

What responsibility do communities have to support vulnerable populations when it comes to housing?

Providing affordable housing at the community level not only supports vulnerable individuals but also reduces government healthcare costs, as people can be safely discharged home, leading to fewer and shorter hospital stays. As a young woman with a passion for medicine, I have immersed myself in similar environments to not only gain relevant knowledge but also to help me see and understand the society that we live in. I am driven to pursue a career in medicine, and with the proper funding, such dreams can be achieved. From an early age, I learned that the most meaningful forms of care begin not with action, but with attention. Listening, truly listening, has the power to restore dignity, build trust, and reveal needs that are often invisible on the surface. While I once associated this lesson primarily with healthcare, I have come to understand that it extends far beyond clinical settings. It applies just as urgently to one of the most pressing social issues today: housing insecurity. Communities, in my view, carry a profound responsibility to support vulnerable populations in accessing safe, stable housing, because housing is not simply a physical structure. Rather, it is the foundation upon which opportunity is built.

My perspective on this responsibility has been shaped by experiences that revealed how deeply environmental and social conditions influence well being. Growing up in a bilingual, multicultural household, I witnessed how barriers such as language, cultural differences, and

socioeconomic status can prevent individuals from accessing essential services. A person who struggles to communicate effectively may also struggle to navigate housing systems, advocate for their rights, or secure stable living conditions. Over time, I began to see that communities play a critical role in either reinforcing or dismantling these systems.

This understanding deepened during my co-op placement at Chartwell Waterford Retirement Residences in Oakville. There, I worked closely with elderly residents, many of whom faced not only medical challenges but also emotional and social isolation. Some had transitioned into long-term care after losing the ability to live independently, often due to health issues that were intensified by previous living conditions. While the residence provided a safe and supportive environment, I became aware of how fragile stability can be. One resident shared that before moving into care, she had struggled to maintain her home after a series of medical setbacks. Another described the anxiety of nearly losing housing due to financial strain. These conversations made it clear that housing insecurity does not only affect those visibly experiencing homelessness. It also affects individuals living on the margins, where one unexpected event can disrupt their entire sense of security.

What stayed with me most was not just the vulnerability of these individuals, but their desire to be seen and heard. One resident told me that the hardest part of aging was not physical pain, but the feeling of becoming invisible. That statement has remained with me because it reflects a broader societal issue: vulnerable populations are often overlooked in decision making processes that directly impact their lives. When communities fail to prioritize

inclusive, accessible housing, they are not simply neglecting structures; they are neglecting people.

Through my volunteer work at the Oakville Trafalgar Memorial Hospital, I observed a similar pattern. Patients and families often arrived in states of distress, not only because of medical concerns but also due to external pressures, including unstable housing situations. While I was positioned at the information desk, my role was to guide and reassure, but these interactions revealed how interconnected housing and health truly are. A patient recovering from surgery, for instance, may face significant challenges if they return to an unsafe or unstable home environment. Recovery, in such cases, becomes not only a medical process but a social one. Without adequate housing, even the most advanced medical care can fall short.

These experiences have led me to believe that communities have both a moral and practical responsibility to support vulnerable populations in securing housing. Morally, access to safe shelter is a fundamental human need. It is difficult to speak of dignity, equality, or opportunity without first ensuring that individuals have a stable place to live. Practically, investing in housing support strengthens communities as a whole. Stable housing reduces strain on healthcare systems, improves educational outcomes, and fosters social cohesion. When individuals feel secure in their living conditions, they are better able to contribute to society, pursue employment, and engage with their communities.

However, fulfilling this responsibility requires more than acknowledging the problem. It demands active, sustained effort. Communities must advocate for policies that increase the availability of affordable housing, support transitional housing programs, and protect tenants

from unjust displacement. Equally important is the need for community-based initiatives that provide direct support, such as shelters, outreach programs, and partnerships with healthcare providers. These efforts must be grounded in empathy and informed by the voices of those they aim to serve. Just as patient-centred care emphasizes listening to individuals' experiences, housing initiatives must prioritize the perspectives of vulnerable populations to be truly effective.

My experience as a first aid responder and instructor has further reinforced the importance of preparedness and responsibility in community settings. In emergency situations, immediate action can make a critical difference, but long-term prevention is equally essential. The same principle applies to housing. While emergency shelters provide necessary short-term relief, they do not address the root causes of housing insecurity. Communities must therefore balance immediate support with long-term solutions, ensuring that individuals are not caught in cycles of instability.

As someone who aspires to play a pivotal role in healthcare, I see this issue through both a social and a medical lens. Health does not begin in hospitals; it begins in homes. A patient's ability to manage chronic illness, recover from injury, or maintain mental well-being is deeply influenced by their living conditions. In this sense, advocating for housing equity is not separate from healthcare. Rather, it is an extension of it. The government, healthcare workers, real estate agents, alongside other community members, have a role to play in recognizing and addressing the social determinants of health, including housing.

Ultimately, the responsibility of communities to support vulnerable populations in housing is rooted in a shared commitment to humanity. It requires recognizing that individual well-being is interconnected, and that the strength of a community is measured by how it treats its most vulnerable members. My experiences have taught me that care, whether in medicine or in society, begins with listening and is sustained through action. By fostering inclusive, compassionate, and proactive approaches to housing, communities can create environments where all individuals, not just the privileged, have the opportunity to live with stability, dignity, and hope.

This belief will continue to guide me as an active member of my community. I hope to contribute to a society where no one is deemed “invisible” by their housing circumstances, as I learned an important lesson during my time as a co-op student at a Halton long-term care home.