Notice of the Final Oral Examination
for the Degree of Doctor of Philosophy
of

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MSc (Southeastern University, 1991)
BEd (University of British Columbia, 1979)

“Housed and Still Hungry: Barriers to Food Security for Single Adults with Mental Illness and/or Problematic Substance Use Living in Supported Housing on Vancouver Island”

Social Dimensions of Health Program

Wednesday, April 20, 2016
1:00PM
University Centre Building
Room A207a

Supervisory Committee:
Dr. Bernadette Pauley, School of Nursing, University of Victoria (Co-Supervisor)
Dr. Aleck Ostry, Department of Geography, UVic (Co-Supervisor)
Dr. James Frankish, School of Population and Public Health, UBC (Outside Member)

External Examiner:
Dr. Rachel Engler-Stringer, Community Health and Epidemiology, University of Saskatchewan

Chair of Oral Examination:
Dr. James Lawson, Department of Political Science, UVic

Dr. David Capson, Dean, Faculty of Graduate Studies
Abstract

The purpose of this research is to examine the barriers to food security for single adults with mental illness and/or problematic substance use living in supported housing on Vancouver Island. The objectives are: (a) to examine the difference in the level of food security for tenants of supported housing neighbourhoods located in urban versus a rural community; (b) to examine the barriers to food access experienced by the tenants; and (c) to examine which barriers have the greatest effect on the tenants. Using an explanatory case study design, I employ a community-based research method with a social justice perspective as the framework. I have used an explanatory matrix to illustrate the tenant identified barriers to food security and the social structures that affect these barriers. As well, I have made recommendations for integrating food security services and programs into supported housing projects. I have argued that food security is a matter of public health and an integrative approach is needed. I am suggesting a shift on a larger policy scale, to promote the health and well-being of tenants in supported housing. An adequate holistic perspective with an integrated, long-term strategy linking all the determinants of health would result in health-in-all policies. This strategy could reduce the existing health inequities that the tenants in supported housing experience.