#)

RESEARCH IN ACTION: BUILDING AND SUSTAINING RESEARCH PARTNERSHIPS

The second webinar of the series focused on building and maintaining strong partnerships among academia and community-based groups to improve research about migration, settlement, and integration in the GTA.

[Click here to watch.](#)

RESEARCH IN ACTION: INNOVATIVE APPROACHES TO KNOWLEDGE TRANSLATION

The Community Knowledge's last webinar focused on innovative approaches to knowledge translation. From digital communication strategies, photovoice, and community engagement, learn how to share research findings and information in unique ways.

[Click here to watch.](#)

WELLESLEY INSTITUTE REPRESENTED AT THE CANADIAN SENATE

February 8, 2023, Dr. Kwame McKenzie represented the Wellesley Institute at the Canadian Senate as a guest of Senator Ratna Omidvar. Senator Omidvar sits on the Senate Committee on Social Affairs Science and Technology.

NATIONAL ADVISORY COUNCIL ON POVERTY'S VISIT TO TORONTO

On November 9, 2022, Wellesley Institute hosted the National Advisory Council on Poverty at our offices on Gerrard Street East.

First, representatives from United Way Toronto, Maytree Foundation, City of Toronto, Community Food Centres Canada, OCASSI and OHRC discussed the high rental prices in Toronto and how this disproportionately impacts front-line workers, part-time workers, or contract workers—all of which are overrepresented by racialized communities. The discussion then led to the high cost of food and how without access to nutritious food, people's physical and mental health suffer.

We then met with our neighbours at the Yonge Street Mission. Persons with lived experience (Single Parent Resident Leaders) spoke about their successes with the programs offered by YSM and how mentorship is a major factor. There was then a presentation on YSM's collaboration with Cornerstone Family Services, which specializes in working closely with families that have or potentially have child welfare involvement.

From there, Wellesley and the NACP met with our other neighbours at Fred Victor and had a tour of the facility which consists of 87 apartments and is home to 100 tenants. One program coordinator talked about the importance of understanding that not all families have access to the same resources as other families, which can then influence how and when they access services.

Finally, the NACP met with members of the Black Health Alliance, staff from TCHC, and people with lived experience of houselessness. The discussion involved the issues that many Black residents face in Toronto's public housing, particularly instances where police are called to the community. Members detailed how something as small as a broken elevator could lead to one child refusing to go to school, as a teacher accused him of being lazy and not caring about his education after he was late.

Members of the NACP were struck to hear that one TCHC staff member was leaving her job due to the emotional toll it has taken on her. The NACP walked away with a deeper understanding of the unique needs of Black and racialized Toronto residents experiencing poverty.



E-GAP

The Engagement Governance, Access and Protection (E-GAP) is a tool that aims to improve community control of data. Stemming from the COVID-19 pandemic which disproportionately impacted Black communities in Ontario, this tool was made in partnership with the Black Health Equity Working Group.

This year, we convened organizations across Canada to share knowledge, build momentum, and bridge alignment towards the collection of race-based data and data sovereignty for racialized communities. With our first national kick-off meeting in June, 2023, Wellesley is looking forward to connecting further with its national partners to ensure equitable data governance.

CITY OF TORONTO RACE-BASED DATA GOVERNANCE (RBDG) MODEL

The Social Development, Finance & Administration, the Data for Equity Unit and the Confronting Anti-Black Racism (CABR) Unit at the City of Toronto has partnered with the Wellesley Institute and the Black Health Alliance (BHA) to develop a Race-Based Data Governance Model (RBDG) and implementation strategy.

The RBDG model responds to the identified need for the City to track disaggregated race-based data to advance the understanding, tracking and overall monitoring of interventions and outcomes for Black communities, and other equity-seeking communities. The model will guide City divisions and partners to ensure that sociodemographic and disaggregated data about Black communities is collected, used, and governed to benefit Black communities. Part of this work includes engagement with City staff, data and policy experts, Black community leaders, and public members of the Black community in Toronto.

RESEARCH PAPER PARTNERSHIPS

The Wellesley Institute was grateful to be able to partner with a number of organizations on research projects this year. A few include [The Toronto Foundations report on Social Capital](#), Pathways to Care's [report on Black youth's access to mental healthcare](#), and [Making Space](#) – a resource for equitable engagement for planning and development processes in Toronto.

TORONTO STAR OP-EDS

[Fix Canada's health care for those most in need](#)

[Time to focus on right sizing our health service](#)

[Why Ontario needs to collect race-based health data](#)

[Trying to 'live with' COVID is not a winning strategy. It's time to let the public discuss Plan B](#)

MEDIA HIGHLIGHTS

[How to protect Seniors from Evictions](#) (The Local)

[The wealth of your neighbourhood can affect your chances of surviving a heart attack](#) (Globe & Mail)

[What can we learn from jurisdictions with a history of combatting housing crises?](#) (CBC Information Morning)

[New study finds better health care outcomes when patients and doctors speak same language](#) (Globe & Mail)



The screenshot shows the top of a Toronto Star webpage. The masthead includes the 'TORONTO STAR' logo and navigation links for HOME, GTA, CANADA, POLITICS, WORLD, OPINION, LIFE, SPORTS, ENTERTAINMENT, BUSINESS, and INVESTING. A 'SALE: \$3.33' badge is visible in the top right. Below the masthead, there are links for 'Star Columnists', 'Editorials', 'Contributors', 'Letters To The Editor', and 'Editorial Cartoons'. The article is categorized under 'CONTRIBUTORS' and 'OPINION'. The title is 'Fix Canada's health care for those most in need'. The byline is 'By Kwame McKenzie Contributor' with the date 'Sat., Feb. 18, 2023' and a '3 min. read' indicator. Social media sharing icons for Facebook, Twitter, Email, LinkedIn, and Print are present. The main image shows a man in a suit and glasses sitting at a glass table. Below the image, the first paragraph of the article is visible: 'Some people say our Canadian health system is broken. Others say it is not. They are both right. Many people get excellent health care, but, for others the health system is not working and they wanted a deal which would give them hope rather than cement their misery for another decade.'

TORONTO STAR

SALE: \$3.33

HOME GTA CANADA POLITICS WORLD **OPINION** LIFE SPORTS ENTERTAINMENT BUSINESS INVESTING

Star Columnists Editorials Contributors Letters To The Editor Editorial Cartoons

CONTRIBUTORS **OPINION**

Fix Canada's health care for those most in need

As the premiers agree to accept the health care deal I have one suggestion: if it is broke, fix it and fix it for whom it is most broken

By Kwame McKenzie Contributor
Sat., Feb. 18, 2023 | 3 min. read

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Some people say our Canadian health system is broken. Others say it is not. They are both right. Many people get excellent health care, but, for others the health system is not working and they wanted a deal which would give them hope rather than cement their misery for another decade.

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IN THE NEWS

LAND ACKNOWLEDGEMENT

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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