

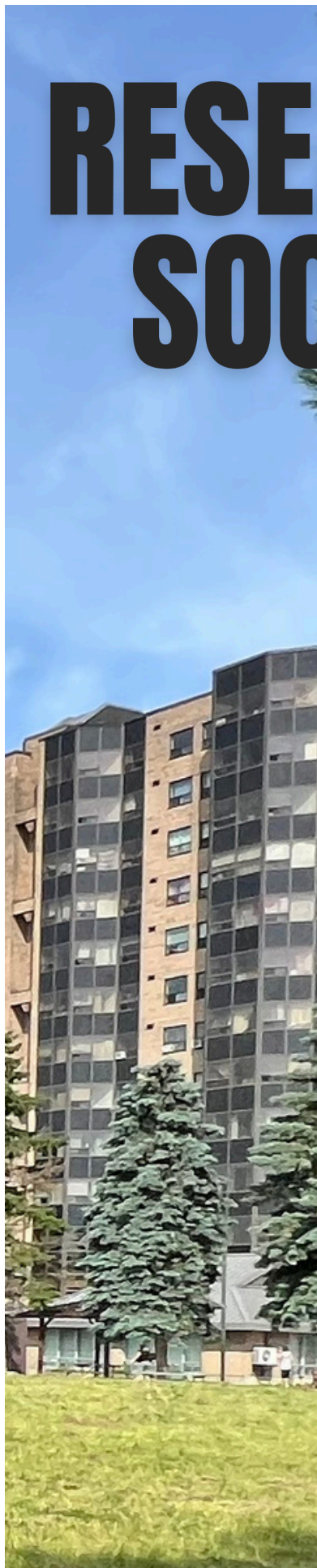
RESEARCHING THE SOCIAL HOUSING DUOPOLY

Written by **LEAH DYCK**
(although it's an accumulation of other
people's research, for the most part).

An investigative analysis of
duopoly behaviour within the
institutional agency of social
housing via evidence-based data.

Research tells us that chronic illness independently affects housing and food insecurity. There is ample evidence that tells us food and housing anxiety leads to reduced access to care, likely due to cost concerns, and this correlates to poorer health. [Source](#). Our research will focus on the role of agency in generative causation, and put forth a social housing as a detriment to health pathology. [Source](#).

It is neither possible nor practically useful to attempt to separate 'intervention' elements from the complex open system within which they take place. The definition of wellbeing is used to mean a combination of positive psychological state and functional balance between individual resources and challenges. Conceptions of health and wellbeing overlap considerably, reflecting the growing evidence indicating that psychological wellbeing is a significant determinant of physical health. As both are determinants of health, we suggest that wellbeing is an important outcome to consider in the study's research. [Source](#).



PROJECT AIM

A population health approach in studying health and healthcare costs in The City of Barrie's social housing population groups is expected to provide the evidence-based data needed to measure the true costs of feeding Canada's most vulnerable citizens.

Within the context of subjective social housing and lived experiences felt by patients, the study aims to put forward a patient typology through the examination of possible causal pathways between the obvious and less tangible aspects of social housing and their impacts on health and wellbeing outcomes, through the observation of demand and access disparities along the healthcare cost pathway.

Developing a Research Framework

To inform report development, we intend to use Bowen and Murshid's framework for trauma-informed social policy. The framework applies the principles of trauma-informed practice – a model of service provision used across a variety of health and social service settings to address consequences of trauma, facilitate healing and prevent re-traumatization – to the policy formulation process.



By moving 'beyond broad notions of trauma as a universal experience [to] address its specific sociopolitical and economic roots as well as its disproportionate impacts among marginalized populations', the framework builds on existing frameworks for policy development and analysis, including Rapp et al.'s strengths-based social policy analysis model, and incorporates elements that make it uniquely suited to address issues related to trauma. Specifically, the framework focuses on the six core principles of trauma-informed practice: safety; trustworthiness and transparency; collaboration and peer support; empowerment; choice; and the intersectionality of identity characteristics. [\[Source\]](#)

The severity and duration of food insecurity needs to be taken into consideration; however, more important may be the timing, the level of stress caused by food insecurity, and the interaction with the food environment. [Source](#). The project's framework will take into account how the lived experience of household food insecurity within social housing environments exacerbates the development of chronic disease through the reporting of increased exposure to food insecurity at one point in time and analyzing data measurements with significantly relevant influences on individual predispositions to poor health outcomes at later points in time.

Additionally, reporting on the activation of the stress response among individuals at critical life stages within severely socially-, and materially-deprived environments will also occur and require measuring. [Source](#). Moreover, whilst health and wellbeing can be measured at static points in time, there is a sense in which health and (especially) wellbeing are emergent properties which are constantly in flux. [Source](#). The relationship between exposure to household food insecurity and weight status among children may in particular, need a life course framework within which to interpret findings and direct future studies. [Source](#).

MEASURING THE IMPACTS OF AGENCY INSTITUTIONS

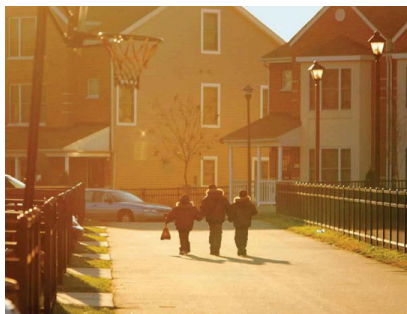
Rolfe, S., Garnham, L., Godwin, J. Noted that most influencing mechanisms will be hidden. Many elements of human behaviour or the existence and activities of institutions, are directly observable, while the mechanisms that generate social outcomes are often hidden within individual reasoning or complex organizational interactions and hence are not necessarily tangible. As Westhorp argues, the invisible nature of mechanisms arises because they (often) operate at different levels of the system than the outcome, depend on different timescales to the outcome, and utilize relationships and interactions, some of which cannot be observed. [Source](#).

False HOPE

A Critical Assessment of the HOPE VI Public Housing Redevelopment Program

The federally funded HOPE VI program is an example of a neighbourhood-level housing intervention that measured health outcomes. HOPE VI supports the redevelopment of large, troubled public housing developments as lower-density, mixed-income communities.

Their report indicates that original residents return to the redeveloped properties, while others relocate to other public housing developments or use vouchers to move to privately owned units. Based on a rigorous panel study of residents affected by revitalization activities at two Chicago HOPE VI sites, researchers found that eight years after baseline data were collected both respondents who returned to the redeveloped housing and those who used vouchers to move to new neighbourhoods lived in safer neighbourhoods and higher-quality homes.



While most health problems had not improved and, in many cases, continued to deteriorate from already-poor ratings, panel study participants did report significant reductions in anxiety levels. HOPE VI residents also reported an improved sense of safety and decreased fear of crime in their new neighbourhoods, both of which can cause stress and social isolation. As other researchers have also found, neighbourhood conditions and housing location may have a stronger impact on anxiety and depression than the quality of the individual housing unit. [Source](#).

IMPROVING PRACTICE

By providing a research framework to examine and potentially improve practice within social housing organizations and social housing policy, our research will also highlight the ways in which aspects of Housing and Home Care Services can operate as a public health intervention in the lives of all tenants. [Source](#).

Housing is often cited as an important social determinant of health, recognizing the range of ways in which a lack of housing, or poor quality housing, can negatively affect health and wellbeing.

Although the role of housing as a social determinant of health is well-established, the causal pathways are poorly understood. [Source](#). Furthermore, by integrating the role of housing, the patient cost pathway and the patient profile, a better understanding of their contribution to the overall goal of decreasing costs on the healthcare system will be revealed.



Sense of Home



Low-income households are most likely to be at risk from poor health and wellbeing and more likely to experience particular challenges in creating a sense of home, which may have substantial effects on health and wellbeing. They therefore represent the portion of the population for whom it is more important to understand the relationship between housing and health and wellbeing, if we are to effectively address and reduce healthcare need, capacity and access inequalities.

The social, psychological and cultural value of home as something more than the material object of housing has long been recognized, indicating the range of ways in which dwellings offer sites of control, autonomy and socialization, and a basis for social identity and status. Thus from the perspective of ‘ontological security’, the home is seen as providing a secure base from which people can develop confidence in self and social identity. Moreover, research across different housing sectors and examining the specific experiences of different social groups suggests that the subjective experience of Housing and Home Care Services can be important in creating a sense of home and underpinning ontological security. [Source](#).

The basic human need for a home that provides more than simply shelter from the elements underpins the need to understand the relationships between housing, health and wellbeing.



Property Quality & Aspects of Neighborhood

In a study conducted in Scotland by Rolfe, S., Garnham, L., Godwin, J. et al., housing service provision, tenants' experience of property quality and aspects of neighbourhood are all demonstrated to be significantly correlated with measures of health and wellbeing. Applying this within housing policy and practice would facilitate a focus on housing as a public health intervention, with potential for significant impacts on the lives of low-income and vulnerable tenants. Their findings suggest that aspects of control, autonomy, status and empowerment are related to measures of wellbeing.

This analysis suggests that tenants' perceptions of the quality of service received from their housing provider may be an important determinant of health and wellbeing. This chimes with the findings from that housing service satisfaction, as part of what they term 'empowerment', is correlated with wellbeing. Rolfe, S., Garnham, L., Godwin, J. et al. reported that there may be a causal relationship operating through mechanisms related to the sense of home that tenants can develop in a secure, stable tenancy with a housing organization they trust to provide good service. When tenants feel that they are being treated well by their housing organization, it is plausible that this will help to underpin their sense of control, autonomy and safety, with positive impacts on their wellbeing. [Source.](#)

The existing evidence base demonstrates that physical housing quality is a determinant of health where there are negative factors, such as damp or cold, [and extreme heat], that directly damage health.

Rolfe, S., Garnham, L., Godwin, J.'s analysis identified three potential causal pathways through which housing may affect health and wellbeing:

Tenancy Experience



A positive tenancy experience, shaped at least in part by relationships with the housing provider is strongly correlated with health and wellbeing for all tenants, regardless of demographic characteristics or background.

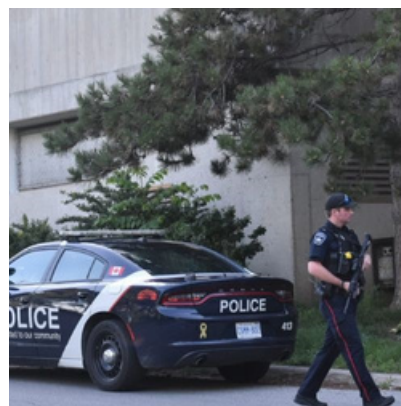
Source.

Housing Quality



Aspects of the tenant experience of housing quality in addition to the basics of weatherproofing seem to be important for some tenants, in ways that are likely to be influenced by previous housing experience and current expectations.

Neighbourhood Quality



Elements of neighbourhood quality and social support in the local area may have impacts on health and wellbeing, although with considerable variation between different groups of tenants. It may also be the case that affordability has an effect on health and wellbeing, but interestingly it appears to be relatively marginal within the particular housing market context for this study.

Social Cohesion

Social cohesion in neighbourhoods has been shown to be strongly correlated with mental well-being. Adults who live in neighbourhoods that they perceive to have strong cohesion are buffered from daily stresses and report better physical health. Studies show that social cohesion of a community is dependent on the quality of a neighbourhood, which can promote social interactions through public spaces and facilities. Communities with perceived social disorder have been correlated with higher rates of anxiety and depression among residents. Source.

Community Development Strategies



Community development strategies that improve neighbourhood amenities and opportunities, including creating walking trails and bike paths to facilitate exercise and attracting retail establishments, including grocery stores and farmers' markets, can contribute to increased physical activity and healthier eating. Areas near current or planned public transit stations represent a particularly favourable opportunity to integrate these features as demand for transit-oriented development rises. New or redeveloping communities in these areas can be designed to provide access to an array of retail outlets, schools, and other services within walking distance, which may reduce residents' reliance on personal vehicles and promote the many health benefits associated with walking, including lower cholesterol and blood pressure levels, improved mental health, strengthened social ties, and reduced risk of obesity, cardiovascular events, and type 2 diabetes. [Source.](#)

Eating Behaviour Pathologies & Diabetes Management

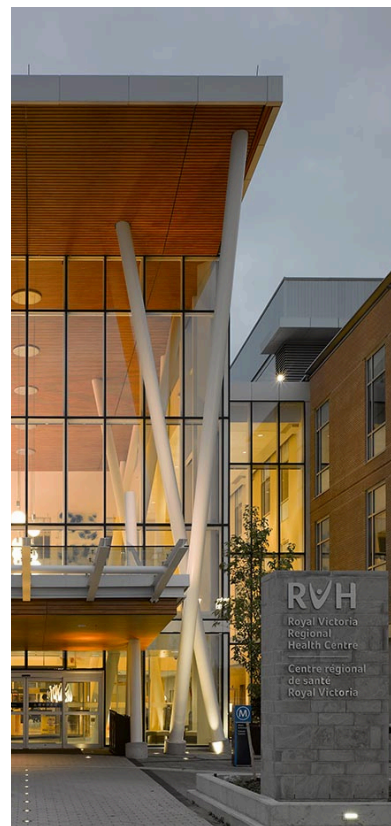
Food insecurity is associated with overall eating disorder pathology, increased incidence of diagnosable eating disorders including bulimia nervosa, binge eating disorder, as well as dysfunctional eating symptoms, including dietary restraint and loss of control eating. [Source.](#) Parnarouskis et al. published findings detail how food insecure participants reported compromising on meal portion sizes, skipping meals, or eating the same foods throughout the day or over a period of time. [Source.](#)

A growing body of research suggests that stable and affordable housing may help individuals living with chronic diseases such as diabetes, and hypertension increase their rates of medical care, maintain their treatment regimens, and achieve better health outcomes. Families that can only find affordable housing in areas with very high poverty levels may be prone to greater psychological distress and exposure to violent or traumatic events. The clustering of concentrated social disadvantage, including residential disorder and limited neighbourhood resources, exacerbates stress, which can have an effect on residents' physical health. [Source.](#)



Nelson et al. published a seminal observational study characterizing the role of food insecurity among adult patients in an urban county hospital. They reported that among adults receiving insulin to treat diabetes, the majority (61%) reported hypoglycaemic reactions, a serious event indicating poor diabetes management with short-term implications of blurred vision, agitation, anxiety, and, at the extreme, possibly causing a coma or seizure. Of these, half reported that an inability to afford food was the cause of the hypoglycaemic event. They also found that adults with diabetes were more likely to report fair or poor health and had significantly higher rates of health care use.

Using data from NHANES, Seligman et al. found that adults from food-insecure households who met diagnostic criteria for diabetes, had many participants who did not self-report having diabetes, and were therefore at significantly greater risk of having a measure of poor glycemic control compared with adults with diabetes from food-secure households. Seligman et al. concluded that low-income adults with diabetes may be more likely to go undiagnosed or under-report a diabetes diagnosis.



North America's Pain Points

In economically developed countries, food insecurity is associated with greater body mass index (BMI).

Food Security Cycle



Seligman and Schillinger proposed a model of the Cycle of Food Insecurity and Chronic Disease that incorporates constrained dietary options, compensatory eating behaviours, and subsequent changes in health status that work cyclically to increase disease onset and progression. Source.

The cyclical nature of having enough food in the beginning of the month followed by food scarcity at the end of the month, could lead to weight gain over a short period of time. This, in turn, acts as a compounding agent for household food insecurity at critical life developmental periods, and induces the risk and severity of metabolic syndrome even further.

Furthermore, exposure to household food insecurity is associated with stress and depression, episodic food availability, household food shortages, and reliance on high energy-dense foods. Comfort foods suggest that stress activates the hypothalamic-pituitary-adrenal axis, releasing cortisol which can alter metabolic processes.



Evidence from animal models subjected to food scarcity as a stressor also suggests that food intake is altered and a preference for high-fat, high-sugar foods is activated under stress conditions.

This compounding factor is well described, including pathways by which stress can influence visceral fat accumulation and progression of disease.

Under severe stress conditions, both the hypothalamus-pituitary-adrenal axis and reward pathways can contribute to the release of cortisol, neuropeptide Y, and other substances, causing a desire to consume high energy-dense foods and altered metabolism. In particular, these pathways can promote accumulation of the visceral fat that plays a critical role in the onset and progression of chronic disease development. In addition to the stress pathway being activated, two other systems are activated: the hedonic (reward) pathway and memory.

This comfort food model is based on observations that within a very short time period, animals learn that the high-fat, high-sugar foods are rewards that dampen the stress response. As a result, the animal seeks the same food the next time stress is introduced, even with much lower stress stimuli.



This hypothesized mechanism depends on the following assumptions:

1. That households are dependent on inexpensive energy-dense foods,
2. That households experience a cyclic pattern of food consumption, and
3. That this mechanism happens over enough time to alter metabolism and result in a positive energy balance. [Source.](#)

A cross-sectional American study that aimed to determine associations between food security status and inpatient and outpatient health care utilization and whether they differed by dietary quality in lower-income adults, used data from the 2009–2016 National Health and Nutrition Examination Survey.

This study found that food-insecure adults were more likely to report no outpatient visits if they had diet-related comorbidities or the lowest dietary quality. The study concluded that adults with food insecurity were more likely to be hospitalized, use mental health services, and have no usual source of care.



Rolfe, S., Garnham, L., Godwin, J. used quantitative data from a mixed methods, longitudinal study of tenants in Scotland, a realist analysis to test and refine four hypotheses relating to:

- 1. Relationships between tenants and their housing provider;**
- 2. Tenants' experience of property quality;**
- 3. Affordability; and**
- 4. Aspects of neighbourhood and social support.**

Food-insecure participants with diet-related comorbidities or poor diet were less likely to have outpatient visits. Hospitalizations and mental health visits represent underused opportunities to identify and address food insecurity and dietary intake in lower-income patients. [Source.](#)

Their study focused on new tenants, conceptualizing the change of tenancy and the related changes in housing experience and housing service as a complex intervention in the lives of participating tenants. Their study was exploratory, and attempted to develop and refine a realist understanding of the causal pathways that may link less tangible aspects of the housing experience to health and wellbeing. [Source.](#)

Research has shown that when families have few affordable housing options, they may be forced to live in substandard housing that puts residents at risk of lead poisoning, asthma, and accidental injury. Asthma is triggered by a number of environmental factors, particularly air quality affected by residential heating sources and indoor allergens. Poor quality or poorly maintained housing may be overrun with mold, dust mites, cockroaches, or rodents—all of which are sources of allergens that cause asthma and other respiratory illnesses, as well as fatigue, headache, and difficulty concentrating.

Unsafe conditions in the home can threaten resident well-being and increase the risk of accidental burns and injuries. Evidence suggests that simple measures such as the installation of smoke detectors and window guards can have a major impact on resident safety and health. Code enforcement can also be an effective tool for remediating indoor residential health hazards such as mold. Lead paint removal and allergen relief may require intense interventions such as window and carpet replacement and integrated pest management.

While these measures may carry a higher upfront price tag, research has shown them to be both effective and more cost-effective than conventional maintenance over time. Both in simulated models and in implementation, asthma housing interventions such as ventilation fans and integrated pest management, lead to dramatic declines in the incidence of serious asthma events. Additionally, projects that have implemented healthy housing renovations like ventilation, heating, insulation, and accessibility modifications have decreased rates of acute hospitalizations among children and adults. The improvements in clinical outcomes and corresponding health care costs are greater than the costs of the housing improvements. [Source.](#)

THE ROLE OF GENDER IN SOCIAL HOUSING

Incidence of domestic abuse appears to worsen during periods of economic downturn. Unable to find affordable alternative housing arrangements, many women choose to stay in or return to an abusive situation rather than become homeless. A recent study has shown that the rate of women returning to their abusers increases during times of reduced affordable housing availability. While some children display high levels of resilience, many children exposed to violence manifest symptoms of physical and psychological distress and trauma. [Source.](#)



Domestic violence can impair women's abilities to find alternative housing by limiting their access to financial resources, and causing erratic employment histories and poor landlord references related to disturbances and property damage.

Simply moving out of a domestic abuse situation may not be sufficient if a woman cannot find affordable and stable housing.

In fact, researchers have found that some landlords are reluctant to rent to women fleeing domestic violence—despite laws that prohibit such discrimination—as they question the prospective renter's ability to pay rent and fear the potential for danger posed by the abusive partner. Women seeking housing often do not meet federal definitions of homelessness, despite reporting risk factors for housing instability, making them ineligible for some services and left out of estimates of the size of the homeless population.



Women who moved multiple times due to domestic violence were more likely to report housing and financial strain than women exposed to domestic violence who did not move.



The need for housing solutions for women is broader than just short-term shelters; permanent, safe, and affordable housing should be made accessible to women experiencing intimate partner violence. Affordable housing, coupled with enforcement of fair housing laws, can help survivors of domestic violence escape the physical and mental health trauma caused by abuse and avoid the health risks associated with homelessness.

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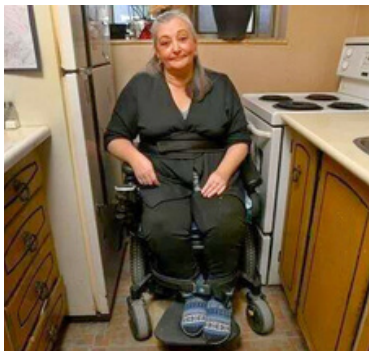
The Moving to Opportunity program, which targeted residents of distressed public and assisted housing in high-poverty neighbourhoods, provides the strongest evidence of health improvements related to neighbourhood-level housing interventions. Among participants who received housing vouchers that could be used only in low-poverty areas (the “experimental” group), adult obesity fell by 11 percent. Adult women and adolescent girls in the experimental group also experienced significant reductions in mental health problems, including psychological distress, depression, and generalized anxiety disorder, and had lower rates of smoking and marijuana use than other participants in the study. [Source.](#)



WOMEN'S HEALTH STATS



Several studies suggest women in food-insecure households are at greater risk for obesity than men. [Source.](#)



Food insecurity among low-income families is associated with a significantly higher percentage of diabetes in community samples, especially among women. In particular, food insecurity has been significantly associated with type 2 diabetes. [Source.](#)



Food insecurity is known to disproportionately affect households with children, as well as single-parent households. [Source.](#)



Being insured or having an income level above 200% of the federal poverty level significantly reduced the likelihood of access hardship, while female gender significantly increased the likelihood. [Source.](#)



Results from analyses using NHANES also indicate that household food insecurity is associated with markers of dyslipidemia among women but not men. [Source.](#) Dyslipidemia refers to abnormal levels of lipids in the bloodstream, which poses a significant risk factor for cardiovascular (CV) diseases. Dysregulation in these lipid levels can lead to atherosclerosis and other CV complications. [Source.](#)



STRESS & DEPRESSION

Emerging evidence links food insecurity with ‘toxic stress’, or overwhelming stress associated with economic deprivation and other forms of adversity that can cause long-term physical and emotional harm. [[Source](#)]

Mothers who experience food insecurity report elevated levels of depression, anxiety, and other psychopathology, which may impact parenting and increase children’s risk for developmental delays and psychopathology. Food insecurity is particularly concerning for low-income female-identified caregivers, who are often responsible for feeding children and other household members due to gender norms and expectations.

Food insecure households demonstrate an array of coping mechanisms, including delaying or shuffling bill payment, discontinuing services, pawning possessions, or sending children to other houses to eat meals. [Source](#). Less extreme housing instability, including frequent moves, living in doubled-up housing, eviction, and is also related to elevated stress levels, depression, and hopelessness.

Pregnancy & Weight Gain

The Gooding et al. article sample focused on women of reproductive age and found a clinically meaningful and significantly higher BMI, which may have implications for pregnancy.

One study found that food insecurity was not associated with substantial weight gain during pregnancy; however, being obese and experiencing food insecurity during pregnancy was associated with greater risk of major gestational weight gain.

This suggests that food insecurity may exacerbate weight gain among women who are more prone to store energy as weight.

During pregnancy, food insecurity is associated with disordered eating and food insecurity coupled with dietary restraint is associated with greater gestational weight gain. Another study found that household food insecurity was associated with greater gestational weight gain compared with gestational weight gain in pregnant women from food-secure households. [Source](#).



CHILDREN & WEIGHT GAIN

For children in food-insecure households, body mass index (BMI) in the “overweight” and “obese” ranges is associated with increased health risks, some of which may track into adulthood, even after adequate access to food is restored.

Kaufman et al. concluded that maternal food insecurity, a significant source of early life stress, experienced for a relatively short duration but at a critical developmental stage for offspring, may lead to the development of obesity and metabolic syndrome during the prepubertal period. It is therefore hypothesized that maternal food insecurity may lead to the manifestation of child weight gain, especially visceral adiposity, during the prepubertal or pubertal period.

Using data from NHANES III, Lee and Frongillo found preschooler diets were found to be no more likely to have lower intake of any nutrients when comparing preschoolers from food-insufficient with those from food-sufficient households.



Metabolic Syndrome

Research posits that conditions under which household food insecurity may lead to the development of metabolic syndrome and chronic disease outcomes are the following that:

1. Household food insecurity is experienced as a chronic stressor (e.g., several months over a year),
2. This will promote a stress response,
3. The stress response results in a preference for and consumption of highly palatable foods,
4. A stress response brought on by experiencing household food insecurity experienced during critical developmental states (e.g., in utero, infancy, peripubertal, pregnancy) is more damaging, and
5. This leads to visceral fat accumulation, insulin resistance, or diet-induced obesity that may result in increased risk of chronic disease.

Under these model conditions, there is an emphasis that food insecurity may have a more severe impact on individuals during critical developmental periods and on individuals with a certain phenotype that efficiently stores energy. These factors—life course stage and stress—along with genetic factors and the food environment, shall be included in the study’s social and physical health and wellbeing measures. [Source.](#)



CHILDREN & DRUG USE

Children and adolescents living in a food-insecure households have greater use of health services for mental or substance use disorders than those living in households without food insecurity. These conditions are the leading contributor to the total burden of illness in high-income countries, and are responsible for the largest proportion of years lived with disability in the age groups. Given the importance of early life adversity on the risk of mental and substance use disorders, the lasting effects of early life nutrition, and the known relationship between food insecurity and adult mental health, it follows that household food insecurity may be an important social determinant of mental and substance use disorders among children and adolescents. [Source](#).

CHILDREN & STRESS

Food-insecure adults and children experience increased rates of mental health issues including depression, anxiety and post-traumatic stress disorder.

A growing body of evidence links food insecurity with risk of adverse childhood experiences and exposure to violence. Food insecurity is also associated with risks for chronic disease among adults and with poor physical health and developmental delay among children.



Trauma is broadly defined as an experience that is emotionally painful, distressful or shocking, and often results in long-term mental and physical health consequences. Despite parental attempts to shield them, children in food-insecure households often experience physical awareness (hunger, pain, tiredness, weakness), emotional awareness (worry, sadness, anger) and cognitive awareness (knowing that food is running low or of poor quality).

HAZARDS & TRAUMA

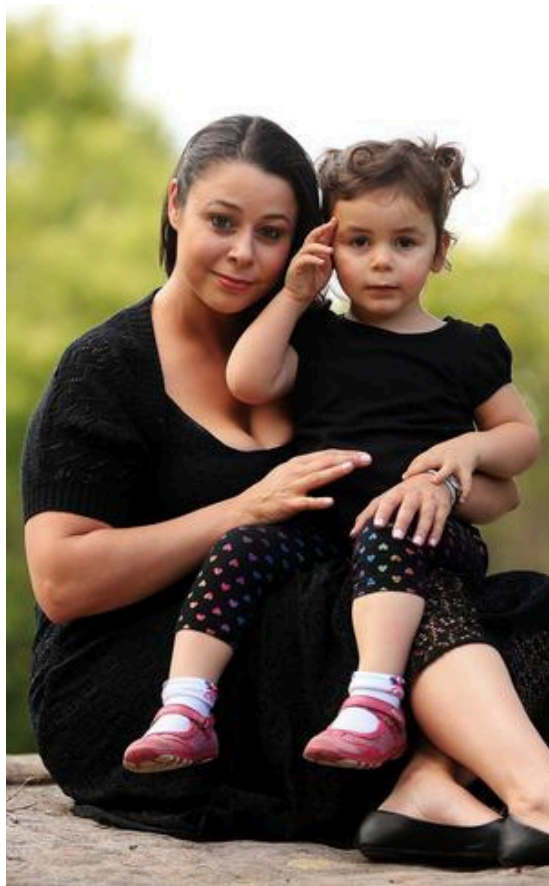
Trauma can occur from singular incidents or repeated or prolonged exposures to negative conditions. Food insecurity is often also accompanied by other poverty-related stressors that worsen the traumatic impact. Additionally, individuals experiencing food insecurity may engage in risky behaviours to meet their needs (e.g. stealing, trading sex for money to buy food), which could increase the potential for trauma. Accordingly, solutions to address food insecurity should employ a trauma-informed approach.

Food insecurity can be triggered or exacerbated by natural and human-made hazards that destabilize the local, regional or global food system, such as climate change-associated extreme weather events or social unrest. Recovering from such events and preventing escalated food insecurity requires strong pre-event food system functioning and advanced planning. [\[Source\]](#)

PRIORITY TARGET #1: WOMEN

Barrie is a sex-
trafficking hotspot.

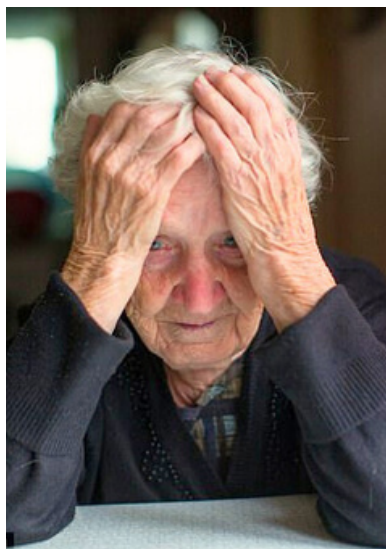
- Drive along the highway near Barrie, and “I’ll tell you right now, that 70 per cent of those guests in those hotels and motels are sex-traffic victims, right now,” she told her audience. According to Dave Hossack, interim executive director of the Child Advocacy Centre of Simcoe/Muskoka, close to 70 per cent of human trafficking in Canada happens in Ontario. “And over 90 per cent of human trafficking victims in Ontario are from Ontario,” he added. – May 4, 2017. [Source.](#)
- “Two-thirds of the nation’s police reported trafficking in persons violations occur in Ontario,” said Dr. Natalya Timoshkina, an associate professor in Lakehead’s school of social work. Within Ontario, Simcoe County is “a hot spot for sex trafficking and labour trafficking,” she added. – March 19, 2021 [Source.](#)
- Stephanie Bellows is an intelligence analyst with the province. She said the issues of human trafficking have exploded in recent years locally. The victims are both male and female and can be any age. There have been cases of trafficking in Barrie, especially in the hotels in Barrie. It is not an isolated issue. Barrie is quickly becoming a hot spot as well,” Bellows added. – July 29, 2023. [Source.](#)
- Building Bridges Through Common Ground; \$300K for 3 Years: Barrie Police Service is strengthening school safety and youth support through its partnership with the Simcoe/Muskoka Child and Youth Advocacy Centre Common Ground Youth Group Program. The six-week program focuses on youth ages 12-18 who have witnessed, experienced or are at increased risk of experiencing gender-based violence. Funding will be used for a direct referral process, increased program space and academic research and data interpretation. 2023-24 to 2025-26. [Source.](#)



Women in Barrie rescued from sex-trafficking often go to The Women & Children's Shelter of Barrie (WCS). The WCS is a feeder to The Barrie Municipal Non-Profit Housing Corporation (BMNPHC) and The Simcoe County Housing Corporation (SCHC). Women residing in the WCS are given immediate priority to the next available subsidized unit. Therefore, women residing in public housing in Barrie should be the priority target audience, with further priority given to Indigenous, African-Canadian and ethnic-minority women. The secondary and tertiary target audiences shall be vulnerable and elderly population subgroups living in public housing.

PRIORITY TARGET #2: OLDER ADULTS

Poverty and food insecurity have been linked to poor health and morbidity, especially in older adults. Housing is recognized as a social determinant of health, and very little is known about subjective poverty and food insecurity in the marginalized population of older adults living in subsidized social housing. Source.



Among both adolescents and seniors, researchers have found evidence of a connection between the length of tenure in a residential building and the likelihood that residents report behavioural and mental issues.

Longer tenures are associated with lower levels of depression among seniors and fewer internalizing and externalizing behavioural issues such as anxiety and aggression among adolescents. Source.

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NEWS Sections

Barrie wanted to ban donations to homeless people on its property. Advocates are sending the plan to the UN

City says it's walked back proposal, while advocates say it needs to do more to prove it

Lane Harrison · CBC News · Posted: Sep 24, 2023 4:00 AM EDT | Last Updated: September 24, 2023

Alex Nuttall, the city's mayor, said city hall is "confused" as to why the organizations involved sent the proposals to the United Nations for examination. (Haydn Watters/CBC)

"We're very concerned about the direction that the city [of Barrie] is taking and so we thought it was important to raise alongside a number of other bylaws across the country for consideration and context for the United Nations analysis," said DJ Larkin, the executive director of the drug policy coalition.

DJ Larkin, executive director of the Canadian Drug Policy Coalition, said Barrie's proposal stood out as a particularly bad example of the potential criminalization of people who are unhoused in Canada. (Submitted by DJ Larkin)

Alex Nuttall, the city's mayor, did not grant CBC Toronto with an interview for this story. In an email, he said city hall is "confused" as to why the organizations involved sent the proposals to the UN for examination.

[Visit article](#)



Statistically significant risk factors associated with poverty in elderly tenants of subsidized social housing were being a smoker, self-reporting feeling extremely anxious and/or depressed, and being food insecure. Statistically significant risk factors associated with food insecurity were being underweight and self-reporting experiencing poverty.

Of elderly tenants in subsidized social housing, their perceived poverty rate was lower than expected, which could be related to the surrounding environment and perceptions around wealth.

Food insecurity was approximately twice that of the general population of older adults in Canada, which could be related to inaccessibility and increased barriers to healthy foods.

For those who reported being food secure, dietary habits were considered poor.



While social housing may function as a financial benefit and reduce perceived poverty, future interventions are needed to improve the quality of diet consumed by this vulnerable population.

In another study, the objective was to estimate the prevalence of housing and food insecurity among persons with common chronic conditions and to assess the independent effects of chronic illness and sociodemographic characteristics on housing and food insecurity, and health care access hardship and health status, also using the social context module of the 2015 Behavioural Risk Factor Surveillance System (BRFSS). The study found that housing and food insecurity significantly increased the risk of health care access hardship. Source.

SOCIAL ISOLATION IN OLDER ADULTS

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The high rate of social isolation in low-income older adults living in social housing compared with the general population is also concerning. Structural barriers could prevent engagement in social activities or maintenance of social support, especially for older adults with income insecurity and anxiety or depression; interventions are needed to reduce subjective social isolation in this population. [Source.](#)

Many older adults also experience a growing need for supportive health-related services that can be provided through programs linking affordable housing with access to care and supportive services. Findings from one aging-in-place pilot program for low-income, disabled older adults showed that offering a series of home visits focused on carrying out home modifications, securing assistive devices, and training on safety strategies resulted in increased ease in activities of daily living, fewer falls, and improved quality of life.

TORONTO STAR

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CANADA

Barrie's homelessness plan is being called 'a clear violation of basic human rights.' Here's why

Ontario city has received a proposal to ban giving money, food or water to homeless people on city property.

June 20, 2023 | 4 min read

SALE: \$1 for 6 months

ON-SITE SERVICE PROVISIONS

An evaluation of an aging-in-place program for low-income older adults that offered onsite health education, medical care coordination, health monitoring, and discharge planning found that receiving the onsite services made the residents feel safer and confident they could stay in their homes as they aged. Affordable home modifications and service-enriched housing allow low-income elderly individuals with disabilities to access a residential environment that truly and effectively addresses their needs and preferences to age in place. [Source.](#)

Residents who are elderly, disabled and homebound are particularly vulnerable to acute food insecurity during weather-related events. One interviewee described a homebound resident who was stranded without food when his regular home food delivery service was unable to reach him during a major snowstorm:

'We had a gentleman who had not eaten in several days and he was trapped in his house and he was homebound and there was so much snow and he couldn't get out ...' (FAO1) [\[Source\]](#)



ENERGY USE

The energy used by the buildings in which families live accounts for nearly 40 percent of the nation's total energy consumption.

By using green building techniques to increase the energy efficiency and environmental sustainability of new or renovated affordable housing and improving the location efficiency of housing in ways that reduce the number and duration of necessary car trips, the community at large can benefit. For example, exposure to emissions associated with burning fossil fuels and the negative health impacts linked to smog, acid rain, and air pollution may be reduced through such approaches.

Housing retrofits to improve energy efficiency have been shown to improve general, respiratory, and mental health. Energy-efficient homes are also associated with decreased exposure to nicotine. A range of other green measures may also yield health benefits. For example, green building techniques create tighter building envelopes that prevent moisture, airborne pollutants, and pests from entering the home and limit exposure to toxins.

This research shows that providing affordable housing is a valuable strategy to support and improve wellbeing. It is important for policymakers to understand that safe, adequate, and affordable housing is not just shelter but also an investment in good health for low-income households. [Source.](#)



Feminine Products

Women require feminine products to live a normal, decent life. Yet social assistance rates are equal for both men and women. Therefore, social assistance rates do not consider the physiological differences between men and women.

The significant demoralization of vulnerable population groups living on current social assistance programs needs to become the forefront of concern.

A measure for the social impacts of providing sex-specific hygiene products shall be determined and compared to the social impacts caused from not providing sex-specific products at all. This includes toilet paper. Even the amount of toilet paper used is different between men and women.



SEX & GENDER-BASED ANALYSIS (SGBA)

ACCESS TO LIVING WAGES

Leah believes that Barrie Housing Rent-Geared-to-Income (RGI) tenants don't have equal opportunities to decent-paying jobs because of the social stigma attached to RGI addresses, and that this may lead some women with autism or other similar neuro-developmental disorders to perceive having more children as their sole means of surviving, due to the social assistance increases that come with each additional dependent residing within their RGI household. An array of compounding inequalities caused by severe material deprivation also exacerbates healthcare access inequities and social participation access options for women in this population group.



The consequence is that more women are food insecure because their socioeconomic status itself has become a barricade to job markets with sufficient-paying opportunities.

The result is generally one of two options; 1) women choose to stay in abusive relationships (not in public housing) so their children can eat, or 2) women try to get into housing, and if successful, they can't feed themselves or their children since they cannot access jobs with sufficient wages and so they're all constantly starving.

The study will measure the long-term consequences of severe material and food deprivation among Canadian children and youth experiencing growth spurts while living on social assistance. Physiological differences between boys and girls, and at different ages, have implications for dose-finding studies, to be carried out in all phases. Women and children will require different doses and different time courses than men, to see similar health and social outcomes.

PHYSICAL REGIME PRESCRIPTIONS

Considering the combined positive health outcomes of a prescribed physical regime, the research study should include physical regime prescriptions for pregnant and nursing women, to measure the true extent of health outcomes, especially on length of pregnancy - compared to other participants of the same/similar age, the number and severity of pregnancy implications, prematurely born babies and how prematurely they were born.

FEEDERS TO HOUSING

The Women and Children’s Shelter of Barrie (WCS) acts as a ‘feeder’ to the Barrie Municipal Non Profit Housing Corporation (BMNPHC) and the Simcoe County Housing Corporation (SCHC). This local shelter remains at full capacity and pumps abused women and their children into public housing on an on-going and regular basis. Although there’s a +10 year waitlist to get into public housing, women residing in WCS bypass this waitlist to receive ‘first priority status’ for the next available publicly-housed unit reflective to their family size. As a result, the majority of people living in Barrie public housing are single mom’s with a history of being sexually assaulted.





MENTAL HEALTH

The mental health issues caused from past sexual assaults is detrimental to the healing process once they've been removed from their abusive environment. Their mental health issues are further exacerbated by the severe material and food deprivation they face daily, which is reinforced by their own Government's non-survivable assistance rates. Mental and physical health issues are the driving force behind poverty, as each touchpoint experienced with social service providers compounds feelings of inequity, loss, hopelessness and actual sensations of real hunger.

CHRONIC STARVATION

The beginning sensation experienced from real hunger is burning caused from actual stomach acid eroding the lining of the stomach. Depending on the severity of food deprivation, it becomes a matter of a few weeks to a few months before light-headedness and faintness kicks-in on an all-day-long, and day-after-day, basis. This impairs those experiencing long-term hunger from moving around physically in the same ways they used to.

The ability to prepare meals becomes further compromised by not only not having the funds to pay for food, but also because they no longer have the energy required to source food, even if it was freely available. Social service providers, regardless of whether they're Government-run or government-funded, do not employ staff who've experienced this level of hunger at any point in their lives and therefore, they do not comprehend the actual, real impairments that come from not being able to eat enough to survive on. The greatest knowledge gaps of all remain in this area.





WOMEN AS SINGLE PARENTS

The psychological state of the user also impacts the amount of toilet paper accidentally used in households of single-parents. Parents unavailable to sufficiently pay attention to children are prone to having unused toilet paper rolls dropped in the toilet, or used in paper mache crafting. Toilet paper combined with toothpaste works like glue for infants to decorate bathrooms and household appliances. The amount of time an infant would require to accumulate such significant amounts of toilet paper toothpaste mache decorating suggests a significant amount of time that child was unaccounted for while in their sole-support parent's parental care. Men generally don't need to worry about these sort of things happening because of gender norms that result in them not raising their own children.

RISK OF BEING TRAFFICKED

Women are at significantly greater risk for being sex trafficked just for being female. The emotional damage inflicted on them has life-long consequences that cannot be quickly healed, and certainly not healed by any measure while living in the conditions provided by social housing providers.

Despite this being common sense, not nearly enough is being done with demonstrated impacts to help these women heal mentally, emotionally or physically. Anyone with eyes can see they have no chance at improving the quality of their lives.

Thank you for taking the time to learn more about the health detriments of Canada's current social housing policies.

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