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Introductory Note/Remarque préliminaire

CRDCN invites researchers publishing academic articles or producing policy reports that use microdata available through CRDCN to provide one-page snapshots that can be used to communicate their work to a wide audience.

Each CRDCN Research Policy Snapshot Digest, produced twice per year, assembles the individual snapshots prepared in the previous six months, inviting authors to include up to one page of supplementary material to accompany their snapshot.

Le RCCDR invite les chercheurs qui publient des articles universitaires ou produisent des rapports sur les politiques publiques en se servant des microdonnées disponibles par l'intermédiaire du RCCDR à en fournir des synthèses d'une page qui pourront être utilisées pour faire connaître leurs travaux à un large public.

Chaque d'instantanés recherches-politiques du RCCDR, produit deux fois par an, compile les instantanés préparés au cours des six mois précédents en invitant leurs auteurs à ajouter jusqu'à une page de documentation supplémentaire pour les accompagner.

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Distributional and Housing Price Effects from Vancouver's SkyTrain Expansion

Craig, Andrea "Distributional and Housing Price Effects from Vancouver's SkyTrain Expansion"
CRDCN research-policy snapshots. July 2022 <http://hdl.handle.net/11375/27721>

What the researcher(s) did

The authors estimated a model of households' residential location choices and simulated Vancouver's rapid transit expansion from 2001 to 2011. In the counterfactual simulations, households update their (probabilistic) location choices and monthly dwelling prices adjust to clear the market.

What the researcher(s) found

Holding housing prices and households' locations fixed, the authors find that lower-income households benefit more from the transit expansion than higher-income households. Allowing prices and household locations to adjust, they find that the benefits of the transit expansion are positive for each income quartile and increasing across income quartiles.

RDC Datasets used

Canadian Population Census (2001 and 2006)
National Household Survey

Policy areas this research can inform

- Housing
- Transportation

Policy implications of this research

Investment in public transit infrastructure is often characterized as an expenditure that predominantly benefits lower-income households. These results show that in the longer term, higher-income households benefit more from this rapid transit expansion than lower-income households.

The authors also find that prices increase in both neighbourhoods that were near an existing station and neighbourhoods that gained access to the rapid transit network from the expansion. This result suggests public transit infrastructure should continue to be funded at a regional level because an expansion can provide significant benefits to areas already connected to the network.

Read the full article

Chernoff, A. & Craig A. (2022). Distributional and Housing Price Effects from Public Transit Investment: Evidence from Vancouver. *International Economic Review*, 63(1), 475-509. doi:10.1111/iere.12556.

The views expressed in this research are solely those of the authors and no responsibility for them should be attributed to the Bank of Canada.





Patterns of Attrition in the Canadian Armed Forces Members and Veterans Mental Health Follow-up Survey

CRDCN & Bolton, Shay-Lee "Patterns of Attrition in the Canadian Armed Forces Members and Veterans Mental Health Follow-up Survey"
CRDCN research-policy snapshots. July 2022 <http://hdl.handle.net/11375/27722>

What the researcher(s) did

The researchers evaluated attrition from the Canadian Armed Forces and Veterans Mental Health Follow-up Survey (CAFVMHS), examining rates of completion and reasons for attrition. Three key reasons for attrition were identified as deceased, refused and excluded. Data was compared to identify potential correlates of attrition, including deployment history, adverse childhood events, and mental health diagnoses.

What the researcher(s) found

The total attrition rate of those eligible to participate in the CAFVMHS was 31.2%, lower than rates found in general population studies with a similar follow-up period. Baseline predictors of overall attrition included younger age, being a member of the Canadian Army and having a lifetime history of suicide attempt. Traumatic exposures, deployment history, childhood adversity, and lifetime psychiatric diagnoses were not found to be linked to attrition.

RDC Datasets used

2018 Canadian Armed Forces and Veterans Mental Health Follow-up Survey (CAFVMHS)

Policy areas this research can inform

- Health
- Population and demography
- Statistical methods

Policy implications of this research

This research has implications for clinical and policy decisions around appropriate survey methodology for military personnel in Canada. Understanding rates of attrition can help to identify biases in longitudinal studies of military personnel to address the needs of those who are not captured in the CAFVMHS. Knowledge of this evaluation is vital to interpretation of risk estimates in the longitudinal context among Canadian military personnel and, more specifically, when using the CAFVMHS data.

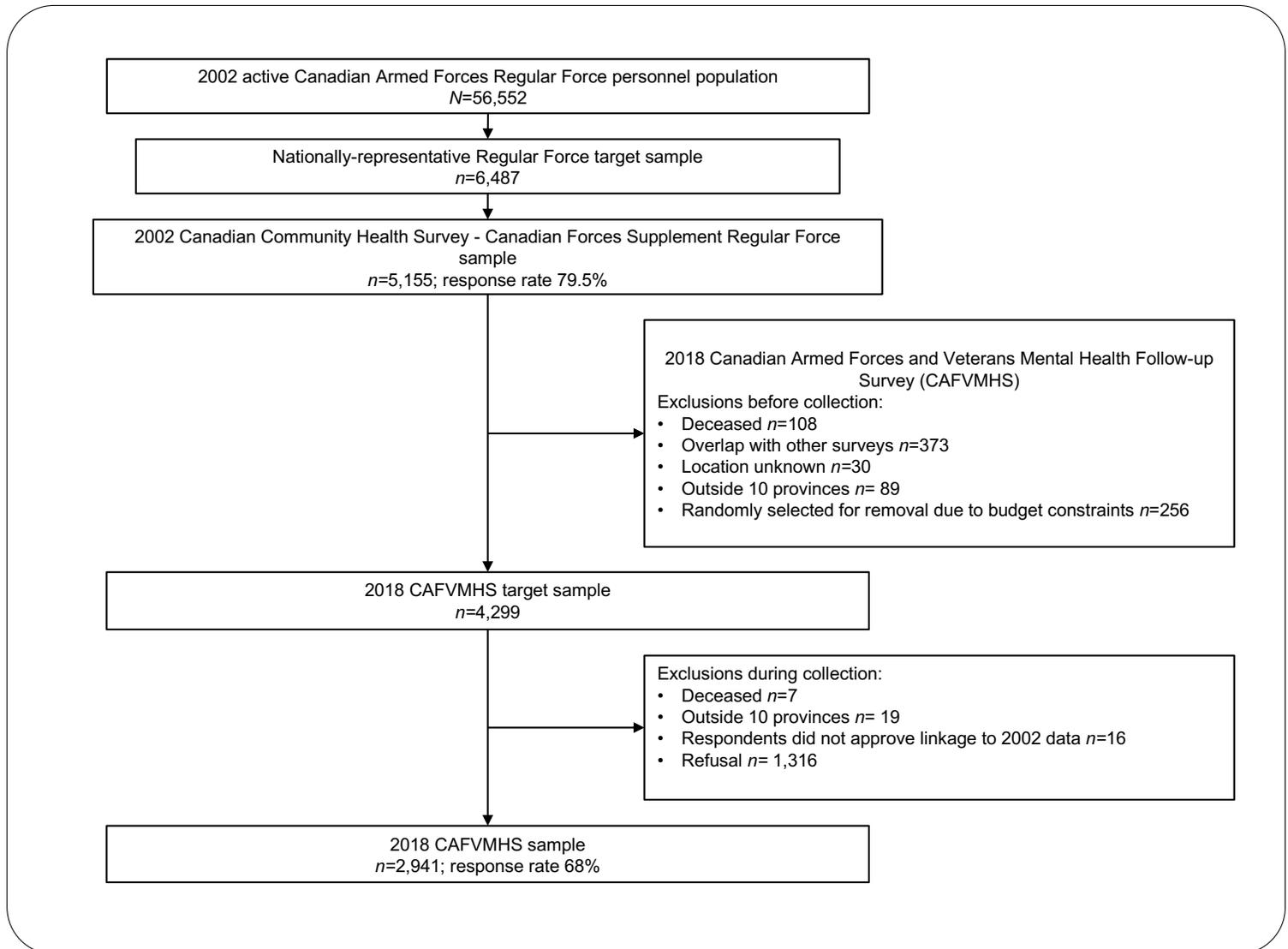
Read the full article

Bolton, S., Affi, T. O., Mota, N. P., Enns, M. W., de Graaf, R., Marrie, R. A., ... Sareen, J. (2021). Patterns of Attrition in the Canadian Armed Forces Members and Veterans Mental Health Follow-up Survey (CAFVMHS). *The Canadian Journal of Psychiatry*, 6(11), 996-998. doi:10.1177/07067437211002697.



Supplementary Information

CRDCN & Bolton, Shay-Lee "Patterns of Attrition in the Canadian Armed Forces Members and Veterans Mental Health Follow-up Survey"
CRDCN research-policy snapshots. July 2022 <http://hdl.handle.net/11375/27722>





How Well Is Cannabis Legalization Curtailing the Illegal Market?

CRDCN & Hathaway, Andrew D. "How Well Is Cannabis Legalization Curtailing the Illegal Market?"
CRDCN research-policy snapshots. July 2022 <http://hdl.handle.net/11375/27723>

What the researcher(s) did

The researchers assess how the legalization of cannabis in Canada has affected its use and distribution patterns, with a focus on the illicit market. Using data from the National Cannabis Survey, the researchers compare data from before and after legalization to examine how the primary supply source has changed across the provinces since legalization.

What the researcher(s) found

The researchers found that legalization reduced the probability of users purchasing from "dealers" by approximately one third (37%). Higher-level users are still more likely to report buying cannabis from dealers than low-level users. A cross-province comparison shows that respondents in Quebec and Ontario were more likely to continue sourcing from dealers, while BC respondents were the least likely.

RDC Datasets used

National Cannabis Survey (NCS) 2018 and 2019

Policy areas this research can inform

- Crime and justice
- Health
- Population and demography
- Statistical methods

Policy implications of this research

Two of the key objectives in the policy decision to legalize cannabis were to safeguard public health and divert purchasing/profits from the illicit market. The findings of this study help to further the understanding of factors that determine the extent to which legalization is successful at competing with the illegal cannabis market. This analysis outlines price and access as significant factors in predicting the supply source. "Dealers" remain a key source for cannabis, especially among those who use it most. While appealing to consumer preferences toward safe, reliable and clean options with knowledgeable staff, support legal retail options, factors such as stigma and the pre-eminence of cost over safety and quality continue to support illicit sourcing. These are important considerations in next steps for legal retail options.

Read the full article

Hathaway, A. D., Cullen, G. & Walters, D. (2021). How Well Is Cannabis Legalization Curtailing the Illegal Market? A Multi-wave Analysis of Canada's National Cannabis Survey. *Journal of Canadian Studies/Revue D'Études Canadiennes*, 55(2), 307-336. doi:10.3138/jcs-2020-0056.





Outbreak-associated COVID-19 cases by industry in Ontario

CRDCN, Buchan, Sarah A. et al. "Outbreak-associated COVID-19 cases by industry in Ontario"
CRDCN research-policy snapshots. July 2022 <http://hdl.handle.net/11375/27724>

What the researcher(s) did

The researchers conducted a study of reported COVID-19 workplace outbreaks and associated cases in Ontario between April 1, 2020 and March 31, 2021 to estimate incidence by industry. Workplace outbreaks were identified through reportable disease data and classified by industry. Industry-specific denominator data for those primarily working outside the home were obtained through the Statistics Canada Labour Force Survey.

What the researcher(s) found

The researchers found that workplace outbreak-associated cases accounted for 12% of all cases and 7% of hospitalizations among the working-age population during the study period. While incidence varied throughout the study period, they were consistently higher in five industries: agriculture, healthcare and social assistance, food manufacturing, educational services, and transportation and warehousing. Most industries had outbreak-associated case rates lower than community rates.

RDC Datasets used

Statistics Canada Labour Force Survey 2020 and 2021 (monthly for Ontario)

Policy areas this research can inform

- Government
- Health
- Labour

Policy implications of this research

This study offers important insight into the differential burden of COVID-19 disease by industry and the role of the workplace in the transmission of COVID-19. The results may assist in ongoing efforts to reduce transmission of COVID-19 by prioritizing resources, as well as industry-specific guidance, vaccination and public health messaging. An improved understanding of workplace outbreaks of COVID-19 is essential to designing equitable public health measures for reducing COVID-19-related risk. Plus, improved occupational surveillance would enhance the ability to effectively respond to COVID-19 and future pandemics.

Read the full article

Buchan, S. A., Smith, P. M., Warren, C., Murti, M., Mustard, C., Kim, J. H., ... Smith, B. T. (2022). Incidence of outbreak-associated COVID-19 cases by industry in Ontario, Canada, 1 April 2020–31 March 2021. *Occupational and Environmental Medicine*, 79, 403-411. doi:10.1136/oemed-2021-107879.



How are sugars added to foods and drinks related to being overweight and developing new diabetes in pregnancy?

Dasgupta, Kaberi "How are sugars added to foods and drinks related to being overweight and developing new diabetes in pregnancy?"
CRDCN research-policy snapshots. July 2022 <http://hdl.handle.net/11375/27725>

What the researcher(s) did

The researchers investigated the relationship between being overweight (and developing GDM) and consuming more free sugars from solids and liquids. They did so by studying dietary information and Body Mass Index (BMI) (data from 2004 to 2017) for females 12 to 50 years old, examining their chances of developing Gestational Diabetes Mellitus (GDM).

What the researcher(s) found

Consuming more liquid added-sugars was associated with increased odds of being overweight, which was associated with increased chances of developing GDM. Consuming more food added-sugars did not affect the chances of being overweight or developing GDM. Consuming more than 5% of total calories as food added-sugars was associated with lower chances of developing GDM and being overweight.

RDC Datasets used

2004–2005 Canadian Community Health Survey (CCHS) 2.2

Canadian hospital Discharge Abstract Database

Policy areas this research can inform

- Agriculture and food
- Health

Policy implications of this research

This study was conducted upon request from the Canadian Institutes of Health Research and Health Canada, who asked the researchers to provide evidence to guide policy for added sugar consumption from foods. Current guidelines that support limiting dietary free sugars are based on evidence for sugar sweetened beverages but do not distinguish between beverages and foods. The WHO recommends a 10% limit on added sugars from foods and beverages combined. The researchers' findings suggest that in this young to middle aged group of females, no specific guideline for foods is required but the upper limit from beverages could be lowered.

Read the full article

Mussa, J., Brazeau, A.S., Peters T., Dahhou, M., Sanmartin, C., Ross, N., ... Dasgupta, K. (2021). Associations of overweight and gestational diabetes mellitus with free sugars from solid and liquid sources: cross-sectional and nested case-control analyses. *BMC Public Health*, 21, 1923. doi:10.1186/s12889-021-12000-3.





Stronger community belonging associated with fewer hospitalizations among adults with diabetes

Gupta, Neeru "Stronger community belonging associated with fewer hospitalizations among adults with diabetes"
CRDCN research-policy snapshots. July 2022 <http://hdl.handle.net/11375/27726>

What the researcher(s) did

Given the rising rates of diabetes, the researchers investigated the interconnections between diabetes management, social capital and hospital burdens in Canada. Linking data from population health surveys and healthcare administrative sources, they empirically analyzed the relationship between adults' sense of community belonging and diabetes-related preventable hospitalizations.

What the researchers found

Most (70%) Canadian adults aged 45 and over living with diabetes reported having a strong sense of belonging to their local community. Those who reported weak community ties were significantly more likely to have been hospitalized for complications of diabetes, even after controlling statistically for one's age and other characteristics.

RDC Datasets used

Canadian Community Health Survey 2007–2011
(linked to) **Discharge Abstract Database**
2005/06–2012/13

Policy areas this research can inform

- Health
- Society and community

Policy implications of this research

Diabetes is generally considered a condition for which hospital admissions can be largely prevented or delayed through community factors, which may include beneficial social connections fostering health-enhancing behaviours and leading to reduced health inequalities. Results from this research emphasized the need for health policy to shift the focus from considering not only biomedical risks but also social vulnerability to support patients with chronic conditions. Preventive measures could include community-based interventions facilitating positive social networks such as developing transportation networks, recreation programs and hobby groups, expanding access to digital communications, or cohousing communities for older adults.

Read the full article

Gupta, N. & Sheng, Z. (2021). Reduced risk of hospitalization with stronger community belonging among aging Canadians living with diabetes: findings from linked survey and administrative data. *Frontiers in Public Health*, 9, 670082. doi:10.3389/fpubh.2021.670082.





Canadian youth living in food-insecure households are more vulnerable to mental health problems

Li, Tim "Canadian youth living in food-insecure households are more vulnerable to mental health problems"
CRDCN research-policy snapshots. July 2022 <http://hdl.handle.net/11375/27727>

What the researcher(s) did

The researchers examined the relationship between household food insecurity and mental health for youth ages 12-24, including self-rated mental health status, diagnoses of mood and anxiety disorder, and clinical assessments of emotional distress, major depression, and suicidal ideation.

What the researcher(s) found

One in seven youth lived in food insecurity. Compared to food-secure youth, they faced greater risk of mental health problems. The risks increased with severity — youth in severely food-insecure households had over 6 times the risk of suicidal thoughts and over twice the risk of mood/anxiety disorders, distress, and depression.

RDC Datasets used

Canadian Community Health Survey (CCHS)
2007–2008, 2011–2012 and 2017–2018

Policy areas this research can inform

- Health
- Children and youth

Policy implications of this research

This study emphasizes the importance of policies to reduce household food insecurity as part of promoting health equity, including for youth mental health. It adds to the large body of research on the strong connection between food insecurity and poor mental health in Canada.

Other studies have shown that policy interventions can reduce food insecurity by improving households' financial resources. Addressing food insecurity, especially severe food insecurity for families with youth, may help improve youth mental health outcomes and should be part of federal and provincial policy discussions around supporting mental health.

Read the full article

Men, F., Elgar, F. J., & Tarasuk, V. (2021). Food insecurity is associated with mental health problems among Canadian youth. *Journal of Epidemiology and Community Health*, 75(8), 741–748. doi:10.1136/jech-2020-216149.



Provincial governments can reduce food insecurity through social policies that improve household incomes

Li, Tim & Men, Fei "Provincial governments can reduce food insecurity through social policies that improve household incomes"
CRDCN research-policy snapshots. July 2022 <http://hdl.handle.net/11375/27728>

What the researcher(s) did

The researchers examined the relationship between provincial policies (minimum wage, income tax rate for the lowest income bracket, welfare income amounts, etc.) and economic environments (unemployment rate, inflation, etc.), and household food insecurity among households with children from 2005 to 2018.

What the researcher(s) found

The odds of experiencing food insecurity declined when minimum wage increased, when welfare income increased, or when the income tax rate for the lowest income bracket decreased. The labour market conditions were also important for food insecurity, with increases in the unemployment rate associated with increased odds of food insecurity.

RDC Datasets used

Canadian Community Health Survey
(CCHS) 2005-2018

Policy areas this research can inform

- Children and youth
- Government
- Health
- Income, pensions, spending and wealth
- Labour

Policy implications of this research

These findings highlight the important role that provincial governments play in determining household food insecurity in their jurisdictions. The policies that shape household food insecurity are those that impact households' financial circumstances like changes in minimum wage, welfare income, and income tax rates. Reducing household food insecurity should be a priority for provincial governments since there has been plenty of research showing that food insecurity puts a substantial burden on health care utilization and spending. The findings of this study highlight that the provinces can do so through policies that raise the incomes of families with children.

Read the full article

Men, F., Urquia, M. L., & Tarasuk, V. (2021). The role of provincial social policies and economic environments in shaping food insecurity among Canadian families with children. *Preventive Medicine*, 148, 106558. doi:10.1016/j.ypmed.2021.106558.





Food insecurity is associated with chronic pain and prescription opioid use

Men, Fei "Food insecurity is associated with chronic pain and prescription opioid use"
CRDCN research-policy snapshots. July 2022 <http://hdl.handle.net/11375/27729>

What the researcher(s) did

The researchers examined whether Canadians aged 12 years and older living in food-insecure households were more likely to experience chronic pain, limit activity due to chronic pain, or use prescription opioids.

What the researcher(s) found

More severe food insecurity was associated with greater likelihood of chronic pain, pain-related activity limitations, and prescription opioid use. Among individuals who used prescription opioids, the food-insecure were more likely to use them daily/almost daily, use more than their prescribed amount, use for non-pain relief reasons, and use opioids not prescribed by doctors.

RDC Datasets used

Canadian Community Health Survey (CCHS) 2015 and 2018

Policy areas this research can inform

- Health

Policy implications of this research

Policies to reduce the prevalence and severity of food insecurity may lower the incidence of chronic pain and use of prescription opioids. Research has repeatedly shown that policy interventions can reduce food insecurity by improving the financial resources of low-income households through enhanced income supports and wages. Because of their impact on food insecurity, these interventions are an important part of promoting health equity, alongside measures that reduce or avoid the harm of high-strength prescription opioids and improve access to mental health supports and alternative pain management.

Read the full article

Men, F., Fischer, B., Urquia, M. L., & Tarasuk, V. (2021). Food insecurity, chronic pain, and use of prescription opioids. *SSM - Population Health*, 14, 100768. doi:10.1016/j.ssmph.2021.100768.

