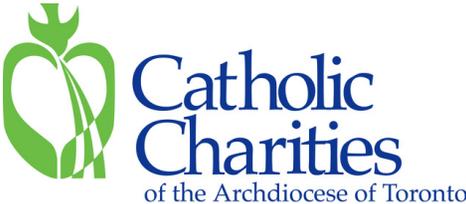


Catholic Charities Archdiocese of Toronto Final Report - Executive Summary

2025



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INTRODUCTION

Catholic Charities of the Archdiocese of Toronto (Catholic Charities) commissioned the Centre for Organizational Effectiveness (CfOE) to produce environmental scan reports for each of the Archdiocese pastoral regions as well as gather interest-holder feedback to complement that data.

This executive summary provides a high-level overview of the summary report completed for Catholic Charities. It is meant as a working document to assist Catholic Charities in setting its strategic directions.

Regional environmental scans and executives summaries can be accessed here:

[Catholic Charities Reports](#)

A Social Determinants of Health (SDOH) lens was used to develop the Profiles. The SDOH are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life (WHO). The determinants of health reported in this project draw from the main determinants of health identified by the Public Health Agency of Canada and were selected in discussion with Catholic Charities.

In this report high-level data for each pastoral region is presented highlighting similarities and differences between each of the regions and with Ontario. The data presented is the most updated data available at the time of this report including: quantitative data from Statistics Canada's 2021 Census and the Canadian Community Health Survey (CCHS, 2019/2020), marginalization data from Public Health Ontario Marginalization^[i] Maps, and various community-reported data found in community-based reports.

Some of the data in this report has been updated from previously shared reports.

i. Marginalization is the process by which individuals and groups experience barriers to fully participating in society.

As part of the work of learning more about the needs within the Archdiocese of Toronto beyond what the statistical and community reports data shows, it was essential to gather the perspectives of those who are part of ministries in the Archdiocese. The Archdiocese is blessed with hundreds of dedicated people, both paid and volunteers, that have given so much of their life to supporting, walking with, and being part of the lives of those most marginalized in the Archdiocese. Their wisdom and experience are summarized in the Interest-holder feedback section of this report.



Technical notes about the pastoral region profiles:

Best efforts were made to map the Profile Data to Archdiocesan pastoral region boundaries, however this was not always possible since community and health data and documents use different boundaries:

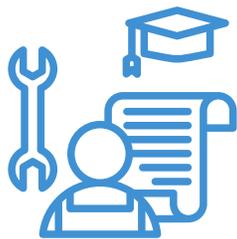
- Scarborough, which is in the East region of the Archdiocese is included in Toronto's profile for consistency reasons. While census data for Scarborough can be extracted for inclusion with East, health survey data cannot and community reports include Scarborough with Toronto.
- Data from the Canadian Community Health Survey, marginalization data and community-reported data reflects broader regions than is covered by Archdiocese
- The North Profile includes all of Simcoe-Muskoka region
- The East Profile includes all of Durham region
- The West Profile includes references to Dufferin-Guelph-Waterloo and Wellington County reports

ARCHDIOCESE OF
TORONTO



REGIONAL COMPARISON: STATISTICS CANADA DATA HIGHLIGHTS

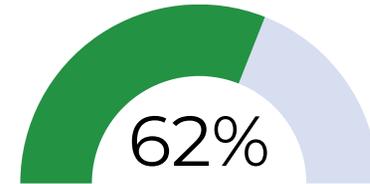
Toronto has the **highest economic instability** (low income, income levels, food insecurity and material resources) while the East region has the lowest levels of instability.



Education and labour force figures are similar across all 4 regions and compared to Ontario. North has the highest

proportion of neighbourhoods with high concentrations of people without income from employment.

West has the highest immigrant and visible minority populations.



PEEL REGION NEIGHBOURHOODS HAVE THE HIGHEST MARGINALIZATION RELATED TO NEWCOMER AND VISIBLE MINORITY POPULATIONS.

Toronto has the highest proportion of households that are renters, the highest level of core housing need among renters, and the highest level of marginalization related to neighbourhood stability.



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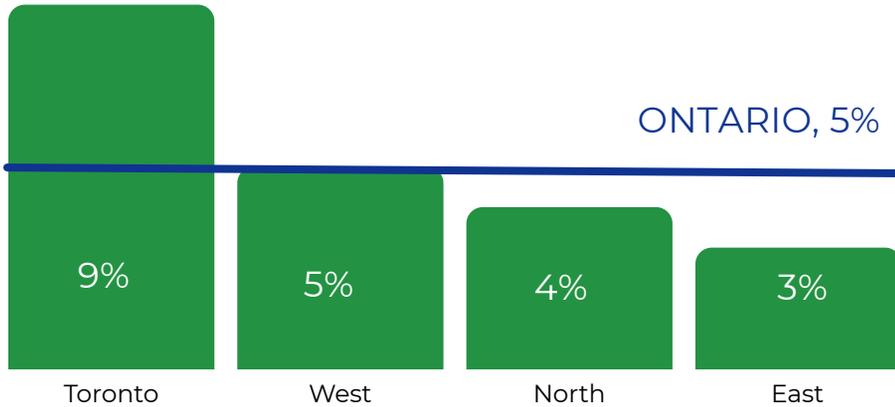
Like Ontario, around two-thirds of residents **report their health and mental health as very good or excellent.** Heavy drinking rates are highest in Simcoe-Muskoka and Durham Region.

OBSERVATIONS FROM COMMUNITY DOCUMENTS



ECONOMIC STABILITY

Low Income Rates (Low Income Cut Off)



Statistics Canada, 2021 Census Profile

Percent of Families with Income in the Lowest Income Bracket (Bottom Quintile)



Statistics Canada, 2021 Census Profile

ECONOMIC STABILITY IS CLOSELY RELATED TO POVERTY AND IS TIED TO THE ABILITY TO ACCESS AND ATTAIN BASIC MATERIAL NEEDS RELATING TO FOOD, HOUSING, CLOTHING AND EDUCATION.

Income and low-income: selected highlights from the review of community documents produced from community planning and research activities conducted in the City of Toronto.

\$26.00

The 2024 living wage for the Greater Toronto Area is \$26.00 per hour.

GTA Living Wage

The living wage is the hourly wage a worker needs to earn to cover their basic expenses and participate in the community.^[5]

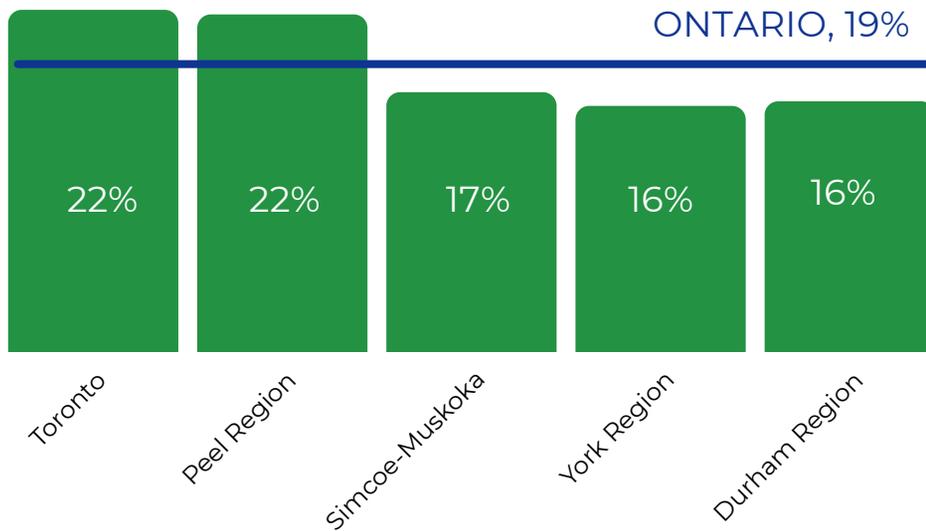
The 2021-2022 Community Well-being Survey found that few could afford unexpected expenses.

Toronto has the 3rd highest child poverty rate among large urban centres in Canada

Toronto's Poverty Reduction Strategy is a 20-year plan that focuses on improving the quality of jobs and income, food access, housing stability, service access, transit equity and systemic change.

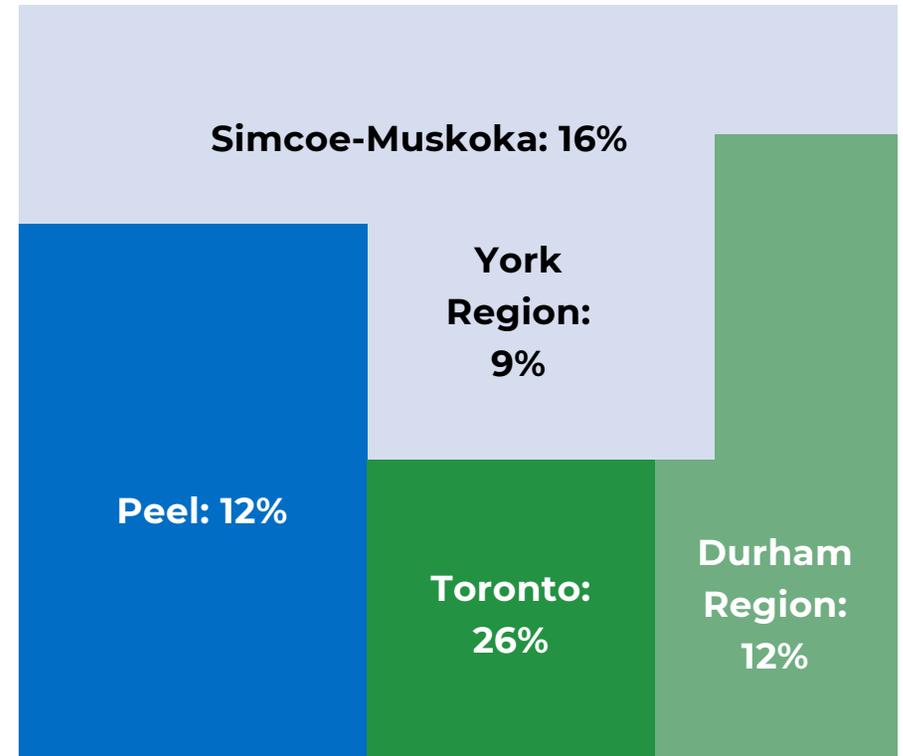
Food security and Material resources are reported at the Health Unit level using data reported by Public Health Ontario. Material resources figures are based on the *Ontario Marginalization Index*, a research-based approach to assessing marginalization.

% of Households with Food Insecurity, 2022



Canadian Community Health Survey, Annual Component

% of Neighbourhoods with the Highest Marginalization Related to Material Resources



Public Health Ontario, Ontario Marginalization Index

Food Insecurity: selected highlights from the review of community documents produced from community planning and research activities conducted in the City of Toronto

Visits to the Daily Bread Foodbank increased 295% between June 2019 and June 2023

Food costs increased by 10.6% over the previous year

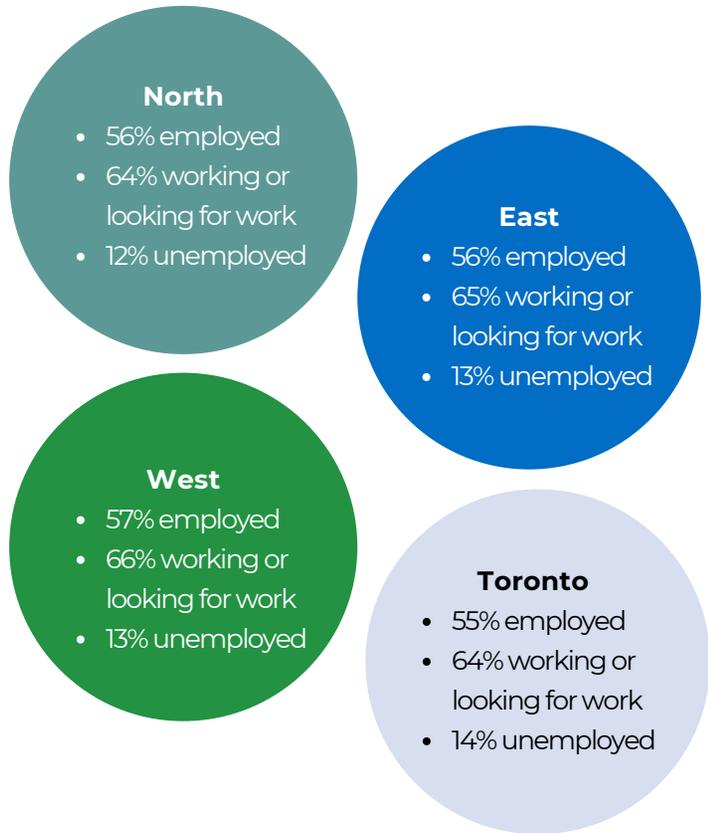
Food insecurity is higher among youth, persons with disabilities, racialized individuals, single parents and LGBTQ+ compared to the

population overall. Food insecurity among these groups ranges from 31% to 40%.

There has been a trend towards greater collaboration between government, non-profit, businesses and community groups to address food insecurity comprehensively and sustainably.

EDUCATION & EMPLOYMENT

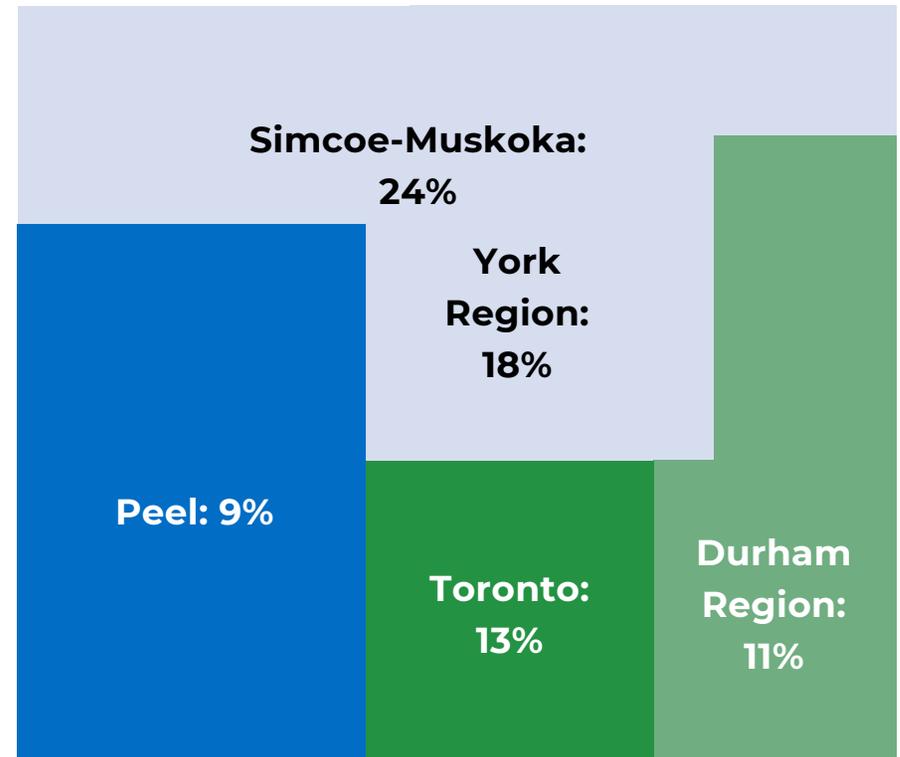
Labour force statistics for the population age 15+



Between 91% and 92% of the working age population (age 25 to 64) have a high school education or higher

PEOPLE WITH HIGHER LEVELS OF EDUCATION ARE MORE LIKELY TO BE HEALTHIER. PEOPLE WITH STEADY EMPLOYMENT ARE LESS LIKELY TO LIVE IN POVERTY AND MORE LIKELY TO BE HEALTHY.

% of Neighbourhoods with the Concentrations of People Likely to be without Employment due to Factors Like Age or Disability



Public Health Ontario, Ontario Marginalization Index

SOCIAL & COMMUNITY CONTEXT

% of Population that are Immigrant or Non-Permanent Resident



Indigenous Peoples account for **1% to 2%** of the population in each region compared to **3% across Ontario**.

Indigenous Peoples account for **5% of the population in Simcoe County** in the North region (Statistics Canada 2021 Census).

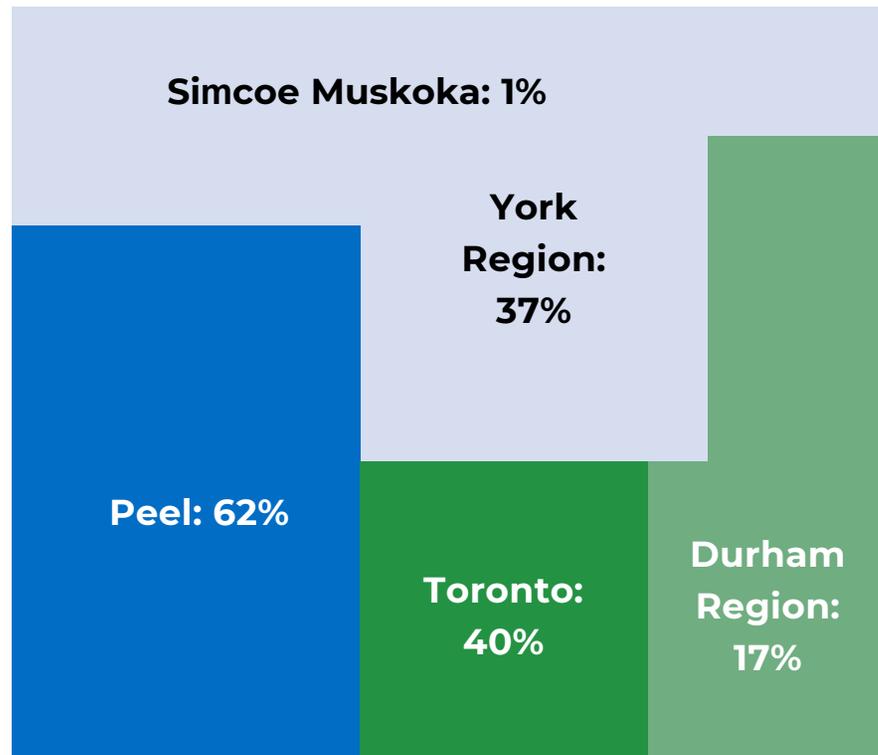
Visible Minority:

- 56%** of Toronto's population
- 67%** of the West region
- 43%** of the North region
- 57%** of York Region's population
- 38%** of the East region
- 34%** across Ontario

(Statistics Canada 2021 Census).

PEOPLE'S HEALTH AND WELLBEING IS IMPACTED BY THEIR INTERACTIONS WITH THEIR FAMILY, FRIENDS, CO-WORKERS, AND COMMUNITY MEMBERS. EXPERIENCES OF DISCRIMINATION, RACISM, AGEISM AND HISTORICAL TRAUMA ARE IMPORTANT SDOH FOR GROUPS SUCH AS IMMIGRANTS, VISIBLE MINORITIES, INDIGENOUS PEOPLES, AND LGBTQ

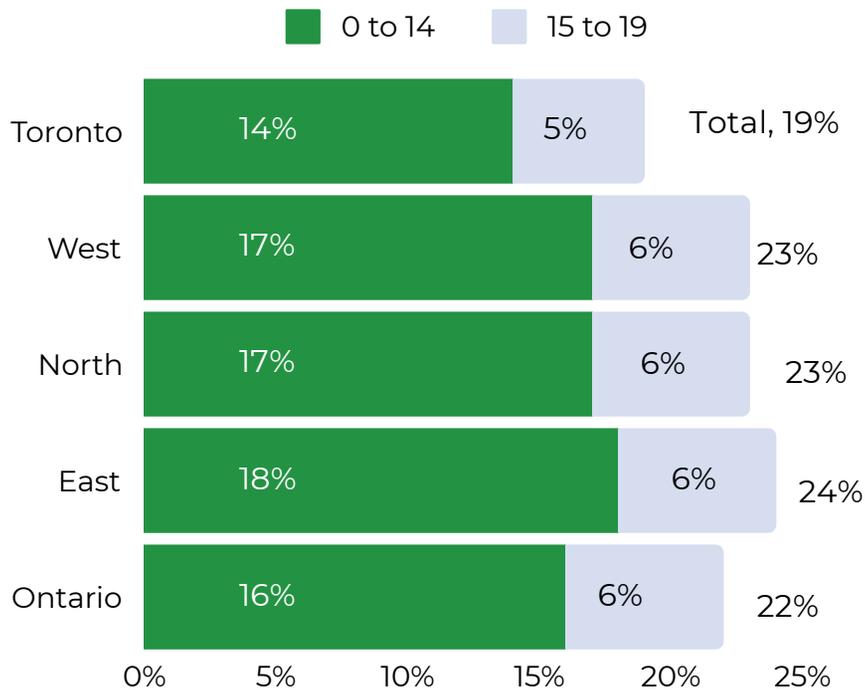
% of Neighbourhoods with Highest Concentration of Recent Immigrants and Visible Minorities



SOCIAL & COMMUNITY CONTEXT

By 2034, the population that is between the ages of 0 and 19 is expected to decrease by 1 to 2 percentage points in each of the regions and across Ontario (Ministry of Finance Population Projections, Census Divisions).

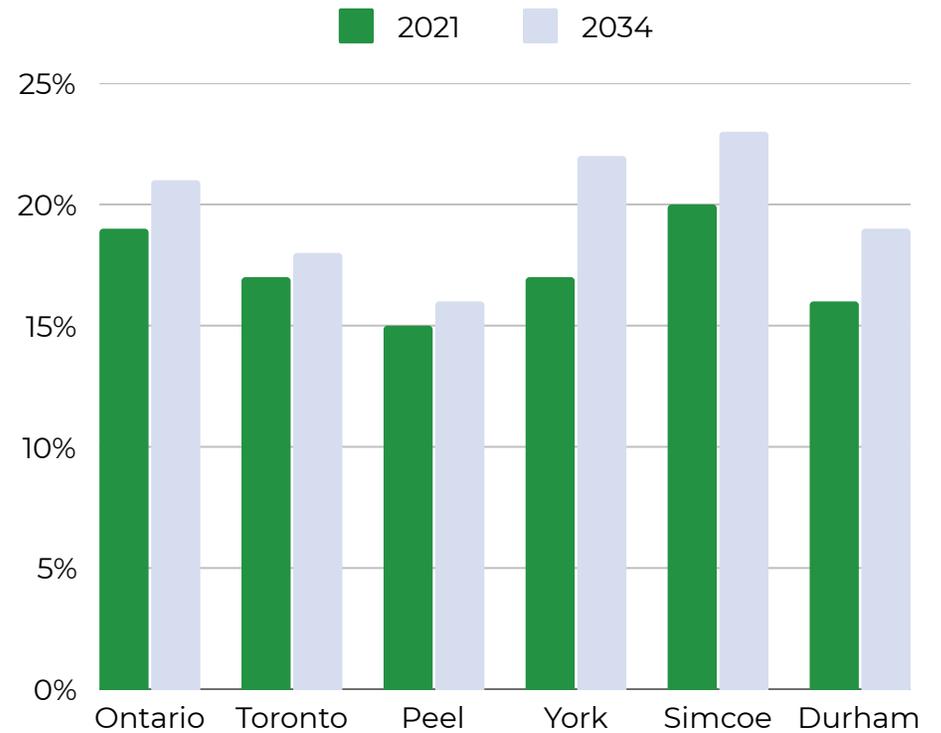
Percent of Population Ages 0 to 19, 2021



Statistics Canada, 2021 Census Profile

Across the Archdiocesan region, older adults age 65+ account for between 15% of the population in Peel and 20% of the population in Simcoe County, which is part of CCAT's North Region. According to Ministry of Finance projections, by 2034, the population of older adults will increase with York Region seeing the most growth.

% of Population Age 65 and Older, Current and Future

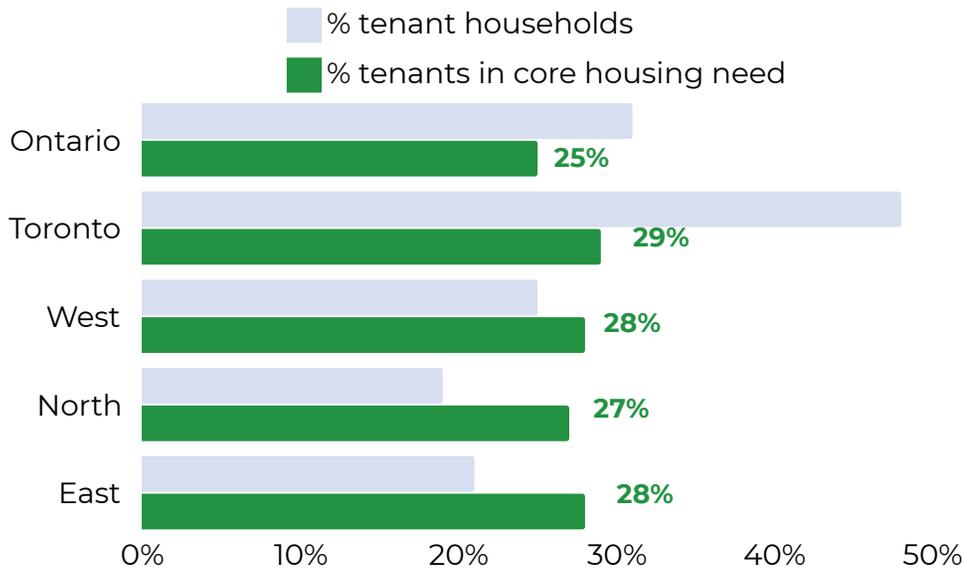


Statistics Canada, 2021 Census Profile and Ministry of Finance Population Projections

NEIGHBOURHOOD ENVIRONMENT

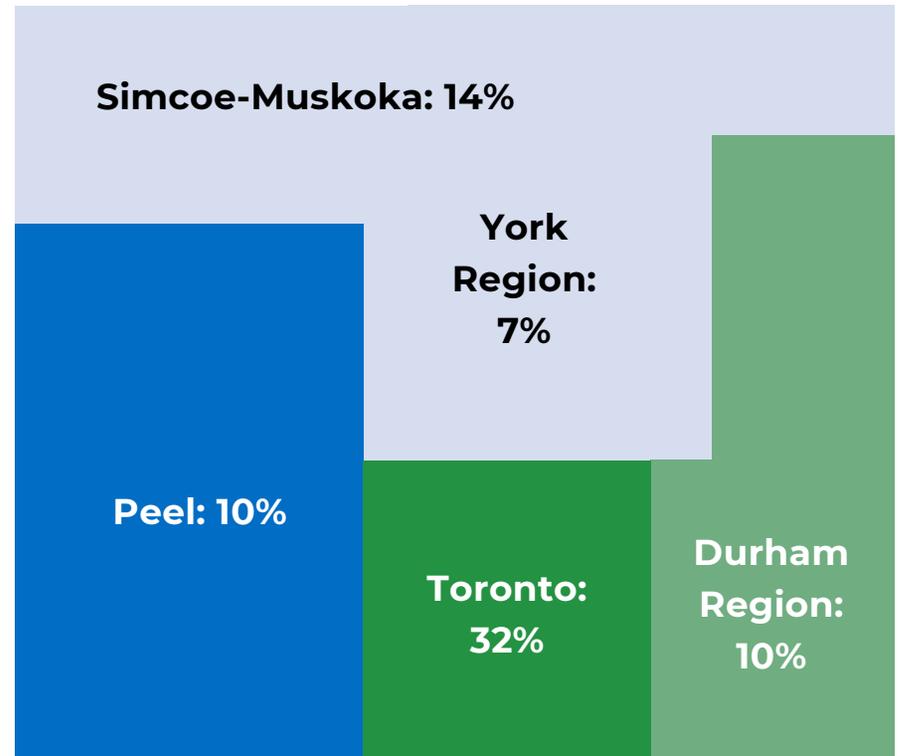
LIVING IN A SAFE AND HEALTHY ENVIRONMENT AND NEIGHBOURHOOD STABILITY CONTRIBUTE TO PEOPLE'S HEALTH AND WELLBEING. STABLE NEIGHBOURHOODS PROMOTE COHESIVE COMMUNITIES WHICH PROVIDE A POSITIVE, SOCIALLY SUPPORTIVE ENVIRONMENT THAT PROMOTES RESILIENCY, MENTAL HEALTH AND WELLBEING.

Figure 6: Tenant Households - % of All Households and % in Core Housing Need



Households in core housing need have low income AND are living in housing that is unaffordable, overcrowded and/or in need of major repair. They cannot afford to move.

% of Neighbourhoods with Highest Marginalization Due to Factors Associated with Neighbourhood Stability and Cohesiveness

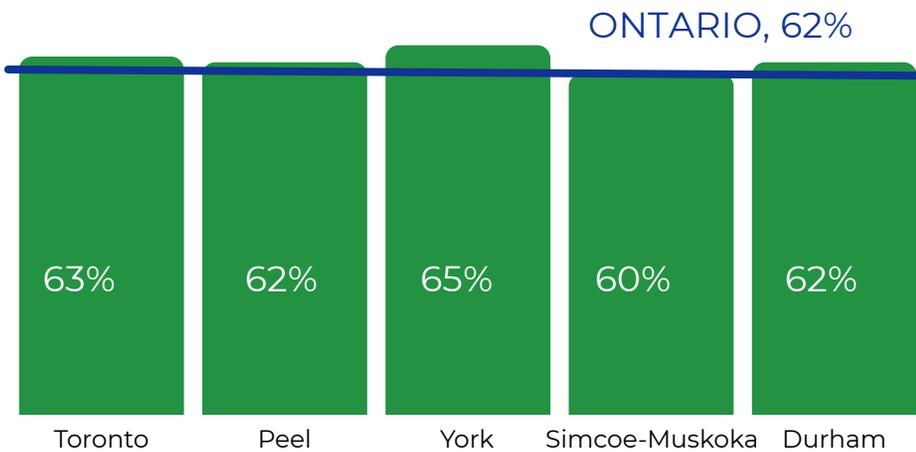


Public Health Ontario, Ontario Marginalization Index

HEALTH

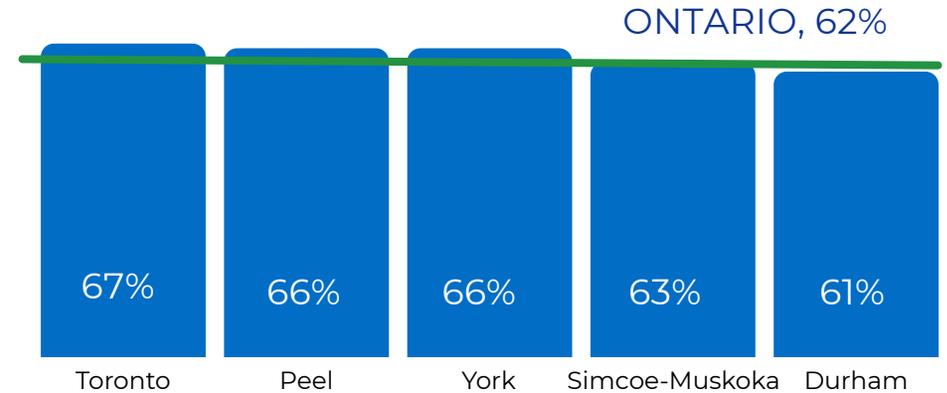
EQUITABLE ACCESS TO TIMELY, HIGH-QUALITY HEALTH CARE SERVICES IS NECESSARY FOR IMPROVING PEOPLE'S HEALTH AND WELLBEING. INCREASING ACCESS TO NEEDED HEALTH CARE PROFESSIONALS CAN HELP PEOPLE GET THE CARE THEY NEED.

% of Population Age 12 and Over Reporting Very Good or Excellent Health, 2019-2020



Statistics Canada, 2021 Census Profile

% of Population Age 12 and Over Reporting Very Good or Excellent Mental Health, 2019-2020



Statistics Canada, 2021 Census Profile

Access to care information from community documents:

- More than half a million Torontonians don't have a family doctor
- Estimated that only 1 in 3 people in Peel will receive the MH&A treatment they need
- 40% of residents in North Simcoe reported challenges with timely access to medical services
- The physician to population ratio in Durham is lower compared to Canada

Addiction information from community documents:

- In Toronto in 2020, there were 400 opioid-related deaths
- There were 84 EMS calls related to drug/alcohol overdose in 2020 in Dufferin county
- York Region saw an increase in opioid-related deaths from 2.3 per 100,000 population in 2011 to 5.5 deaths per 100,000 in 2020
- In Durham the rate of opioid-related deaths is 5x higher in 2021 compared to 2012 and the rate of opioid-related Emergency Department (ED) visits has quadrupled

INTRODUCTION

Focus groups, key informant interviews and two survey were conducted to collect information from interest-holders. In total 112 interest-holders provided their feedback about a variety of topics such as the work parishes and agencies are doing in SDOH areas, what they are seeing in the current environment including challenges, barriers, and opportunities and what priorities they identify for CCAT.

FOCUS GROUPS

Six focus groups were held to gather feedback from those working in different areas of the Archdiocese. Groups were held with representatives from parishes in all regions (East, Central, West, and North (included a pilot group), leaders of CCAT funded agencies, and archdiocesan staff.

KEY INFORMANT INTERVIEWS

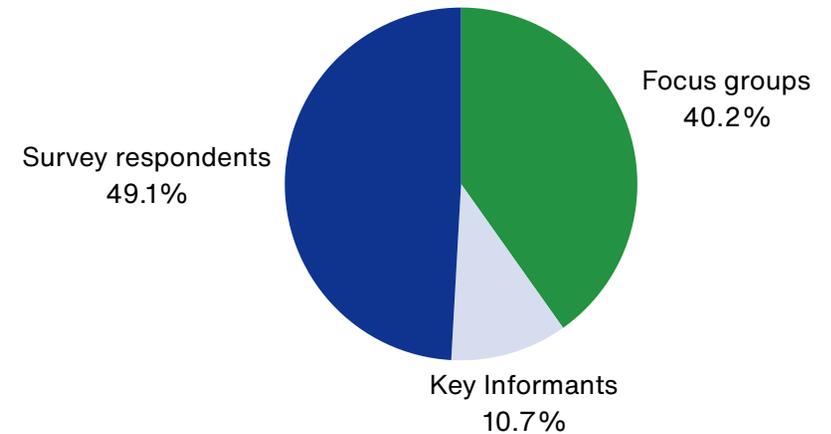
Thirty-minute interviews were conducted with key informants across the Archdiocese, with a higher concentration from the central region. Participants included 1-3 individuals per organization, representing diverse roles such as nurses, deacons, priests, religious order members, educators, and agency directors. Collectively, they brought extensive experience working with diverse populations.

SURVEY

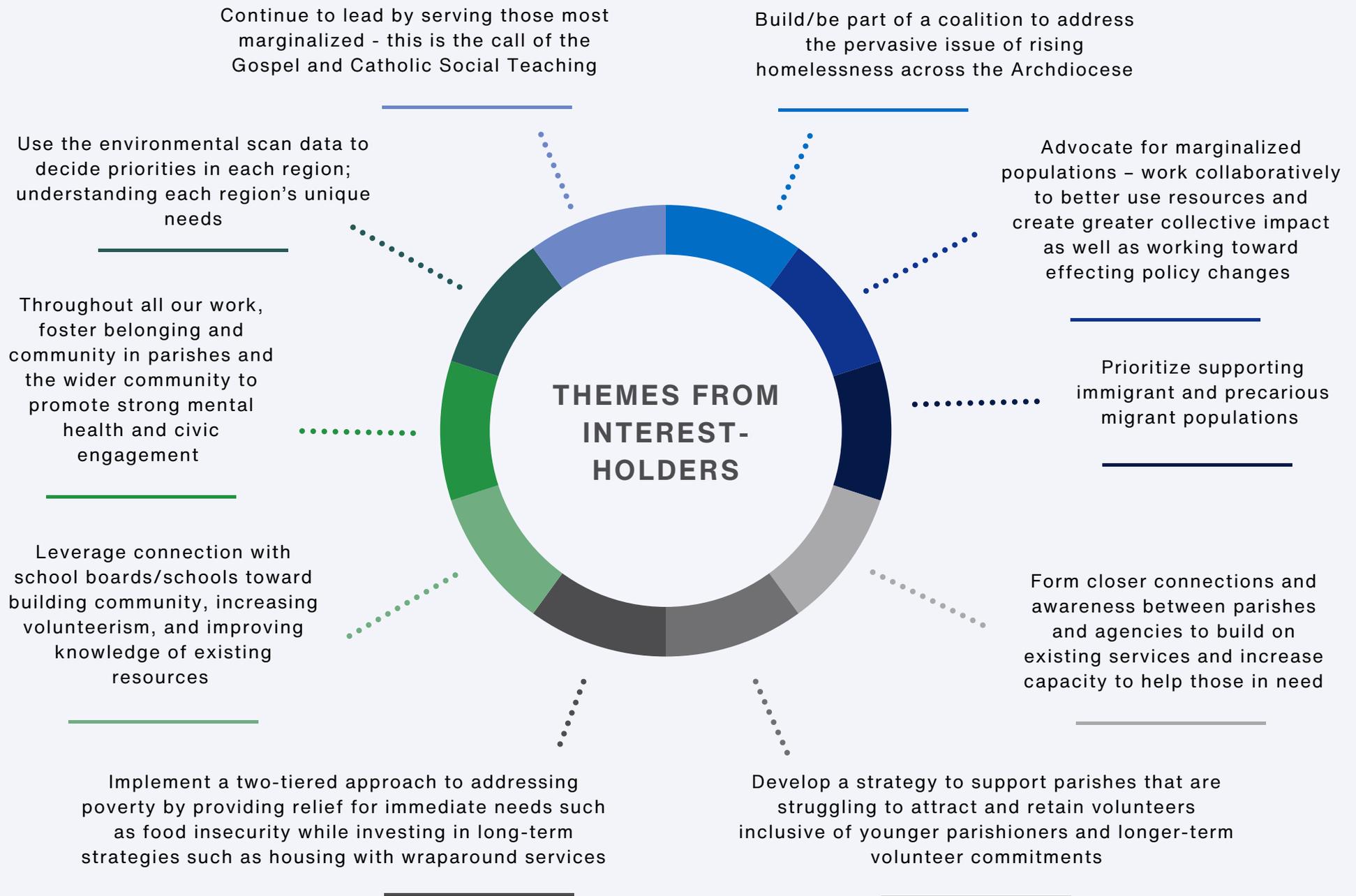
Two surveys were conducted, one in fall 2024 and another specifically for CCAT funded agencies in January 2025. The first survey included lay leaders, Archdiocesan Priests, members of religious communities, social ministries, and CCAT funded agencies. Across both surveys a total of 55 respondents contributed their input. Survey topics focussed on current work being done around SDOH as well as identifying priorities for CCAT.

PARTICIPANTS

Group	# of participants
Focus groups	45
Key Informants	12
Survey respondents	55
Total	112 Interest-holders



OVERRIDING THEMES FROM INTEREST-HOLDER FEEDBACK



TOP 10 PRIORITIES FOR CCAT

Feedback from all interest-holder groups contributed to the following priorities.

1 COORDINATION & CONNECTION

- Leverage your role across the Archdiocese to strengthen collaboration between parishes, community agencies, and other service providers
- Increase awareness of available resources and establish ways of information sharing
- Consider the role of community connectors to facilitate connections and improve ways people link to services

2 HOUSING & HOMELESSNESS

- Facilitate the development of an Archdiocesan safe, affordable, and supportive housing strategy
- Partner with faith-based and community organizations to develop innovative housing solutions
- Advocate for systemic changes to address housing insecurity and homelessness

3 FOOD SECURITY & POVERTY REDUCTION

- Increase supports to address immediate food insecurity through support for food banks and meal programs
- Work toward long-term solutions that promote economic security for people and reduce their reliance on emergency food services
- Advocate for policy changes to support living wages and economic security for all

4 MENTAL HEALTH & WELL-BEING

- Integrate mental health support into all the work of Catholic Charities (ensuring people have the knowledge and skills to promote health and well-being)
- Expand services for mental health services for youth, seniors, and marginalized populations
- Create ways to link people to addiction services, including substance and gambling-related issues

5 INCLUSION & CATHOLIC SOCIAL TEACHING

- Stay true to Catholic Social Teachings and focus on work that supports those most marginalized
- Prioritize equity, diversity, and inclusion, ensuring marginalized groups receive the necessary support
- Align funding and advocacy with Catholic Social Teaching

6 ADVOCACY & SYSTEMIC CHANGE

- Engage in government advocacy for better funding that align with Catholic Social Teaching and social equity
- Strengthen partnerships between faith groups, corporate partners, and social service agencies toward creating a strong voice of advocacy
- Promote social justice education and leadership development

7 VOLUNTEERISM & COMMUNITY ENGAGEMENT

- Develop a volunteer recruitment and retention strategy to support parishes and agencies in continuing to carry out their social ministries
- Create a strategy that includes flexible, meaningful opportunities to attract younger generations to volunteer
- Strengthen parish-based outreach programs and intergenerational engagement

8 SUPPORT FOR NEWCOMERS & MIGRANTS

- Expand services to assist newcomers with employment, housing, and cultural integration
- Partner with like-minded organizations to improve support networks
- Enhance engagement strategies to connect with diverse cultural groups

9 SUPPORT FOR SENIORS & AGING POPULATIONS

- Address social isolation through intergenerational programs and community-building initiative
- Expand access to palliative care and end-of-life support for marginalized populations
- Develop programs that support aging populations in maintaining dignity and independence

10 FAITH-BASED LEADERSHIP & SUSTAINABILITY

- Define and communicate the focus of Catholic Charities
- Develop funding models that ensure long-term sustainability for social services and social ministries
- Promote climate resilience and environmental stewardship within faith-based initiatives