



# Health Equity

## Wellington-Guelph Integrated Youth Services Network Evaluation Report: A Summary

In 2021, **The Grove** in Wellington County-Guelph became one of 14 Youth Wellness Hub Ontario (YWHO) sites. One year earlier, the original Integrated Youth Services Network (IYSN) had commissioned Homewood Research Institute to conduct a [developmental evaluation](#) of the Guelph hub, providing key insights into their implementation process.<sup>1</sup> This document summarizes the results of the Health Equity Impact Assessment (HEIA) and is intended to serve as a guide to support the planning of a YWHO site. It's important to recognize that in addition to using tools like the HEIA, it's essential to move that knowledge into action. Talk to your implementation specialist about using the Site Coaching Log to center equity through tangible next steps and ongoing action planning.

### Advice for new hubs:

**Prioritize representation of all youth within outreach roles and hub materials**

Hire diverse youth ambassadors to provide programming and navigational services. Use clear and youth-friendly language in all materials.

## Health Equity Impact Assessment (HEIA)

### What is it?

The HEIA is decision-making tool that helps identify how a project is impacting marginalized groups within the potential service user population. It supports the development of strategies to mitigate unintended negative effects and maximize positive impacts.<sup>2</sup>

When applied as part of the evaluation of the Wellington-Guelph IYSN, nine priority populations were identified. Each group of youth has its own needs, but some of the consistent negative impacts included a lack of culturally specific services, lack of onlines services, and poor visibility within promotional campaigns. Some positive impacts included increased trust, engagement, and connection to the IYSN.<sup>1</sup> **The full, completed HEIA is included in this document, page 3-6.**

### Advice for new hubs:

**Consider how language affects access and implement strategies to address this**

Provide materials in a variety of languages relevant to your region.

Ensure youth have access to interpretation services when accessing hub programming.

## Recommendation #1:

**Seek to further understand and address the diverse needs of youth and families in your region, particularly those who are not already accessing programs and services.**

As each hub site develops their own health equity and inclusion priorities, it is vital to engage service providers and local youth and families throughout the process.

Each location has its own community and cultural demographics. By developing and further understanding this geographic data, hub sites can ensure there is alignment between identified priority populations and the services/programs that are offered. Local assessments and ongoing monitoring of service user demographic data will reveal which groups of youth aren't accessing services, allowing hub sites to develop solutions to address these gaps.

**Advice for new hubs:  
Consider how to elevate availability and access to services and programs**

Provide online services as well as physically accessible spaces.

Make sure programming is offered at times when youth are available

Determine how to facilitate transportation to services

## Recommendation #2:

**Identify opportunities for partnership in the outermost ring of the network, and with those identified as potential partners, to increase their involvement**

Central to the provision of culturally diverse programming that reflects local youth demographics is fullsome engagement of network partners who provide services tailored to the needs of specific sub-populations.

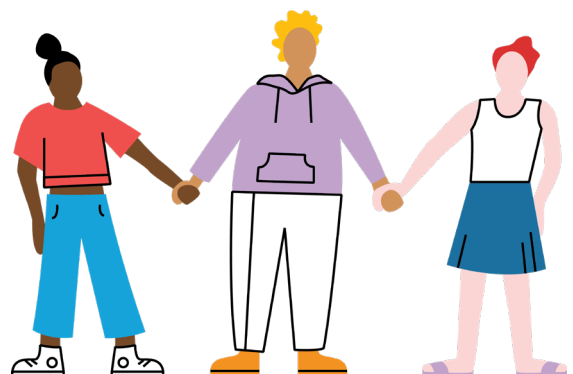
Strengthening relationships with local school boards and school leaders was identified by interview subjects as a priority. In particular, deepening partnerships with schools with diverse student populations and a focus on equity and inclusion would help establish referral pathways.

The Wellington-Guelph IYSN hired a Diversity and Inclusion Coordinator to develop a health equity plan to ensure all youth feel safe and supported by the hub. To engage youth in the development of this plan, the IYSN worked with organizations like Black Lives Matter Guelph, the Muslim Society of Guelph, and Guelph newcomer programs.

**Advice for new hubs:  
Ensure culturally specific strengths-based services are available**

Offer Indigenous-specific mental health and substance use programs and services

Require staff to complete cultural safety training



Social Determinants of Health	Positive Impacts	Negative Impacts	Questions
<h2 data-bbox="188 226 628 277">Indigenous Youth</h2> <p data-bbox="188 309 852 412"><b>Colonialism:</b> Impact of intergenerational trauma and extensive loss of culture and language is linked to low socioeconomic status, decreased life expectancy, identity crisis, poor self-esteem, high rates of substance use/abuse and mental health issues.<sup>3,4</sup></p> <p data-bbox="188 423 839 474"><b>Education:</b> Lack of access to quality education is associated with decreased health literacy, health awareness, and self-care.<sup>5</sup></p> <p data-bbox="188 486 839 589"><b>Health Services:</b> Indigenous youth living in rural areas have limited access to a variety of services (e.g., mental health and addiction services) compared to Indigenous youth living in urban areas.</p> <p data-bbox="188 600 831 703"><b>Housing:</b> Lack of proper housing or homelessness is associated with overcrowding, low access to educational opportunities, and preventative healthcare, and increased mental health and substance use issues.<sup>6,7</sup></p> <p data-bbox="188 714 778 792"><b>Personal/Coping:</b> Increased distrust and apprehension in accessing health services as a result of historic trauma and negative interactions with service providers.<sup>8,9</sup></p> <p data-bbox="188 804 852 929"><b>Racism:</b> Experiencing racial discrimination (e.g., racialized stereotypes, violent racism, and institutionalized racism) is associated with increased psychological distress, low levels of education, inadequate housing, and reduced access to health care resources and services.<sup>3</sup></p> <p data-bbox="188 940 857 1066"><b>Resilience:</b> Promoting resiliency via cultural continuity (e.g., language, traditional teachings, and expression of spirituality) among Indigenous youth is associated with increased participation in school, increased social outcomes, and reduced negative health outcomes, particularly youth suicide.<sup>4,10</sup></p> <p data-bbox="188 1077 839 1155"><b>Social Supports:</b> Positive family, peer, and community relationships promote resilience among Indigenous youth, which in turn improves mental health outcomes.<sup>10</sup></p> <p data-bbox="188 1167 807 1270"><b>Social Status:</b> Compared to non-Indigenous children living in urban areas, Indigenous children were more likely to live in poverty, which is associated with increased social exclusion, substance use, and crime rates.<sup>6,7</sup></p>	<p data-bbox="876 309 1054 412">Willing to engage in services due to increased trust with IYSN team</p> <p data-bbox="876 448 1054 573">Youth and their families are more knowledgeable with regards to who to contact</p>	<p data-bbox="1090 309 1268 515">Lack of ability to incorporate culturally-appropriate and culturally-safe services for Indigenous youth and families</p> <p data-bbox="1090 551 1257 654">Breach of confidentiality between service providers</p> <p data-bbox="1090 689 1289 815">Youth not having the resources (e.g., internet, computer) to access online services</p> <p data-bbox="1090 851 1265 929">Youth disengage with services due to lack of access</p> <p data-bbox="1090 965 1286 1068">Feeling overwhelmed with available programs and supports</p> <p data-bbox="1090 1104 1241 1207">Not feeling represented in campaigns or materials</p>	<p data-bbox="1303 309 1471 434">How to actively engage Indigenous youth and their families?</p> <p data-bbox="1303 470 1474 573">Are there any accessibility and transportation issues?</p> <p data-bbox="1303 609 1474 712">What kinds of culturally-tailored services are needed?</p>
<h2 data-bbox="188 1368 488 1420">Black Youth</h2> <p data-bbox="188 1451 860 1529"><b>Education:</b> Black youth are more likely to be suspended and enrolled into special education and applied programs compared to white and other racialized students.<sup>11</sup></p> <p data-bbox="188 1541 831 1592"><b>Health Services:</b> Black children and youth are unable to access mental health services that are culturally competent.<sup>12</sup></p> <p data-bbox="188 1603 839 1682"><b>Housing:</b> Black families experience landlord discrimination (e.g., refusal to rent, impose financial barriers, exclusionary screening methods) when trying to find adequate housing.<sup>11</sup></p> <p data-bbox="188 1693 839 1771"><b>Food Insecurity:</b> Moderate or severe household food insecurity was reported three times more often in Black youth than white youth.<sup>11</sup></p> <p data-bbox="188 1783 847 1861"><b>Racism:</b> Black youth experience racism at the institutional and societal levels. This include racial profiling, over-representation of Black youth and children in welfare systems and over-policing.<sup>3,11</sup></p> <p data-bbox="188 1872 820 1951"><b>Social Status:</b> A larger percentage of Black children and youth live in low-income households compared to white children and youth.<sup>11</sup></p>	<p data-bbox="876 1451 1054 1554">Willing to engage in services due to increased trust with IYSN team</p> <p data-bbox="876 1590 1054 1715">Youth and their families are more knowledgeable with regards to who to contact</p>	<p data-bbox="1090 1451 1268 1635">Lack of ability to incorporate culturally-appropriate and culturally-safe services for Black youth and families</p> <p data-bbox="1090 1671 1289 1796">Youth not having the resources (e.g., internet, computer) to access online services</p>	<p data-bbox="1303 1451 1474 1554">What kinds of culturally-tailored services are needed?</p> <p data-bbox="1303 1590 1474 1668">Can youth afford the services they require?</p>



Social Determinants of Health	Positive Impacts	Negative Impacts	Questions
<h2 data-bbox="188 595 598 645">2SLGBTQ+ Youth</h2> <p><b>Education:</b> Lack of relevant education on sexuality and sexual health comprises the ability of youth to make informed decisions about their sexual behaviours and practices.<sup>13</sup></p> <p><b>Health Services:</b> Social stigma, prejudice, and discrimination from service providers can contribute to minority stress and the under use of health services.<sup>13</sup></p> <p><b>Housing:</b> Disclosure of sexual orientation to family members is cited as one of the main causes of homelessness among 2SLGBTQ+ youth. Homelessness can lead to disengagement with services and dropping out of school.<sup>14</sup></p> <p><b>Race:</b> Racialized 2SLGBTQ+ youth (including immigrants, refugees, and Indigenous youth) often face systematic racism in addition to homophobia and transphobia and as a result are more reluctant to access care for their physical and mental health.<sup>9,13</sup></p> <p><b>Social Support:</b> Lack of support and acceptance from families and community members (e.g., faith-based communities) is associated with depression, recreational substance use, and suicidal behaviours.<sup>13</sup></p> <p><b>Stigma:</b> Stigma, discrimination, and hate can create a hostile environment for youth where they are subjected into hiding and concealing their identity and internalizing homophobia, leading to decreased mental well-being.<sup>13</sup></p>	<p>Willing to engage in services due to increased trust with IYSN team</p> <p>2SLGBTQ+ youth and their families seek out and find support related to gender and sexual identities</p>	<p>Limited knowledge and understanding of how to address the unique issues and need of 2SLGBTQ+ youth</p> <p>Not feeling represented in campaigns or materials</p> <p>Lack of gender transition- related services</p>	<p>What types of resources and referrals do 2SLGBTQ+ youth need?</p>
<h2 data-bbox="188 1379 624 1429">Mennonite Youth</h2> <p><b>Culture:</b> Accessing health services that are culturally safe and religiously respectful may increase compliance with health service providers.<sup>15</sup></p> <p><b>Education:</b> The fear of losing their cultural identity, faith, and traditional values can keep children out of school.<sup>15</sup></p> <p><b>Language:</b> Lack of interpretation services leads to improper use of medication and unknown medical conditions.<sup>16</sup></p> <p><b>Health services:</b> Difficulty accessing services due to lack of transportation, language barriers, and living in remote and rural areas.<sup>15</sup></p> <p><b>Personal/Coping:</b> Increased levels of acculturative stress as a result of interacting with mainstream society; increased misconceptions around mental health and addiction concerns due to stigmatization.<sup>15</sup></p>	<p>Youth and their families are more open to engaging in services</p>	<p>Access barrier due to services being offered only in English</p> <p>Not feeling represented in campaigns or materials</p>	<p>How to engage Mennonite youth?</p> <p>Are there any accessibility and transportation issues?</p>

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<h2 data-bbox="188 226 624 275">Newcomer Youth</h2> <p data-bbox="188 309 815 436"><b>Health Services:</b> Newcomer youth are reluctant to access services due to a lack of culturally-tailored or culturally-appropriate services (e.g., tailored to language, cultural beliefs, and values), translated written documents or interpreters, and familiarity with the healthcare system.<sup>17,19</sup></p> <p data-bbox="188 450 815 551"><b>Housing:</b> Food insecurity, serious developmental and growth delays, and exposure to hazardous environmental factors can result when immigrant youth are dealing with serious housing insecurity due to financial burden and homelessness.<sup>17,18</sup></p> <p data-bbox="188 564 815 640"><b>Language:</b> Language barriers have an adverse effect on youth and their families with regards to initial access to services and management of medical conditions.<sup>20,21</sup></p> <p data-bbox="188 654 815 730"><b>Personal/Coping:</b> Adjusting to a new atmosphere and culture is associated with increased acculturation stress, including culture shock and homesickness.<sup>17,18</sup></p> <p data-bbox="188 743 815 792"><b>Social Status:</b> Lack of employment and pressure to send money home to support family can negatively impact mental health.<sup>17,18</sup></p> <p data-bbox="188 806 815 934"><b>Social Supports:</b> Many international students and newcomer youth experience social isolation, find it difficult to build social connections, and struggle to feel a sense of belonging and as a result deal with low self-esteem, anxiety, stress, and depression as a result of feeling.<sup>17,18</sup></p> <p data-bbox="188 947 815 996"><b>Stigma:</b> Stigma and negative stereotypes about mental health in their home country may prevent youth from accessing services.<sup>17,18</sup></p>	<p data-bbox="876 309 1062 409">Immigrant youth and their families are willing to engage in services</p>	<p data-bbox="1088 309 1275 358">Lack of culturally-specific services</p> <p data-bbox="1088 394 1278 495">Access barrier due to services being offered only in English</p>	<p data-bbox="1305 309 1461 385">How to engage newcomer youth?</p> <p data-bbox="1305 421 1461 575">What languages are predominantly spoken by immigrant populations?</p> <p data-bbox="1305 611 1461 766">How many different languages should IYSN material be translated into?</p>
<h2 data-bbox="188 1068 748 1117">Transition-Aged Youth</h2> <p data-bbox="188 1151 815 1279"><b>Health Services:</b> Youth aged 16-24 do not qualify for many services as they are either “too old” or “too young”; youth who cannot access the appropriate services during the transition process from youth to adulthood are at a heightened risk for dropping out of care and not finding alternative treatments.<sup>22</sup></p> <p data-bbox="188 1292 815 1368"><b>Personal/Coping:</b> Learning to live independently and having to make decisions (e.g., finding a safe place to live, employment, and education) can be emotionally taxing for some youth.</p> <p data-bbox="188 1382 815 1458"><b>Social Supports:</b> Young people may not have the family and community support they need to successfully transition into adulthood.<sup>22</sup></p>	<p data-bbox="876 1151 1034 1328">Youth are seamlessly transitioned into the adult system without interruptions to services</p>	<p data-bbox="1088 1151 1275 1328">Disengage with the service system as the available services do not address developmental needs</p>	<p data-bbox="1305 1151 1461 1252">What are the specific needs that the IYSN can address?</p>
<h2 data-bbox="188 1534 485 1583">Rural Youth</h2> <p data-bbox="188 1617 751 1693"><b>Education:</b> Youth may have to leave their hometown or community to pursue higher levels of education or gain employment opportunities.<sup>23</sup></p> <p data-bbox="188 1706 815 1783"><b>Health Services:</b> Limited access to a variety of services (e.g., mental health and addiction services) in rural areas compared to urban areas.<sup>24</sup></p> <p data-bbox="188 1796 676 1823"><b>Housing:</b> Lack of access to affordable housing.<sup>25</sup></p> <p data-bbox="188 1836 815 1912"><b>Physical Environment:</b> Transportation, especially during the winter, is a major barrier to accessing services (e.g., lack of public transportation and high costs associated with taxi services).<sup>24</sup></p> <p data-bbox="188 1926 815 2054"><b>Social Support:</b> Youth living in rural areas can feel socially isolated as a result of the geographic distance between communities (e.g., youth who cannot engage in afterschool activities as they need to catch the school bus to go home, as it may be their only source of transportation).<sup>25,26</sup></p>	<p data-bbox="876 1617 1062 1693">Youth feel a sense of connection and community</p>	<p data-bbox="1088 1617 1291 1693">Cannot access IYSN sites (e.g., lack of transportation)</p> <p data-bbox="1088 1729 1275 1856">Lack of resources (e.g., internet, computer) to access online services</p>	<p data-bbox="1305 1617 1461 1718">What rural communities are youth coming from?</p>

Social Determinants of Health	Positive Impacts	Negative Impacts	Questions
<h2 data-bbox="188 226 831 277">Mental Health Challenges</h2> <p><b>Childhood Experiences:</b> Adverse childhood experiences (e.g., traumatic events, abuse, neglect, living with someone who has mental health problems) are linked to increased risk of mental health issues.<sup>27</sup></p> <p><b>Employment:</b> Youth unemployment or loss of income is associated with a sense of lack of control and increased anxiety and depression.<sup>28</sup></p> <p><b>Food Insecurity:</b> Lack of access to a sufficient quantity of food or a variety of food as a result of financial constraints is associated increased rates of poor perceived mental health, depression, stress, anxiety, hyperactivity, and inattention.<sup>29</sup></p> <p><b>Indigenous:</b> Compared to the general population, rates of suicide and depression is significantly higher among many Indigenous communities.<sup>30</sup></p> <p><b>Housing:</b> Living in poor quality housing can lead to increased levels of stress, lack of sleep, and behavioural issues among children.<sup>31</sup></p> <p><b>Social Media:</b> Frequent use of social media is associated with depression, body image concerns, disordered eating, and externalizing problems.<sup>32</sup></p> <p><b>Social Support:</b> Poor parental health (including parental substance or alcohol abuse, especially during pregnancy) can lead to increased risk for anxiety, depression, and mood disorders within children. Being bullied or engaging in bullying can negatively impact a child's mental health.<sup>31</sup></p> <p><b>Social Status:</b> Anxiety and depressive disorders are twice as likely to occur in low-income than individuals from high income groups.<sup>31,33</sup></p>	<p>Decreased sense of stigma for engaging with mental health services</p> <p>Increased sense of trust among youth with the service system and service providers</p> <p>Youth and their families are more knowledgeable with regards to who contact</p> <p>Youth feel like services are coordinated and well-integrated</p> <p>Youth receive services based on a "stepped-care" model</p>	<p>Youth and their families need to find appropriate services outside of the Wellington-Guelph region</p> <p>Cannot access services as soon as they are needed (e.g., long wait times)</p> <p>Family members still feel like they are case managers</p>	<p>What kind of services will be available in-person and online?</p> <p>What kind of services and treatment programs are needed?</p> <p>Are there enough services involved to be able to adopt a stepped-care service model approach?</p>
<h2 data-bbox="188 1182 831 1234">Substance Use Challenges</h2> <p><b>Childhood Experiences:</b> Adverse childhood experiences (e.g., traumatic events, abuse, neglect, living with someone who has substance use problems) are linked to increased risk of substance use issues.<sup>27</sup></p> <p><b>Education:</b> Poor academic achievement may be a reason as to why youth decide to use and abuse substances.<sup>34</sup></p> <p><b>Indigenous:</b> Compared to the general population, substance abuse is significantly higher among many Indigenous communities.<sup>30,35</sup></p> <p><b>Personal/Coping:</b> Youth who deal with discrimination, prejudice or marginalization may use substances to cope with feeling of social isolation or trauma.<sup>36,37</sup></p> <p><b>Social environment:</b> Youth who felt more connected to their schools were less likely to engage in alcohol or substance use.<sup>37</sup></p> <p><b>Social support:</b> Parental attitudes favourable to drug use, poor family management, peer drug use and personal attitudes favourable to drug use are all risk factors for adolescent substance use.<sup>34</sup></p>	<p>Decreased sense of stigma for engaging with mental health services</p> <p>Increased sense of trust among youth with the service system and service providers</p> <p>Youth and their families are more knowledgeable with regards to who contact</p> <p>Youth feel like services are coordinated and well-integrated</p> <p>Youth receive services based on a "stepped-care" model</p>	<p>Youth and their families need to find appropriate services outside of the Wellington-Guelph region</p> <p>Cannot access services as soon as they are needed (e.g., long wait times)</p> <p>Family members still feel like they are case managers</p>	<p>What kind of services will be available in-person and online?</p> <p>What kind of services and treatment programs are needed?</p> <p>Are there enough services involved to be able to adopt a stepped-care service model approach?</p>

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**Have Questions about The Grove: YWHO in Wellington-Guelph?**  
Contact Cyndy Moffat Forsyth, [hello@thegrovehubs.ca](mailto:hello@thegrovehubs.ca), 1-833-434-7683

