

MINI-REVIEW: WELLNESS INDICATOR – SAFETY AND SECURITY

Prepared for MaRS Discovery District

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- OVERVIEW -

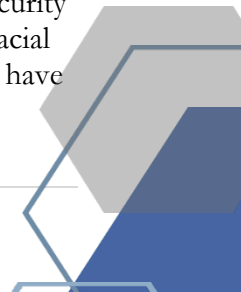
Urban **safety and security** broadly encompasses **food in/security, housing in/security, familial safety, community safety, and public health**. In an effort to improve safety and security among disadvantaged, inner city communities a range of policies, social programs, community interventions, and services have been implemented and assessed. Included in this mini-review is a brief summary of the academic literature (including, where appropriate, grey literature identified through the search of academic sources) that reported on interventions, services, community initiatives, and policies in relation to safety and security. Also highlighted are the possible impacts on very vulnerable populations (VVP), as appropriate.

As requested by MaRS Discovery District, the scope of the review was limited to literature reporting on interventions (services, etc.) that: assessed or evaluated (qualitatively and/or quantitatively); focused on inner city/urban communities (i.e., excluding rural and suburban) in high-income countries; and were published in the previous 10 years (or key papers outside that time period) in English. As such, the aim of this review is to provide a broad environmental scan rather than an in-depth assessment of the literature as described. As requested, we also assessed the aforementioned literature according to five political factors: **duration of intervention/assessment** (i.e., long-term or short-term); **governance and conflict resolution models; data-sharing processes; service delivery models** (i.e., centralized or dispersed); and **integration of a systems-level approach**.

- FINDINGS -

FOOD IN/SECURITY

Food in/security refers to the inability to consistently procure adequate food due to financial constraints and is associated with poor nutrition and poor health¹. Food is a basic human need and a determinant of health and human dignity^{2, p. 26}. Over the last decade, interventions focused on food security in disadvantaged, urban contexts have included both ‘top-down’ (i.e., urban policy, planning, and design) and ‘bottom-up’ (i.e., community-led initiatives) approaches. Examples of ‘top-down’ initiatives include policies that promote an improved food retail environment³⁻⁷ and (non)governmental food aid programs (e.g., food banks^{8,9}). Examples of ‘bottom-up’ initiatives include urban gardens^{10,11}, mobile markets^{12,13}, and meal services¹⁴⁻¹⁶. Researchers examining the impact of these interventions have reported mixed results. New grocery stores have done little to improve food security, diet, or other markers of health^{3-5,17}, with a few exceptions^{6,7}. Mobile markets, which sell fresh food at a discount and provide preparation training have increased fruit and vegetable consumption, however, if unsubsidized do little to improve local food security^{12,13}. Farmers markets may improve food security by driving down the prices of similar products at local grocery stores¹⁸. Urban agriculture provides a potentially sustainable option to improve food security but presents challenges with regards to the extensive resources required and the possibility of racial and social exclusion^{10,11,19}. Among VVP, food aid (e.g., food banks, food stamps, meal services) have improved food access and reduced social isolation^{8,9,14-16,20}.



HOUSING IN/SECURITY

Housing in/security refers to unstable, poor quality housing that is the result of disproportionately high housing costs, unsafe neighbourhoods, overcrowding, and/or homelessness². The promotion of housing security among disadvantaged inner city communities has focused on two avenues of redress: housing provision/assistance (i.e., permanent or temporary housing/shelter or financial/social assistance to secure housing²¹⁻²³) and regeneration (e.g., improving/building social housing; housing-led neighbourhood renewal²⁴⁻²⁷). Permanent supportive housing (e.g., Housing First²⁸), recovery housing, and other multi-dimensional programs amalgamating housing and social service support have proven overwhelmingly successful among homeless individuals with mental illness (i.e., VVP^{21,22}). These programs have increased security²³ and promoted empowerment among residents²⁹. However, such initiatives do not address underlying structural and cultural issues among people experiencing homelessness, particularly Indigenous peoples³⁰. Re/development or improvements to social housing (e.g., improving insulation) in disadvantaged communities can improve housing quality³¹ and measures of health²⁴, particularly among VVP with existing health conditions²⁷. However, when such redevelopment efforts include mixed housing (i.e., low and high cost housing) or broader neighbourhood renewal the outcome of these interventions are less straightforward. Sustainable development projects, for example, can lead to a loss of neighbourhood diversity and have a negative impact on equity (i.e., privileging new, affluent residents while displacing historic community members³²). Additionally, the accessible housing maintained through such development schemes are not often appropriate for the needs of low-income families³².

FAMILIAL SAFETY

Familial safety refers to intimate partner violence, child-parent relations, childcare, child development, and general household security (i.e., related to local crime). Interventions focused on improving familial safety frequently involve housing (e.g., housing mobility programs that provide incentives to move families out of unsafe inner city environments³³) and policies³⁴ or programs targeting intimate partner violence³⁵. Other programs and services implemented in inner cities to bolster familial safety and security include provision of daycare or educational opportunities³⁶⁻³⁹, after school programs⁴⁰, and culturally-sensitive integrated approaches to services⁴¹⁻⁴³ many of which are geared toward VVP^{38,44,45}. Educational programs that have provided support for disadvantaged families have promoted literacy and development among children and youth^{36,40} and resulted in improved parenting practices and child development^{38,45,46}. School programs for children improved quality of life and community safety and reduced youth involvement with drugs and gangs^{39,40}.

COMMUNITY SAFETY

Community safety encompasses local crime, gang and youth violence, and the safety of the built and social environments. Programs aimed at improving community safety in urban contexts have provided outreach (e.g. Safe Streets^{47,48}) resources, support, and skills to vulnerable youth (e.g., gang prevention⁴⁹⁻⁵¹) early childhood interventions (e.g., Raising Healthy Children³⁹) and transformed local environments (e.g., blight/housing remediation⁵²⁻⁵⁵). Prevention-focused programs offering outreach and mediation have been successful at reducing gang violence^{47,50,51}. The removal or redevelopment of derelict and high-rise public housing has had positive impacts on community safety⁵³ as has the greening of vacant lots^{55,56}, although not all studies have found these results^{57,58}. Enhancing community life by increasing the presence of non-profit organizations has also reduced local crime in inner city communities⁵⁹.

PUBLIC HEALTH

Public health at the inner city, community level is concerned with addictions, immunizations, pre and post-natal care, and prevention and treatment of chronic health conditions (e.g., childhood asthma) and communicable disease (e.g., HIV/AIDS). Effectively reducing drug and alcohol related overdoses and death, many inner city public health programs have used a harm-reduction model and included safe injection sites, substance exchanges, education, and informal community therapy^{60,61}. Integrating harm-reduction and disease treatment/prevention in community settings has improved screening/treatment among VVP⁶². HIV prevention programs have targeted inner city communities through education and outreach (e.g., condom provision) at schools, churches, and other community organizations to varying degrees of success⁶³. Increasing immunization uptake, interventions have included reminders to patients and local care providers, peer support/outreach⁶⁴⁻⁶⁶ and undertaken multi-level approaches including mobile vaccinations to reach VVP⁶⁷. Successful at reducing the impact of asthma among inner city children were interventions that integrated primary care, screening, education (parent and daycare/schools), and environmental changes⁶⁸⁻⁷⁰. Home and group interventions focused on improving parenting skills and infant care/feeding have proven successful among inner city residents^{44,71}. Public health interventions are increasingly mobile – such as using tablets for HIV screening⁷² – however can present challenges related to technology access/use.

DURATION

Interventions aimed at improving safety and security can be long or short **duration**. Most interventions focused on renewal of neighbourhoods and/or housing are intended as long-term solutions to housing security and neighbourhood safety^{24,27,73}. In contrast, food aid often offers crisis relief rather than sustainable solutions because it does not address root causes of food in/security^{8,9}.

GOVERNANCE AND CONFLICT RESOLUTION MODELS

With regards to **governance and conflict resolution models**, community mobilization and participatory action research offer avenues for developing strategies that address community safety and security while accounting for local needs and promoting social justice, community capacity, and uptake^{57,69,74,75}. This is particularly important when considering the wellness of Indigenous VVP³⁰. Housing-based interventions that are undertaken in partnership with community members are particularly suitable to residents and can build community capacity for sustainability^{26,76}. Involving community members in the development of interventions and focusing on building social networks offer promising new avenues to improve safety and security in urban settings^{63,77}.

DATA-SHARING PROCESSES

In practice, data-informed decision-making and **data-sharing processes** are inter-related. There is less formalized data-sharing evident in the literature around the promotion of safety and security, however, there are frequent references to the need for better data collection strategies (i.e., evaluation)²⁷ and data-informed (e.g., ‘evidence-based’) decision making⁷⁸. This is particularly evident in urban renewal projects, which are often undertaken without integrating an evaluation strategy and can be driven by values rather than evidence^{27,78}.

SERVICE DELIVERY MODELS

Service delivery models might be best described as centralized versus localized. The importance of locating services and programs within the community is apparent in the literature and is of particular salience to VVP. The location of programs aimed at improving familial safety and security among VVP within the community facilitated access and cultural alignment and was key to user satisfaction^{41,42}.

SYSTEM-LEVEL APPROACH

Systems-level approaches to safety and security were a key feature of successful interventions aimed at VVP^{41,42,79}. For example, the integration of services, supports, and housing addressed the multiple vulnerabilities associated with homelessness⁷⁹ while the implementation of service navigators or similar programs promoted familial safety and security^{35,41,42}.

KEY MESSAGES

- Features that stand out as integral to the success, sustainability, and uptake of community-based interventions, programs, and services focused on improving safety and security in service of urban wellness include geographic location within the community (improving access and appropriateness), cultural considerations/tailoring, and above all participation of community members in program development and implementation.
- Insecure funding and short intervention cycles have presented barriers to sustained program success.
- A general lack of quality evaluation of interventions has also left significant gaps in knowledge.
- Within this literature there is an overreaching sentiment that although targeted programs may improve safety and security within urban communities they rarely address the root causes of poor urban health (e.g., the social determinants of health²).

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