



**BC Health Officers Council
Position on Homelessness,
Equity, and Health
September 2022**



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Introduction

Over the past decade¹ BC has seen rising costs of housing with the average family home doubling from \$500 000 in 2012 to nearly \$1 000 000 in 2022; in step, the rental market prices have also increased. As a result, the fast-growing population of British Columbia has fewer choices about where to live. The economic burden of attaining and maintaining housing has impacted both urban and rural communities creating housing affordability challenges for people across the province of BC.

The concurrent COVID-19 pandemic and overdose public health emergencies further contributes to a complex social and economic interrelation that disproportionately affects people with fewer resources. As a result, the number of individuals experiencing homelessness² in the province of BC³ continues to escalate, with 10% more reporting homelessness from 2018-2021; and no resolution in sight.

Recent alarming attacks on the homeless⁴ population compels us to act fast to protect this vulnerable, marginalized, at risk, and underserved population. The Canadian Human Rights Commission⁵ and the BC Office of the Human Rights Commissioner⁶ have called for an end to violence against people experiencing homelessness. People who experience homelessness deserve dignity, and a voice, and housing.⁷

Background on the BC HOC Engagement on Homelessness, Equity, and Health

In October 2021 Health Officers Council passed a resolution (Appendix B) to adopt the position that the current homeless situation be considered an urgent public health crisis and that a working group be established to develop a position paper. In May 2022, at the 155th Health Officer Council (HOC) meetings, the Housing and Homelessness Working Group presented a draft position paper and hosted a consultation (Appendix A). The members of HOC were polled about their experiences with housing and homelessness and their opinion of BC's housing and homelessness situation. (Appendix C)

There was strong consensus amongst members regarding roles in advocacy, leadership to health authorities, municipal and community partners (i.e. on encampment issues), managing COVID-19 and other Communicable Disease outbreaks, and providing direct clinical care to homeless individuals. Members agree Housing and Homelessness are public health issues and that the province is facing both a homelessness and housing crisis. Members agreed that public health physicians could help coordinate efforts related to housing and homelessness. Furthermore, there was agreement that HOC can have a role in prioritization and intention to coordinate efforts towards addressing the homelessness and housing crisis in BC.

The goals of this Health Officers Council Position Paper are to:

- 1) Bring attention to the complex interrelation between homelessness, equity, and health
- 2) Create awareness about the impact of housing and homelessness crisis on the health and health equity of the population,
- 3) Provide a foundation for public health advocacy to mitigate harms and influence upstream factors that contribute or perpetuate homelessness and health inequities.

¹ https://www.bcrea.bc.ca/wp-content/uploads/2022-07HousingMarketUpdate_charts.pdf

² <https://www.bchousing.org/sites/default/files/media/documents/2020-21-BC-Homeless-Counts.pdf>

³ <https://www2.gov.bc.ca/gov/content/housing-tenancy/affordable-and-social-housing/homelessness/homelessness-cohort>

⁴ <https://www.cbc.ca/news/canada/british-columbia/vancouver-woman-deliberately-burned-monday-in-attack-1.6533808>

⁵ <https://www.chrc-ccdp.gc.ca/en/resources/ending-violence-against-people-experiencing-homelessness-starts-upholding-their-human>

⁶ <https://bchumanrights.ca/news/human-rights-of-the-unhoused-must-be-respected-when-removing-tent-city-encampment/>

⁷ <https://housingrights.ca/right-to-housing-legislation-in-canada/>

- 4) Seek clarity on roles and responsibilities of the public health community and the Medical Health Officers in attending immediate and long term community needs related to homelessness, equity and health, and
- 5) Provide recommendations for human rights informed actions to prevent and mitigate health impacts of the housing and homelessness crisis in BC.

By taking an informed position on homelessness, equity and health, the HOC expects provincial inquiry into the data, with action plans derived to make lasting change backed by evidence.

Underlying principles that support the HOC position statement

1. Housing is a prerequisite for health, a determinant of health, and a human right.
2. Homelessness is a public health issue
3. There is a homelessness crisis currently in BC
4. The crisis of homelessness in BC communities is also a health crisis
5. Homelessness has an inequitable impact on people who are at risk of disease
6. Preventing and mitigating the impacts of homelessness is a shared responsibility across sectors
7. Coordination of efforts requires societal prioritization and intention
8. The development of a spectrum of housing options in communities should be supported
9. Upstream investment in homelessness prevention initiatives are critical

Health Officers Council Position Statement on Homelessness, Equity, and Health:

The current public health crisis in housing and homelessness affecting BC has an inequitable impact on disadvantaged individuals, undermining their physical health, mental health, and human right to housing.

The BC Health Officers Council urges the province of BC to undertake a human-rights based approach within an inter-sectoral coordinated effort to develop a spectrum of housing and sheltering options to meet the needs of all individuals across BC communities and to prioritize upstream investment in homelessness prevention.

Definitions

Housing instability⁸ has no standard definition. It encompasses a number of challenges, such as having trouble paying rent, overcrowding, moving frequently, staying with relatives, or spending the bulk of household income on housing. **Homelessness**⁹ is “the situation of an individual, family or community without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it.” There are several types of homelessness:

- Unsheltered¹⁰: A person who is homeless and living on the streets or in places not intended for human habitation.
- Emergency sheltered: A person staying in overnight shelters for people who are homeless, shelters for women and children affected by family violence, and emergency shelters for people affected by natural disasters.
- Provisionally accommodated: A person who is homeless and without permanent shelter who accesses temporary accommodation, including people who are “hidden homeless” or “couch

⁸ <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/housing-instability>

⁹ <https://www.cfp.ca/content/cfp/66/8/563.full.pdf>

¹⁰ <https://www.homelesshub.ca/sites/default/files/COHhomelessdefinition-1pager.pdf>

surfers” staying with friends or family, institutionalized persons who might transition into homelessness after their release in the absence of sufficient discharge planning, recently arrived immigrants and refugees in temporary settlement housing, etc.

- Precariously (or vulnerably) housed and at risk of homelessness: A person or family whose current housing is in core housing need, which can lead to an imminent risk of homelessness in the event of a crisis or worsening of one or more underlying risk factors

Core Housing Need is identified when a person’s “housing is unacceptable (does not meet one or more of the *adequacy, suitability or affordability* standards)” and “acceptable alternative housing in the community would cost 30% or more of its before-tax income.” Core Housing Need, by definition, only applies non-farm, non-reserve, owner- or tenant-households with non-zero income and non-family households without school attendees (age 15-29).¹¹

- *Adequate housing* does not require major repairs for poor heating, unclean water, defective plumbing or electrical wiring, structural repairs, mold decontamination, etc.
- *Suitable housing* has enough bedrooms for the size and composition of the household, according to National Occupancy Standard requirements, and
- *Affordable housing* costs less than 30% of the total before-tax household income.

When considering **‘The Right to Adequate Housing’**¹² the adequacy considerations above are necessary, but not sufficient. Adequate housing is housing that is secure and includes the services and infrastructure necessary for ‘health, security, comfort, and nutrition’, in healthy built environments and with appropriate social and cultural considerations, including prioritizing housing for disadvantaged groups.

Indigenous Homelessness¹³ is an outcome of the complex colonial system of where people get to live. Historic, geographic, and colonial disconnection from land, loss of culture, family and societal connections, mobility and relocation and discrimination impact housing opportunities for Indigenous people. The experience of indigenous homelessness must be addressed by actions that restore connection to place and people, through truth, reconciliation and self determination, acknowledging the inherent rights of First Nations People impacted by these inequities.

Equality, Equity and Inequity Equality means each individual or group of people is given the same resources or opportunities. Equity¹⁴ recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome. Equity also means ensuring that everyone has access to the basic resources for health, including housing, income, social inclusion, education, and more. Equity is a foundational pillar of BC’s Guiding Framework for Public Health. Inequities are experienced when people cannot meet their basic needs due to barriers.

Homelessness is a Public Health Issue

Homelessness is closely connected to declines in physical and mental health. Individuals experiencing homelessness have high rates of physical and mental health issues as a result from various factors, including a lack of stable and safe housing, racism and discrimination, a lack of access to adequate food and water, limited resources for social services, and an inadequate access to primary care and public

¹¹ <https://www12.statcan.gc.ca/census-recensement/2016/ref/dict/households-menage037-eng.cfm>

¹² https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/201916E

¹³ <https://www.homelesshub.ca/IndigenousHomelessness>

¹⁴ <https://nccdh.ca/learn/glossary/health-equity>

health resources. Legal and policy interventions have often been used to attempt to address homelessness, although not always from a public health perspective.

The standard methodological tool for collecting data on homelessness is a Point in Time (PiT) count that provides a snapshot of people who are experiencing homelessness within a community in a 24-hour period. From the 2020/21 Report on Homeless Counts¹⁵ in B.C Point in time count, from 25 homeless counts conducted in communities across BC in 2020-21 reported:

- 8665 individuals were experiencing homelessness. This represents an 11.5% increase compared to communities that completed a count for both the 2018 report. Including 222 children under the age of 19 and accompanied by a parent or guardian, 21% were seniors (55+ years of age) and 11% were youth (under 25 years of age).
- Indigenous individuals were overrepresented 39% of survey respondents identified as Indigenous, when 6% of BC's total population reported being indigenous in the 2016 Census.
- 68% of respondents identified as men, 30% as women, and 2% reported self-identifying with another gender identity. For youth in care respondents to the survey, nearly 4/10 reported being in foster care, a youth group home, or independent living agreement, at or before the time of survey.
- The main reasons for housing loss is inadequate income (30%), substance use (22%), and interpersonal conflict with landlord or family (28%)
- Regarding health concerns, 67% of survey respondents identified an addiction, while 51% identified a mental health issue. 66% of respondents identified two or more health concerns, and only 10% did not identify any health concern.

How Housing Affects Health

In addition to being a human right, housing is also considered a fundamental prerequisite for meeting a person's physiological and psychological needs. Adequate housing provides the conditions for people to thrive, furthermore emerging evidence supports housing based health promotion interventions that can improve people's physical and mental wellbeing. On the flip side, unmet housing needs can have profound detrimental effects on health outcomes. The literature suggests four pathways¹⁶ by which housing can be conducive or detrimental to health:

Housing Stability: The evidence is clear that being without a stable home can be detrimental to health. Chronically homeless individuals face substantially higher morbidity in terms of both physical and mental health and of increased premature mortality.. They can experience traumas on the streets or in shelters, which are known to have long-lasting impacts on psychological well-being. The lack of stable housing can also decrease the effectiveness of health care interventions.

Individuals who are not chronically homeless but experiencing housing instability (such as of moving frequently, falling behind on rent, or couch surfing) are more likely to experience poor health in comparison to their stably housed peers. For example, among youth there is evidence of increased risks of teen pregnancy, early drug use, and depression.

Housing Safety and Quality: A number of environmental factors within homes are correlated with poor health. Substandard housing conditions such as water leaks, poor ventilation, dirty carpets, and pest infestation have been associated with poor health outcomes, especially most notably those related to asthma. High or low temperatures are correlated with cardiovascular events—particularly among the elderly. Overcrowding can result in infectious disease and psychological distress. Fortunately, for those with access, good quality housing can be conducive of health, and specific home modifications for older

¹⁵ <https://www.bchousing.org/research-centre/housing-data/homeless-counts>

¹⁶ <https://www.healthcarevaluehub.org/advocate-resources/publications/housing-interventions-improve-health-outcomes>

adults have shown to reduce falls. Evidence also shows that adults in stable housing situations are able to better manage chronic illnesses, and have increased productivity at work.

Housing Affordability: When people are spending a lot (or most) of their money on maintaining their housing, there is less money for other things that may seem like a more flexible budget than the mandatory monthly payments to maintain housing. Therefore, high housing costs are an important determinant for food insecurity, the ability to afford medications, and a source of stress due to lack of discretionary income. The Canadian Housing Survey¹⁷ by Statistics Canada in 2021 found that on average 20% of Canadian households spent 30% or more of its income on shelter costs

Neighbourhood: Environmental aspects of neighborhoods that correlate to improved health outcomes include access to grocery stores with nutritious foods, safe spaces to exercise, and access to public transportation. Less visible but potentially even more important are neighborhoods' social characteristics, including measures of segregation, crime, and social capital.

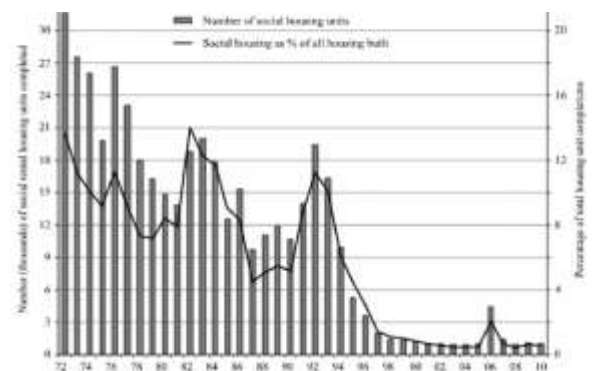
Action on the pathways above can lead to framing housing as a Public Health Intervention to improve health. In fact, housing can be a therapeutic intervention in certain situations where social support or specific environmental conditions are met. While a more simplistic approach that only explores environmental aspects of housing safety and quality that lead to health are well established, impact of interventions in other pathways are not as well documented. For example, while services offered at “supportive housing” are beneficial for vulnerable groups, evidence is emerging on the impact of using private housing as a means to promote health. Housing-based health promotion in private buildings requires understanding what physical aspects of buildings promote health, and what populations that will benefit most. Health promoting activities can include physical activity and wellness programs, health-related signage in buildings, on-site demonstration sessions, cultural activities, and healthy celebration of holidays.

The health benefits of social connectedness and social inclusion¹⁸ that are found within the community are not to be underestimated. For many individuals, it is a sense of connectedness and family that they value as a priority, more than a roof in some cases; a sense of belonging and community can be enhanced through the public health approach described above. Strengthening a sense of belonging, connectedness and unity is a positive attribute of housing and community. It is important that housing developments are designed with the people that will live there, to understand how to build a sense of connection and community that is meaningful to those that live there.

Brief History of Housing and Public Health

Public health and social housing have a long and intricate history rooted in the Sanitation Era, but the relationship has cooled. Locally, this may have changed when public health resources were newly aligned within BC health authorities rather than within municipal governments; this separation emphasized the growing divide. Importantly, the worsening of social housing can, in part, be attributed to the significant decline in federal public sector investments in social housing over the last resulting in relative stagnancy of the social housing stock (see Figure 1) over the last 25 years¹⁹. Despite

Figure 1 Federal Social Housing as a proportion of new development



¹⁷ <https://www150.statcan.gc.ca/n1/daily-quotidien/220721/dq220721b-eng.htm>

¹⁸ <https://journals.sagepub.com/doi/pdf/10.1177/1476750314527324>

¹⁹ <https://pub-victoria.escribemeetings.com/filestream.ashx?DocumentId=69943>

changes in federal funding, Building BC²⁰, has continued to provide needed social housing in BC but more is needed, and recent federal investments are still far from past investment levels. The housing needed to fill the gap is articulated in a recent report from CMHC, that states over a million new homes are needed to meet the housing need.²¹

Stigma and discrimination towards people with mental health, addiction, and poverty in general has contributed to perpetuating housing and homelessness crisis. Unfortunately, community leaders are seemingly reluctant to demonstrate outward support for public investment in social housing^{22,23}; a sometimes unpopular political decision. Furthermore, local government perceptions around scope of responsibility, and confusion or disagreement in who leads initiatives can further impact effective and timely development.

The perception that homelessness is a choice exacerbates negative perceptions and contributes to dehumanizing individuals experiencing homelessness, and criminalizing their visible presence. Consequently, visible homelessness is often dealt with harshly through bylaws that are punitive to individuals whose basic needs of safety, shelter, and peace remain unmet. The visible presence of people experiencing homelessness in the community is often discouraged through strict policies and bylaws regarding loitering, littering, and camping. Such approaches violate human rights and contribute to poor mental health by interfering with sleep as well as increasing stress related to lack of safety and security.

Local governments have a long standing history in providing policy support for housing developments. Since 2019, the BC Local Governments Act provides a reporting frame (Division 22) for local governments to report housing development that meets the needs of all community members. The provincial government, through BC Housing, a crown agency, is mainly responsible for public housing development in the province, in collaboration with community leadership.

Similarly, we must not lose track of human rights and the roles of government to implement international human rights law. Human rights empower health justice²⁴ by exercising a standard for physical, mental, and social wellbeing. Through this standard, human rights require governments to respect human freedoms, protect individuals from harm, and fulfill basic needs. It is our duty in public health to provide an external check to the government, to show progress toward human rights obligations, or when policies are insufficiently protective or outright harmful.

What type of homes comprise the spectrum of housing and sheltering options?

Optimally, communities would have a spectrum of housing²⁵ which includes homing and sheltering options for every citizen; from Market Housing, to Housing with Supports and an essential Emergency Safety Net (Figure

Figure 2 The Wheelhouse Model



²⁰ [Building BC \(bchousing.org\)](https://www.bchousing.org/)

²¹ <https://www.cmhc-schl.gc.ca/en/professionals/housing-markets-data-and-research/housing-research/research-reports/accelerate-supply/housing-shortages-canada-solving-affordability-crisis>

²² <https://www.thestar.com/news/canada/2021/02/11/lack-of-shelters-in-parksville-and-qualicum-leaving-homeless-out-in-the-cold.html>

²³ <https://globalnews.ca/news/8222336/penticton-homeless-shelter-court-case/>

²⁴ [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30182-1/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30182-1/fulltext)

²⁵ https://www.kelowna.ca/sites/files/1/docs/logos/healthy_housing_strategy_final_reduced_size.pdf

2.). The private housing market in BC has become extremely competitive this past decade. This has led to incredible pressures in the rental market and escalating rental costs. Low cost affordable housing, subsidized to ensure stable affordable shelter options, are important components of a spectrum of housing, now more than ever. Other more supportive housing environments exist for multiple population segments:

- For seniors, affordable independent seniors' apartment complexes, formalized independent living settings, assisted living and long term care would be readily available depending on care needs.
- For those with complex chronic health needs, they may live in group homes, complex care facilities, or other supportive housing arrangements where additional health and social supports are easily mobilized including supports for mental health and substance use.
- For those in a safety crisis they may access women and family shelters, or congregate emergency sheltering.
- For those transitioning from corrections or other rehabilitative facilities may temporarily use more supportive settings like transition houses and have more complex discharge considerations.
- For young adults, small affordable rentals, or school dormitories are desirable, but as some young adults venture outward to new communities, some may seek mobile, flexible sheltering, like hostels, camping, or living rough.

Temporary housing options in communities include shelters, congregate shelter space, single room occupancy arrangements, and living outdoors unsheltered or in campgrounds. While these temporary options are less desirable, they are realities on the full spectrum of housing in a community. Without a common understanding of a healthy housing mix²⁶ in the community, it will be more difficult to come to agreements on what investments are needed to improve on the problems we experience today.

Inter-sectoral response in housing

For individuals to remain successfully housed, it is essential to ensure that their mental, physical and social needs are met in the home setting²⁷. A number of sectors have a role in ensuring individuals are successful in attaining and maintaining housing, such as ensuring income to secure housing, and so on. In certain circumstances, the health sector can reorient services to support housed individuals. More investment is needed to support health teams working in collaboration with housing providers to provide the necessary support.

The need to tackle the root causes of homelessness

Lack of adequate income and affordable housing is one of the most important root causes of homelessness; an important pathway into homelessness. It is also important to address the full range of causes of homelessness²⁸. By understanding the causes of homelessness²⁹ plans to prevent and respond can be more successfully informed by evidence and experience, to build accessible pathways out of homelessness, into stable and affordable housing.

Structural factors are broader social and economic factors that affect an individual's ability to thrive and meet their basic needs. This can include the amount of housing that is available and affordable, income and poverty rates, lack of employment, minimum income, difficulty accessing healthcare and experiencing discrimination in accessing housing (i.e. race, gender, sexual orientation, and

²⁶ [Housing Needs Reports - Province of British Columbia \(gov.bc.ca\)](https://www2.gov.bc.ca/gov2/06_housing/06_housing_reports/06_housing_needs_reports/)

²⁷ <https://www.bchousing.org/housing-assistance/tenant-programs-resources/community-programs-services/housing-health-services>

²⁸ <https://www.homelesshub.ca/about-homelessness/homelessness-101/causes-homelessness>

²⁹ https://communitycouncil.ca/wp-content/uploads/2022/06/CSPC_Drivers-of-Homelessness-Report_2022_R3.pdf

age). Structural factors can also make it difficult for individuals to access employment, justice and other helpful services.

Systemic failures are predictable failures that could have been prevented, like a lack of support for immigrants and refugees, youth transitioning out of the care system, and other inadequate discharge planning from care systems like the justice and health care systems.

Individual and relational factors are the circumstances that affect people on a personal level, or within their family support system that can lead to homelessness. This could include any traumatic event, a house fire, job loss, or family breakup, personal health issues or disabilities, including struggles with mental health and addictions, or problems in relationships. For young people, this often includes problems with their family accepting their gender or sexual orientation.

What is our understanding about health and homelessness?

Chronic homelessness shortens lives by decades. Failure to access acceptable housing for individuals across the lifespan impairs their ability to function productively in society, and puts the individual at risk for serious health outcomes. The literature regarding the impacts of homelessness on health, and the corresponding impacts of poor health on ability to remain housed is very robust.³⁰ For over 20 years, the literature has emphasized that shelter is a basic prerequisite for health³¹, and individuals who are unsheltered suffer excess morbidity and mortality which is preventable.

The economic evaluations of homelessness, on society wide civil service partners, are also well documented³². The cost savings of providing adequate supportive housing for individuals who are experiencing homelessness are found across all sectors, from health to justice. There may be other moral and ethical imperatives for improving access to housing, but economic considerations may be of prime interest to policy makers.

It is evident that being homeless, unsheltered, or at risk of homelessness is a significant detriment to health for an individual and an expense to society. It follows that if homelessness is incompatible with optimal health, then homelessness should be prevented, and considered to be a health impediment in every sense.

This is a significant opportunity for Public Health to identify and take action on this substantial health impediment, if prescribed by the BC Public Health Act, to allow public health approaches to those that hinder or obstruct health and service planning related to homelessness. This may include impeding access to health services by punitive action, 'red zoning' individuals, destroying personal property including identification, decamping, or obstructing major health and social developments through zoning barriers or legal disputes.

These actions are not just impediments to health, but human rights violations. The criminalization of homelessness together with the lack of housing is a failure of society to deliver on the basic human right of housing, safety, and shelter; it is also costly, ineffective, and exacerbates other system issues. Criminalization of homelessness makes life harder for an already vulnerable population. Furthermore the harms of punitive bylaws exacerbate existing mental and physical disability and further traumatize and marginalize the very population that the social and health sectors assist, only antagonizing the crisis further. Health equity and social justice is the basis for public health³³, who necessarily must intervene when individuals are faced with harsh, discriminatory, and harmful policies.

³⁰ <https://caep.ca/wp-content/uploads/2021/10/CAEP-Position-Statement-on-Homelessness-Draft-for-CAEP-review-v3-FULL.pdf>

³¹ https://www.healthpromotion.org.au/images/ottawa_charter_hp.pdf

³² <https://www.cpha.ca/homelessness-and-public-health>

³³ <https://link.springer.com/article/10.17269/s41997-021-00581-w>

Challenges of our current situation

Through the past several years, BC Housing has established multiple supportive housing sites across the province. But the developments have taken much time, and sometimes at the cost of relationships. In some communities, the BC Housing Corporation has been compelled to implement housing without the approval of local governments, as is within the power of the province. It is suboptimal for housing initiatives to be developed without partner and community engagement, but the rate of development is lagging as a result, and communities are in a housing deficit.

Financialization³⁴ of the Canadian housing market has negatively impacted the housing outlook for even the most well resourced Canadian. Financialization of housing in communities has deeply altered the housing market as housing is viewed as a global commodity, for wealth and investment, rather than a community asset, a social good.

Supportive and subsidized housing developments may not meet client needs in unexpected ways, potentially being culturally unsafe, or creating chaotic unsafe environments when supports are not well provided. Ongoing coordination of housing initiatives require strong collaboration, expectations, and accountability. An already overburdened health system, with an ongoing human resource crisis, continues to grapple with the challenge of providing services in outreach to housing sites. Housing service teams may lack the skills to manage complex residents, so a collaborative approach is needed.

Lack of housing alternatives leads to informal shelter options including formations of encampments which have drawn public attention, criticism, and concern. Ultimately, temporary shelter solutions are a reality in the housing and sheltering spectrum, and can be mitigated by access to affordable and supportive housing. If temporary shelter solutions are implemented, Medical Health Officers working with encampments have produced a guidance document to protect health and prevent injury and disease in temporary sheltering solutions, like encampments. National guidance³⁵ is also available to guide the humane approach to sometimes necessary encampments.

What has become apparent to those working on housing issues is the lack of coordination, and challenges in timely decision making that often do not adequately consider vulnerable populations in the community. Equity informed decision making would improve decisions made regarding those who are challenged to access stable housing.

Furthermore, harmful policies intended to deal with the downstream effects of inadequate housing (like encampments) impact the health and safety of vulnerable populations. Clarity of roles and responsibilities of involved agencies for ensuring sufficient stock of adequate housing would create more certainty for those involved. It is essential to have solution focused dialogue that preserves dignity and human rights, necessarily engaging with responsible partners and agencies as needed to progress action, particularly when undesirable situations have developed that are not in the public interest.³⁶

³⁴ <https://www.cmhc-schl.gc.ca/en/nhs/nhs-project-profiles/2019-nhs-projects/financialization-housing>

³⁵ <https://www.make-the-shift.org/wp-content/uploads/2020/04/A-National-Protocol-for-Homeless-Encampments-in-Canada.pdf>

³⁶ https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/r15001_14

The case for acting now

While the economic imperative arising from health system savings alone should be enough to convince sensible policy makers to act now, the moral and ethical imperatives are also pressing. Multiple coinciding emergencies reinforce the need to act now. We have seen the impacts of homelessness in the current toxic drug crisis. Recent extreme weather events, including heat emergencies, extreme cold, atmospheric rivers, high snowfalls and wildfires, and outright senseless violence directed at people who are unsheltered^{37,38} must remind us of the importance of sheltering vulnerable people in our communities. Inclusive communities that are prepared for future emergencies will be resilient communities going forward.

The pandemic has created opportunities in our systems for improvement. A policy window may open in the transition to an endemic post-pandemic state wherein communities and public health can advocate for strengthening all areas of the housing spectrum in the community. Our experience of sheltering individuals in the pandemic could inform our efforts to secure more robust temporary emergency shelters. Importantly, prevention of homelessness³⁹ is critical to solving the homelessness challenge. Identifying solutions for the systemic, structural and individual factors that lead to homelessness is foundational.

Reconciliation for our communities includes working differently together to address the rights of indigenous people. The TRC Calls to Action in areas of child welfare, health, and justice all depend upon stable, appropriate housing. The Declaration Act Action Plan describes actions in areas of self determination, inherent rights, ending indigenous specific racism and discrimination and social, economic and cultural well being. The basic need of housing, land ownership, and rights underpins these discussions in foundational and inarguable ways.

Inter-sectoral Partners Necessary to Effect Change

- **Provincial Health Officer** – apply statutory responsibilities to address housing related health inequity, and the public health crisis.
- **BCCDC Observatory** – synthesize data regarding homelessness and health
- **Local Government elections and candidates** - provide a platform for action on homelessness
- **Municipal government leaders** – strengthen approaches to housing and equity.
- **Federal and Provincial governments** - coordination across vertical scales to strengthen impact.
- **MCFD and other family service organizations** – avoid system failures in transition
- **Ministry of Social Development and Poverty Reduction** – enhanced services for homelessness prevention
- **Ministry of Health** –strengthen health supports for housing
- **Residential Tenancy Branch** – examine approach to discrimination, housing quality, landlord relations
- **BC Housing and Developers**– ensure accessibility, quantity and quality of housing, clarifying affordability and assessment of means, encourage low cost and subsidized mixed use housing.
- **New Canadians/ Immigrant and refugee serving organizations** – ensure system success in integration and settlement – avoid system failure
- **Indigenous people and organizations** - design solutions that are culturally considered and informed by experience
- **People with lived experience of homelessness** – involved in the solutions from the outset.

³⁷ <https://www.chrc-ccdp.gc.ca/en/resources/ending-violence-against-people-experiencing-homelessness-starts-upholding-their-human>

³⁸ <https://bc.ctvnews.ca/b-c-commissioner-wants-human-rights-code-protections-for-homeless-people-after-attacks-1.6013943>

³⁹ <https://www.homelesshub.ca/UpstreamCanada>

Health Officers' Council Recommendations:

1. That the government of British Columbia:
 - a) Adopt a human rights framework to inform all policies on housing and homelessness, informed by people with lived experience of homelessness and housing instability and inclusive of Indigenous People.
 - b) Develop a form of inter-sectoral task force to coordinate efforts to develop commitment to a spectrum of housing and sheltering options to meet the needs of all individuals across BC communities, and to prioritize upstream investment in homelessness prevention. Priority areas include: Indigenous individuals experiencing homelessness, Surveillance, stigma, reorienting health services, advocacy, legislation and policy reform.
 - c) Clarify roles and responsibilities of involved agencies (local vs provincial government) for ensuring sufficient stock of adequate housing and mitigating issues related to housing, homelessness, equity and health.
 - d) Clarify the appropriateness of municipal use of lawsuits to impede essential service planning by the provincial government. Impediments to health and social services through zoning, ticketing, and other policy tools are not in the public interest.

2. That the Provincial Health Officer:
 - a) Explore current practices directed towards individuals experiencing homelessness (i.e. impeding access to health services by punitive action, 'red zoning' individuals, forced decampment, public nuisance fines, destruction of personal property, etc) and if these actions would meet the criteria of human rights violations, health impediments or hazards under the Public Health Act. This would allow the MHOs to prevent activities that put individuals experiencing homelessness at risk.
 - b) Create a health status report on homelessness, equity, and health in response to the HOC Resolution (154-01) on Homelessness Equity and Health.
 - c) Expedite the publication of the BC Encampment Guidelines and align with the National Protocol on Encampments to protect health and prevent injury and disease in temporary sheltering solutions. Align policies, guidelines, and regulations within a human rights framework.

Appendix A - Ideas for Action Arising from HOC

Surveillance and information gathering:

Purpose: Determine a pathway for the uses of data and how surveillance can best inform policy to address this type of health inequity. Establish whether current or new data (spectrum of homelessness, not just visible homelessness) on housing and homelessness is needed to help inform and evaluate policy (i.e. reporting standard to more closely assess local health housing reports under the Local Government Act requirements). Determine the need for a PHO report on housing/homelessness.

The depth of homelessness is often invisible and difficult to measure. Ensuring that policy makers have adequate information about the crisis, health outcomes, resources and opportunities, informed by data, is critical to taking action.

HOC committees, subcommittees and members to:

- ✓ Create a position paper that reflects our collective position regarding our roles and responsibilities as public health physicians as well as HOC as a collective voice for equity.
- ✓ Create the space for discussion at HOC – a series of sessions on homelessness, housing, equity, and health

Encourage and support the PHOs office to:

- Create a health status report on homelessness, equity, and health in response to the HOC Resolution (154-01) on Homelessness, Equity, and Health.

Support government partners to:

- Determine the necessary data, information needs and available datasets to plan effectively.
- Develop standard provincial definitions of homelessness, healthy housing mix of housing options on the spectrum of housing and sheltering.
- Document local homelessness and housing data trends and invest/strengthen surveillance, building on what has already been established for surveillance, to meet the needs of those experiencing homelessness:
 - Understand the population segments affected by age, sex, gender, ethnicity, and potential cause for homelessness.
 - Create indicators to monitor homelessness trends over time
 - Optimize the accuracy and utility of the provincial homelessness cohort.⁴⁰
 - Use the existing monitoring platforms to ensure effectiveness of planning.
- Improve reporting around housing stock in accordance with Local Government Act Part 14 Division 22, Section 14⁴¹,

Advocacy for Housing Equity:

Purpose: Review the role of the PH physicians in advocacy for housing equity and mitigation of drivers of housing inequity including discrimination, service gaps, and prevention of homelessness. Outline the role of MHOs in supporting policy and decision making partners in ensuring adequate housing for communities. Consider the role of human rights in housing. Develop tools or guides that support MHO practice, a guide to homelessness response (i.e. encampments).

Access to housing can be dependent upon resources, availability, timing, and luck, quite frankly. Homelessness is preventable in many cases, and communities need to develop unique approaches for prevention of homelessness, and access to low barrier housing.

⁴⁰ https://www2.gov.bc.ca/assets/gov/housing-and-tenancy/social-housing/supportive-housing/report_preventing_and_reducing_homelessness_integrated_data_project_province_of_british_columbia_2021.pdf

⁴¹ https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/r15001_14

Regional Medical Health Officers to:

- Consider the role of PH Plans to address difficult to house
- Consider the role of PH health impediments and health hazards related to homelessness
- Consider the role of MHOs in working with community agencies advocating for housing equity -- including making room for the voices of people experiencing homelessness.

HOC committees, subcommittees and members to:

- Create guidance for human rights based PH approaches to homelessness, in collaboration with partners.
- Finalize Interior Health's Draft Guide for Approaches to Homelessness

Support government partners to:

- Create collaborative review processes with MHOs and housing initiatives to ensure equity
- Create Incentive targets for developers for affordable housing based on housing need
 - 20% of people live below the poverty line, 20% of the housing at minimum should be affordable housing, subsidized housing, or similar.
 - Proportional investment in Indigenous housing for the 39% of those reporting experiencing homelessness who are Indigenous.
- Invest in Homelessness Prevention for Youth
- Informed by people with lived experience of homelessness or housing instability, create and Invest in Homelessness prevention strategies for other causes of homelessness including:
 - Emergency rent fund program supports
 - Comprehensive supports for youth aging out of care and immigrant families
- Consider approaches used in other sectors and jurisdictions
 - Jordan's Principle for housing – suggests that housing be provided immediately, and how it is paid for is sorted out after.

Legislation and policy reform:

Purpose: Advocate for human rights protective approaches to provincial and municipal legislation and policies in housing and homelessness. Brainstorm ideas regarding legislative reform and opportunities to define more compassionate social policy for those experiencing homelessness and housing instability. Highlight any areas of legislation that impede the ability of communities/leaders to effectively respond to the crisis of homelessness in the community. Clarify what if any accountability exists for local governments and housing (i.e. under LGA). Is the housing shortage a challenge with funding? Development siting? Community approval? Permits? Operating? Onsite support? Figure out what's getting in the way? Establish HOC and MHO role in supporting the design of more compassionate approaches to homelessness in the community.

Policymakers can create the policy environment to support health equity through access to housing. Analysis of barriers to adequate community housing stocks would assist in the policy reforms needed.

Encourage and support the PHOs office to:

- Influence the provincial government to break down silos, create inter-sectoral collaboration, and improve decision making around housing, starting with an inter-sectoral think tank to dig into this challenge
- Review actions the provincial government can take to alleviate:
 - local government barriers to housing solutions (eg. Siting decisions, funding, community distress),
 - in consultation with people with lived experience, review the harmful actions against people experiencing homelessness (eg/ camping prohibitions, destruction of personal property), and the disproportionate burden on Indigenous individuals

Encourage the provincial government to find legislative improvements within:

- Local Governments Act – ministerial override in the interest of the public in Part 14, Division 21 and housing needs reporting requirements in Part 14, Division 22²⁶
- Residential Tenancy Act – more controls to protect tenants from discrimination and exploitation
- Health Authority Act – strengthen role of boards and health executives in BC housing decisions
- Public Health Act – consider the role of licensing, health hazards, health impediments and housing standards
- Provincial and Municipal Parks and Green spaces use – in the absence of adequate housing in community, address camping prohibition
- BC Housing Governance – strengthen the decision making and accountabilities related to housing development
- Federal Legislation reform to address regulations for Loitering under the Federal Criminal Code
- Work with the federal government to operationalize the National Housing Strategy Act.
- Respond to the recommendations of the federal housing advocate.
- Reinvest in social housing in partnership with the federal government.

Reform from within the health sector:

Purpose: To take a critical look at health sector work and its role in better/influence homelessness, housing insecurity, equity and health. Explore how the sector can improve services/conditions for individuals facing homelessness or housing insecurity such as including poverty screening tools and early referrals for social supports for inpatients, inpatient homelessness census, and improved discharge planning processes for transition from care to community. Supporting families and early childhood development to ensure healthy childhood experiences, and prevention of trauma, childhood poverty, displacement, and transiency in childhood. Should Health Authorities be mandated with supporting housing and health issues? Should Health Boards be mandated to advocate for action on health inequities?

Health Authorities interact frequently with people experiencing homelessness. From the board to the bedside, health authorities can act to reduce the inequities from housing instability.

Encourage action within the health system to intervene early and prevent homelessness by engaging with People with Lived Experience in Homelessness and Housing Instability in health system strategies::

- Implementing poverty screening tools and early referrals for social supports for inpatients,
- Completing inpatient homelessness census routinely,
- Improving discharge planning processes for transition from care to community.
- Considering the role of health boards and health executives in housing advocacy
- Learning from the pandemic to work with partners in new ways to address complex issues.
- Address Health Authority barriers to providing outreach health care to encampments and housing of last resort (including barriers to home support, wound care, etc, not just street nursing).
- Consider the need for Health Authority operated discharge transition and homelessness medical respite housing.
- Consider the role for PHSA Corrections in strengthening the discharge continuum from corrections to community.

Stigma and discrimination:

Purpose: Highlight and act on discrimination that contributes to housing instability by prioritizing understanding the implications and impact of discrimination and taking concrete action to address the issue of discrimination and homelessness, housing, equity and health. What can be done to act on

recent violent events against people experiencing homelessness, and prevent future harm; how do we protect the human rights of people experiencing homelessness.

Community members experience housing instability related to discrimination and stigma; taking concrete action to address the issue of discrimination in housing can address causes of homelessness, and health inequities.

Support government partners to:

- Accept and enact the findings of the British Columbia Urban, Rural, and Indigenous Housing Strategy⁴² published January 2022
- Understand the impacts of discrimination on access to adequate housing, including indigenous specific racism, and the role of the Declaration Act Action Plan to mitigate these impacts.
- Highlight and act on discrimination based housing instability through regulation and accountability.

Mitigation measures:

Purpose: Determine what temporary solutions and necessary governance are acceptable or tolerable if permanent housing isn't available (i.e. Tent cities, Temporary camp structures or portables; small home solutions; small urban campgrounds in empty city lots; community centre congregate shelter housing). Determine mitigation measures needed to maximize the health benefits and reduce the drawbacks of temporary housing solutions. What can be done to prevent harms from bylaws that criminalize those experiencing homelessness?

If permanent housing isn't available, what temporary housing and mitigations are necessary to ensure that temporary housing solutions are safe?

HOC committees, subcommittees and members to:

- Finalize Encampment Toolkit
- Adopt National Protocol on Encampments

Support government partners to:

- Examine bylaws that criminalize visible homelessness.

⁴²https://static1.squarespace.com/static/573e02ab62cd943531b23633/t/6201693e2bbce05d5cae4031/1644259653966/AHMA_BCURNIHousingStrategy_220124.pdf

Appendix B - Resolution



HEALTH OFFICERS' COUNCIL OF BC RESOLUTION

Resolution #: 154-01

Name of Resolution: Homelessness, equity and health

Moved: Sandra Allison **Seconded:** Shannon Waters

Whereas: BC is faced by concurrent public health emergencies regarding overdoses and COVID-19; and

Whereas: *Persons who lack housing have been disproportionately affected by both crises, and their housing circumstances contribute to potential risks for being affected by either crisis); and*

Whereas: *Current supplies of supportive housing and affordable housing options are insufficient to meet the current or future expected needs for persons experiencing homelessness; and*

Whereas: *While supports for persons regarding housing are considered a provincial matter, local governments, using existing delegated authorities from the province, can impose barriers to the implementation of housing solutions; and*

Whereas: *Under Section 66 of the Public Health act the Provincial Health Officer is expected to monitor the health of the population, advise the minister and public officials on public health issues and the need for legislation, policies and practices, and to make reports on matters of public health issues*

Therefore be it resolved that:

The Health Officers Council of BC adopt the position that the current homelessness situation be considered an urgent public health crisis;

and be it further resolved that:

HOC establish a working group to develop a position paper for consideration at an upcoming HOC meeting;

and be it further resolved that:

HOC urge the office of the PHO:

- 1. Bring attention at a provincial level to the urgent issue of health and homelessness within the scope of influence their office;*
- 2. Develop a health status report focused on the health impacts of homelessness;*

- 3. Request a policy review of actions that the provincial government can undertake to alleviate local government barriers to local housing solutions and harmful action against people experiencing homelessness.*

Appendix C - Mentimeter Q&A – May 2022 HOC Meeting

1. Have you been directly involved in issues related to homelessness and/or housing through your work? [50 responses]

I have been involved in homelessness issues	(6)
I have been involved in housing issues	(2)
I have been involved in both	(26)
I have been involved in neither	(16)
Unsure	(0)

0. What was your involvement? [60 responses]

Advocacy	
"Advocacy"	x2
"Advocacy for right to safe shelter"	
"Advocating for supportive housing"	
"Advocacy person in pain experiencing homelessness"	
"Advocating for increasing shelter capacity"	
"Advocacy for harm reduction in shelters"	
"Advocate expert on health issues irritant"	
"Primarily linked to advocacy, but many municipalities want to 'evict' or remove homeless people from streets/parks"	
"Stigma reduction"	

Leadership	
"Leading mental health, public health, and opioid crisis had many housing/homelessness components"	
"Leadership with city executive and BC Housing"	
"Presenting to City Council in support of specific Supportive Housing developments"	
"As MHO, part of a community group developing transitional housing. As board member, overseeing a shelter supported housing initiatives"	
"Participate in Health Authority's planning with BC Housing"	
"Discussion about need for options: shelter beds, temporary housing, long term housing"	
"Involved with managing public health issues related to housing post-flooding"	

"Representing a community association in the development of short-term rental bylaws"
"Writing guidance for MHOS ; Responding to conditions in homeless camps, including outbreaks ; Municipal supportive housing consultations ; Public meetings"
"Strategizing with BC Housing leadership on health services"
"Working with municipalities to support understanding of health impact"
"Supporting municipal and community partners to serve people who are homeless during heat events"

COVID/Outbreak Related
"Managing outbreaks in shelters"
"Isolation for COVID"
"Outbreak management"
"COVID case and contact management"
"COVID-19 response (isolation space, outbreak response, vaccination)"

Harm Reduction
"Providing harm reduction services"
"Safe consumption in social housing and shelters"
"Providing OPS to homeless"
"Harm reduction and overdose prevention"
"Consulting on housing related overdose prevention sites"
"Mental Health and Substance Use Research"
Research
"Presenting data and engaging in housing strategies"
"Looking at issues related to seniors and housing issues"
"Research studies which include housing measurements"
"Developing a definition of housing instability and homelessness"
"Part of a group conducting a 'homeless count'"

Direct Care
"Asked to find housing for a client"
"Connecting patients with housing resources"
"As a family medicine resident in inner city clinic / SRO"
"Direct service delivery for screening, vaccination"
"Direct clinical care advocating for referrals to housing services and social work"
"Building relationship with people living in parks"
"Access to care and supports"

Mix & Other
"Advocacy / Environmental Health"
"Advocacy ; Environmental Health ; Clean Water ; Communicable Disease"
"COVID isolation strategies / Advocacy with local government"
"Support and advocacy for people experiencing homelessness during environmental emergencies. Work with BC Housing during COVID"
"Advocacy ; Research related to OD and COVID"
"Promotion of housing for those with mental illnesses and substance use. Access to care, outbreak, advocacy."
"Advocacy for shelter provision during periods of high health risk (cold weather, need of COVID-19 isolation spaces), sometimes collaborating to set up, CD control in these spaces, also input on housing policy in terms of community planning"
"Street population survey in community; Having street population individuals as part of my patient panel as a family doctor ; Soup kitchen involvement ; Advocacy for precarious homelessness ; Working in shelters ; Working in domestic violence centres"
"Homelessness - as part of health community partnership in a variety of cities, working with City Councils, as part of dealing with toxic drug crisis, etc. Housing - as part of Healthy Built Environments"
"Air quality in shelters"

Encampments
"Homeless encampments"
"Encampments"
"Encampment guidelines"
No involvement

"I had no involvement"
"Not involved"

0. Do you agree that housing and/or homelessness are public health issues?

[44 responses]

Housing is a public health issue	(0)
Homelessness is a public health issue	(1)
Both are public health issues	(43)
None are public health issues	(0)
Unsure	(0)

0. Do you believe that there is a housing and/or homelessness crisis in BC?

[50 responses]

There is a housing crisis	(2)
There is a homelessness crisis	(2)
There are both a housing and a homelessness crisis	(46)
None is a crisis	(0)
Unsure	(0)

0. To what extent do you agree that there is a society-wide need to address homelessness and housing? [52 responses]

Strongly Agree	(43)
Agree	(9)
Neutral	(0)
Disagree	(0)
Strongly Disagree	(0)

0. To what extent do you agree homelessness prevention initiatives are necessary to maintain the health and wellbeing of people and communities? [51 responses]

Strongly Agree	(42)
Agree	(6)
Neutral	(1)
Disagree	(1)
Strongly Disagree	(1)

0. To what extent do you agree that public health physicians can help coordinate efforts to address issues related to housing and homelessness? [51 responses]

Strongly Agree	(11)
Agree	(29)
Neutral	(6)
Disagree	(5)

Strongly Disagree (0)

0. Do you remain supportive of the development of a position paper that outlines HOC's position in regards to homelessness, housing, equity, and health? [53 responses]

Yes (48)
 No (0)
 Unsure (5)

0. Do you agree that there is a role for HOC to increase prioritisation and intention to coordinate efforts to address homelessness and housing? [54 responses]

HOC can have a role in housing efforts (0)
 HOC can have a role in homelessness efforts (4)
 HOC can have a role in both (38)
 HOC does not have a role in either (1)
 Unsure (11)

0. What benefits and/or risks do you see with HOC getting involved in the issue of homelessness, housing, equity, and health? [67 responses]

Benefits
Collaboration / Voice
"Shared collaboration between different parties"
"Adds a voice to the issues"
"Economy of scale - more involved on this issue"
"The collective voice is the biggest benefit - so local MHOs not hung out to dry"
"Provincial voice complements local efforts"
"Able to share holistic strategies for these issues"
"Collaboration, and public health lens to all policies"
"Horizontal work at all levels across stakeholders"
"Help other sectors understand their role on an important determinant of health"
"Using our platform of moral authority to speak to those without voice"
"Contributing to the discussions around prevention of homelessness"
"Public recognises that homelessness is a health issue"

Advocacy / Credibility and Influence
"Raise profile of the issue demonstrate leadership in the area"
"Benefits: raise issue to make it a priority"
"Advocacy benefit"
"Bring public health lens to homelessness and housing issues"
"Provide recommendations for healthy public policy"
"Benefit: possibility to motivate genuine government action on this crucial determinant of health!"
"Health expert, and credible voice"
"Benefit - dealing with a significant issue for marginalised population"
"We have credibility and can try to influence"
"Able to provide evidence and credible voice"
"Any progress will improve so many lives individually and collectively"
"Social determinants of health, including these, are a natural fit with the training and expertise of Public Health physicians"
"Stable housing is a core determinant and so movement on this issue will result in improved quality (and like quantity) of life"
"Physicians have a knowledgeable, respected voice and a duty to raise it when issues of health equity arise"
"Put human decency and respect at the forefront"

Risks
Jurisdiction
"Lack of jurisdiction limits us to advocacy role only"
"Ineffectiveness and losing trust in HOC"
"Need to be able to articulate role of health vs roles and responsibilities of other sectors and partners"
"Can visualise only advocacy role"
"Clarity of role. Risk of focusing on diverting focus to specific issues without acknowledging the broad range of considerations for housing strategies"
"Risk - role not clearly defined, nor is success"
"Risk of speaking over Indigenous voices in this realm"
"Does HOC have sufficient expertise in this area?"

"Ensuring Indigenous perspectives will be very important"
Outcomes / Accountability
"Risk could be accountability to follow up and resources invested when other partners should be leading this work"
"Risk - while I agree with developing the position paper, HOC's role in actioning is unclear and may be seen as a lack of support for the issue/our own position"
"Risk is lack of control of outcomes"
"Must keep approach broad and address whole housing spectrum, not just tip of iceberg homeless population"
Scope Capacity / Opportunity Cost
"Opportunity cost - where does it fall in our list of priorities?"
"Inadequate resources to do the work required to address this intersectoral issue"
"Need to agree on scope/extent of involvement"
"HOC has to be mindful of its capacity limits...but it can play an important role in evidence translation and advocacy"
"Risk – getting bogged down on solving all of housing and missing the opportunity to have strong action on homelessness"
"Scope creep - HOC's role should be limited to advocacy, not coordination"
"Distraction from other upstream priorities which are determinants of homelessness"
"Need additional supports given limited capacity of MHOs"
"Might be expected to take on more than we have capacity to do"
"Opportunity cost of not doing some other priorities"
"Capacity especially in rural health authorities with many municipalities!"
Community Response
"Being attacked for being socialists"
"Need to better understanding drivers of Indigenous homelessness to be able to develop appropriate recommendations"
"Usual complaints about 'sticking to your own lane'"
"Not your lane"
"Challenge around community engagement. Communities only want positive"
"Being told to 'stay in our lane'"
"Challenges with other actors using it as rationale to step back from the issue (ie. it's a health issue not a municipal one...)"
"May be perceived as a 'top down' approach. Involvement should be to support local community actions"

Mix
"Advocacy versus direct involvement. HOC is more the former and can support the direct involvement through data and advice"
"HOC has limited power in affecting change. Regardless, our positions are important and it's worth addressing this important determinant of health"
"Benefits are opportunity for advocacy, offering a provincial perspective. Risks are alienating those who ultimately make the decisions"
"Benefits - improved health, enhanced credibility of HOC. Risks - opportunity cost in that cannot do everything; need to do a good job or there will be a risk to credibility"
"Need to be solution focused. The health evidence is clear, it is a clear public good"
"Benefits - we can potentially make a huge difference. We have power, influence, and are good thinkers with an equity focus. Risks - scope creep! What is our role?"
"Benefit: make homeless/housing as health issue and address health impact. Risk: dilute HOC focus/work from other priorities including climate change that requires social involvement"
"Risk: overstretched resources - less input in other areas. Benefit: bringing an additional dimension to the discussion"

0. After today's sessions, what is your desire for additional informative sessions on the issues of homelessness and housing? [35 responses]

Would welcome some sessions (15)
 Support more sessions (20)

0. Once a position paper is developed, what groups should be invited to be part of this advocacy effort/do the work together? [74 responses]

Health Sector	
"Urban Health Lead at FNHA"	
"Doctors of BC"	
"Emergency room physicians"	
"National counterparts - learn from what has worked elsewhere"	
Organisations	
"BC Housing"	x6
"Generation Squeeze"	x3
"Shelter operators"	

"NGOs that work with Indigenous populations"	
"Non-governmental organisations already working with these populations, for example, Covenant House"	
"Non-profit/community organisation"	
"Advocacy groups supporting seniors"	
"Neighbourhood groups"	
"Seniors Advocate"	
"Housing providers"	
"Local champions"	
"Local business associations"	
Government	
"Municipality"	
"Municipal Affairs (government)"	
"Provincial Gov - Ministry of Health"	
"Provincial body"	
"Municipalities"	x2
"Municipal or local level government"	
"Whole of government"	
"Local governments"	
"Indigenous governments"	
"First Nations leaders"	
"Federal government"	x2
"UBCM"	
"Ministry of Municipal Affairs and Housing"	x3
"Human rights commissioner"	x2
Lived Experience	
"Those experiencing homelessness"	

"People with lived and living experience of homelessness"	x3
"People/communities with lived experience"	x2
"Lived experience folks"	
"Those experiencing inadequate housing"	
"Indigenous groups"	
"People experiencing homelessness"	
"Young people"	
"Representative from the affected population"	
Other	
"Media"	
"Schools of architecture, Social Planners"	
"Academics in housing policy and economics"	
"Many unusual collaborators and stakeholders"	
"Ethicists"	
"Academia"	
"People with land"	
"We must engage the general public in the advocacy"	
"Very actively"	
"As full participants"	
"Meet people where they are at and sourcing ideas based on what they state they need"	
Mix	
"MMHA/BC Housing/Ministry of Health/UBCM/Not for profits"	
"Housing providers, people with lived experiences"	
"Ministry of Health, MMHA"	
"MoH and other ministries, UBCM, BC Housing, people with lived experience, etc"	
"BC Housing, Advocates, Healthy Communities, UBCM"	
"BC Housing, BC Union Municipalities"	

"Emergency department leads ; Hospital 'patient flow' teams ; BC Housing ; Community organisations"	
"Directly affected individuals; local, provincial, federal government ; Reps of the various groups involved in ongoing care/support of affected individuals"	
"Municipal partners ; Social housing providers ; MHSU ; Law enforcement ; Community representatives"	
"Through CBOs working with people with lived experience"	

0. **How should we engage people with lived experience? [45 responses]**

Logistics
"Approach existing groups and come to their spaces to ask and learn"
"Engage with activist organisations made up of people with lived experience, not just individuals"
"Can recruit those experiencing housing instability including families - effect on ACEs"
"Develop advisory group, ensure diverse perspectives of experience"
"Contact community based housing organisations that work with people with lived experience for sampling"
"Survey"
"Survey to assess impacts of homelessness"
"Focus groups - with provincial and municipal partners as well"
"Focus group"
"Focus groups and compensation for their time and contribution"
"Focus groups in communities with lived experience or on brink of lived experience/of insecure housing and homelessness"
"Approach Wayne Wallace at FNHA"
"Engage/invite already established groups (eg. BCCDC, Harm Reduction's PEEP)"
"HOC may want to plug into community/government/health groups who most closely relate to day to day work with affected individuals"
"Directly ask them through in person surveys. Provide accessible materials to all who are interested. Work with BC Housing and through current resident councils to understand what has worked for them and how that can be leveraged to help others"
"Create tables for which they can be part of other stakeholders (including government)"
"Through relationships with partner providers, in non-coercive ways with compensation"
"Employ and reimburse as we get input and feedback ; If working group with local government or policy group being formed, include as part of decision making"
"Through their representative groups"

"Have pre-meetings before having them engage at HOC - set up for successful meetings"
"This is a tough one - If there isn't a self-identified group of individuals with lived experience, HOC could contract this work out to one or more community organisations to explore on our behalf"
"Need funding to support their involvement. Maybe BC Housing has such lived experience groups"
"IDK - this seems more like local work. Perhaps find ways to support this in community?"
"Speak to the successfully housed as well as unsuccessfully"

Supportively
"Ensure they are supported to engage (compensation etc)"
"Meaningfully"
"Listen to them and pay them for their time"
"They should guide the efforts and advice"
"Involve them in the different discussions"
"We are not necessarily the Leaders of this movement - we are one advocated among others - engagement should be coordinated"
"Very actively"
"As full participants in those efforts"
"With respect"
"Relationship building first before consulting/engagement on work"
"Involve in discussion"
"It would be great to have their voice in the discussion, articulating their needs and gaps"
"Meet people where they are at and source what they say they need"
"Welcome them in the development of research agendas"
"Learn from their many different experiences"
"Put them first in the agenda and always allow them to speak first on any particular issue"
"Meeting people where they are at, and provide respectable compensation"
"Welcome them to our forums as we are doing with patient experience in our health system"
"Include representatives in further discussion"
"Full participation in developing position papers and recommendations"
"Support/encourage qualitative research with these persons"