Health Officers' Council of BC

Position on Homelessness, Equity, and Health

May 2023

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About the Health Officers' Council of BC

The Health Officers' Council (HOC) is a registered society in British Columbia, comprising public health physicians who, among other activities, advise and advocate for public policies and programs directed to improving the health of populations. HOC provides recommendations and works with a wide range of government and non-government agencies, both in and outside of BC.

Acknowledgements

HOC acknowledges the large number of individuals who contributed to the development of this paper. This position paper and recommendations represent the views of HOC and not those of the organizations for which the members work.

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A Note on the Impacts on Accessibility of Housing for Indigenous People

Ongoing legacies of colonialism, racism, and social exclusion have direct impacts on accessibility of housing for Indigenous people. Prior to contact, Indigenous peoples exercised their inherent rights to live according to their own laws, unfettered, on their ancestral territories. Since contact, Indigenous peoples have experienced the deliberate and ongoing infringement of their inherent rights—including the right to safe and secure housing. Settlers and settler governments have undertaken a program of dispossession of Indigenous homelands, including forced resettlement from existing homes and villages for the benefit of settlers. Systematic dispossession and displacement of Indigenous peoples in BC is a root cause of present-day homelessness. Indigenous women and girls and 2SLGBTQIA+ individuals have historically been harmed and continue to be harmed in specific ways by racist settler colonial policies and practices, causing insecure housing and/or homelessness that dramatically erodes their determinants of safety. **The following report recognizes the rights of Indigenous people and the need to engage with Indigenous health leadership to self-determine what actions are necessary in this realm.**

People who experience homelessness deserve **dignity, a voice**, and **housing.**

Introduction

Over the past decade[1] 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; rental market prices have also increased in step.

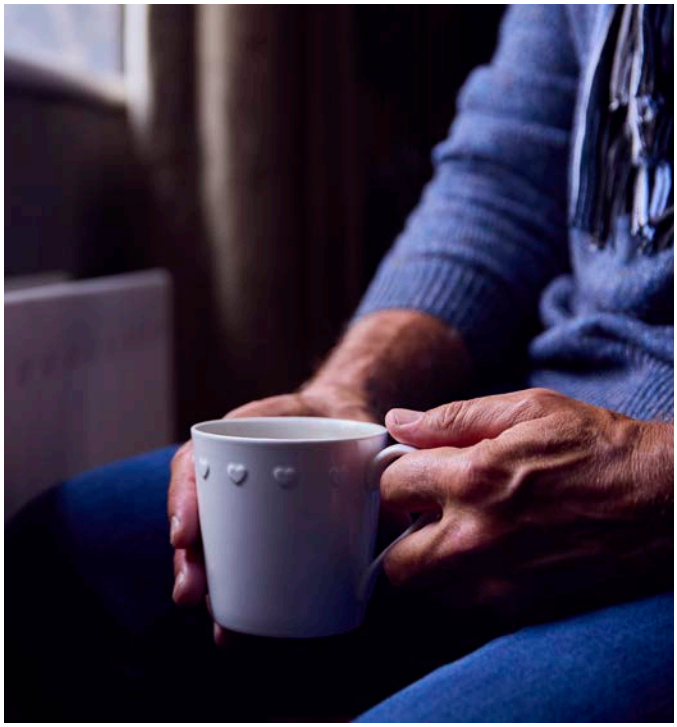
As a result, the fast-growing population of BC has fewer choices about where to live. The economic burden of attaining and maintaining housing has impacted both urban and rural communities, creating housing affordability challenges for people across the province of BC.

The concurrent COVID-19 pandemic and opioid overdose public health emergencies further contribute to a complex social and economic interrelation that disproportionately affects people with fewer resources. As a result, the number of individuals experiencing homelessness[2] in the province of BC[3] continues to escalate, with 10% more reporting homelessness from 2018-2021 and no resolution in sight.

Recent alarming attacks on the homeless[4] population compel us to act fast to protect this vulnerable, marginalized, at-risk, and underserved population. The Canadian Human Rights Commission[5] and the BC Office of the Human Rights Commissioner[6] have called for an end to violence against people experiencing homelessness. People who experience homelessness deserve dignity, a voice, and housing.[7]

Background on the Engagement on Homelessness, Equity, and Health

In October 2021, the Health Officers Council of BC (HOC) passed a resolution to adopt the position that the current homelessness 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 Officers' Council meetings, the Housing and Homelessness Working Group presented a draft position paper and hosted a consultation. HOC members were polled about their experiences with housing and homelessness and their opinion of BC's housing and homelessness situation.

There was strong consensus amongst members that they had a role in providing advocacy and leadership to health authorities, and municipal and community partners (e.g. on encampment issues); managing COVID-19 and other communicable disease outbreaks; and providing direct clinical care to homeless individuals.

HOC members agreed housing and homelessness should be considered public health issues and that the province is facing both a homelessness and housing crisis. Members also agreed public health physicians could help coordinate efforts related to housing and homelessness. Furthermore, there was agreement that the HOC as a society could have a role in prioritization and intention to coordinate efforts towards addressing the homelessness and housing crisis in BC.

The goals of this HOC position paper are as follows:

1	Bring attention to the complex interrelation between housing, homelessness, equity, and health
2	Create awareness about the impact of the 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 to or perpetuate homelessness and health inequities
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
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 housing, homelessness, equity, and health, the HOC expects provincial inquiry into the data, with action plans derived from it to make lasting change backed by evidence and informed by Indigenous rights, truth and reconciliation, and the telling of colonial harms.

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

HOC 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 Health Officers' Council of BC urges the province of BC to undertake a **human-rights based approach** within an intersectoral 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 instability[8] 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:

Unsheltered:[10]
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

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

Provisionally accommodated:
A person who is homeless and without permanent shelter who accesses temporary accommodation, including people who are "hidden homeless" or "couch 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.

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 to non-farm, non-reserve, owner- or tenant-households with non-zero income, and non-family households without school attendees (age 15-29).[11]

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**.

Adequate housing does not require major repairs for poor heating, unclean water, defective plumbing or electrical wiring, structural repairs, mould decontamination, etc.

Suitable housing has enough bedrooms for the size and composition of the household, according to National Occupancy Standard requirements.

Affordable housing costs less than 30% of the total before-tax household income.

Equality, equity, and inequity: Equality means each individual or group of people is given the same resources or opportunities. Equity[13] 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.

The experience of Indigenous homelessness must be addressed by actions that restore connection to **place** and **people.**

Indigenous People Experiencing Homelessness

Indigenous people living unsheltered on the land[14] is an outcome of the complex colonial system of where people get to live.

Truth comes before reconciliation. Any efforts to address the issue of "insecure housing/homelessness" generally must begin by addressing the ways in which First Nations, Métis, and Inuit communities are uniquely impacted, with a specific focus on women, girls, and 2SLGBTQIA+ individuals. Mainstream public health experts, government bodies, and others partnering on addressing the issue of homelessness must do their homework, including learning and understanding provincial, federal, and international laws that articulate obligations of governments and systems to uphold the inherent rights of Indigenous peoples. It is our responsibility to uphold foundational commitments to First Nations, Métis, and Inuit communities in every aspect of our work.

Homelessness Is a Public Health Issue

Homelessness is closely connected to declines in physical and mental health.

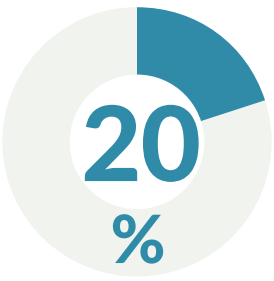
Individuals experiencing homelessness have higher rates of physical and mental health issues as a result of various factors, including a lack of stable and safe housing, racism and discrimination, a lack of access to adequate food and water, limited resources for social services, and inadequate access to primary care and public health resources. Legal and policy interventions have often been used to attempt to address homelessness, although not always from a public health perspective.

A 2020-21 Point in Time Count[15] of 25 communities across BC reported a 12% increase in those reporting homelessness from the 2018 count. This included over 200 children under age 19 and accompanied by a guardian. 20% of homeless in the count were over age 55 and 11% were youth under 25. 40% of the youth reported being in foster care or other alternate living agreement before becoming homeless.

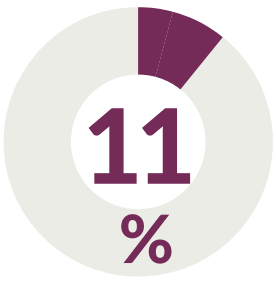
Indigenous people were overrepresented in the point in time homeless count due to ongoing legacies of colonialism, racism, and social exclusion. Men are also overrepresented, with twice as many men reported homeless as women. The main reasons for loss of housing included income, substance use, and interpersonal conflict. The health concerns reported included addictions, mental health, and chronic diseases. Less than 1 in 10 reported no health concerns.

2020/21 Report on Homeless Counts in BC

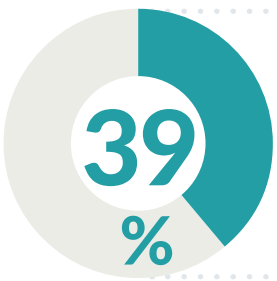
Of all the survey respondents:



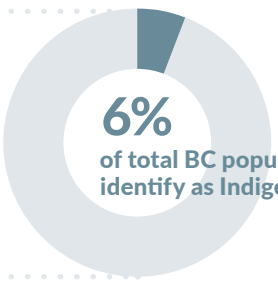
were seniors
(55+ years of age)



were youth
(under 25 years of age)



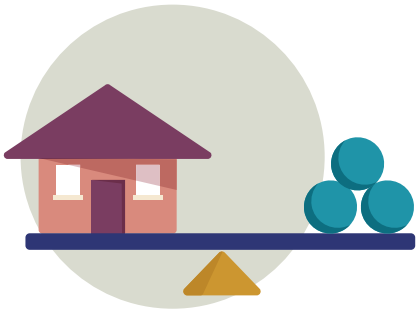
identified as Indigenous



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 well-being. Conversely, unmet housing needs can have profound detrimental effects on health outcomes. The literature suggests four pathways[16] by which housing can be conducive or detrimental to health:



Housing stability

Housing safety and quality

Housing affordability

Neighbourhoods

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 increased **premature mortality**. Trauma experienced on the streets or in emergency shelters is known to have long-lasting impacts on psychological well-being. A lack of stable housing can also decrease the effectiveness of health care interventions.

Individuals who are not chronically homeless but experience **housing instability** (such as 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.

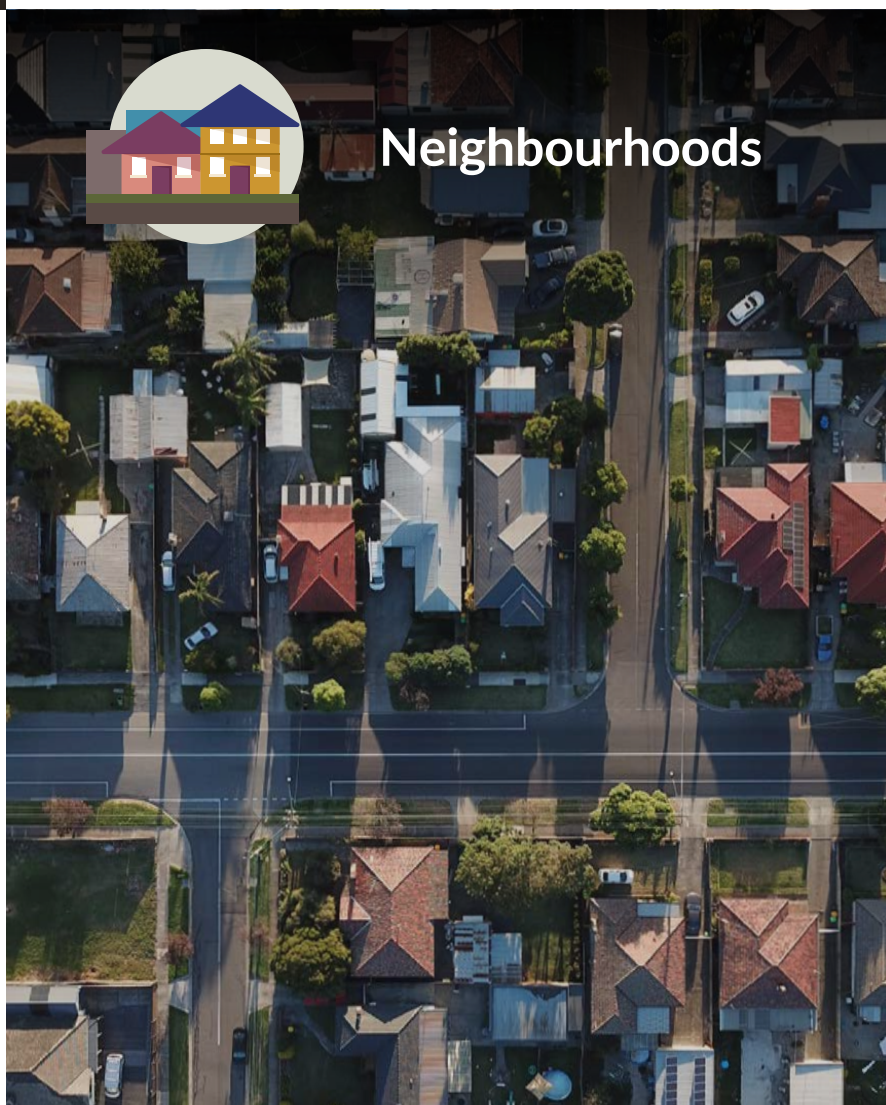
Housing safety and quality

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 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. On the flip side, quality housing can be conducive of health, and specific home modifications for older 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.

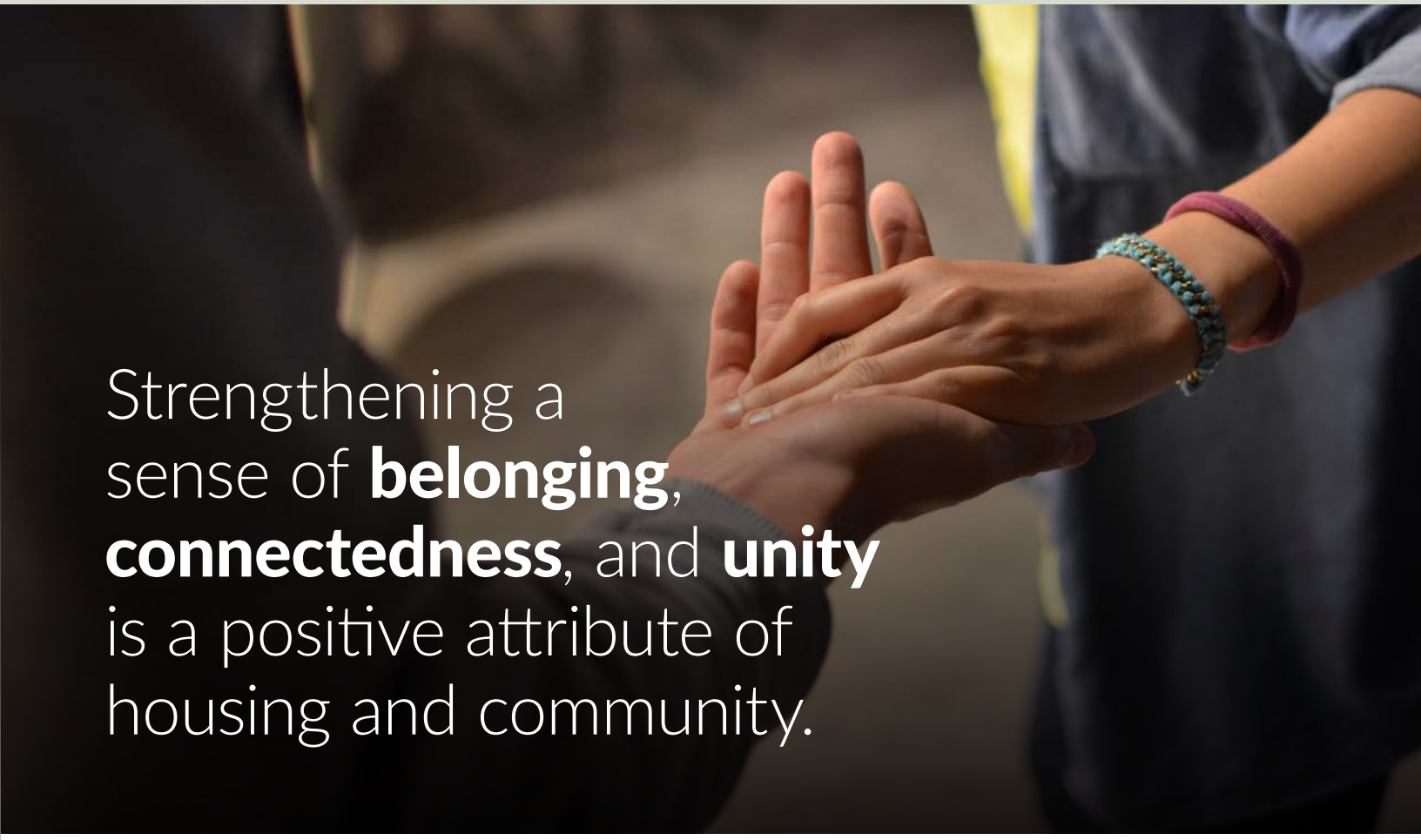
Housing affordability

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 item 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 2021 Canadian Housing Survey[17] by Statistics Canada found that, on average, 20% of Canadian households spent 30% or more of their income on shelter costs.

Neighbourhoods



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



Strengthening a sense of **belonging**, **connectedness**, and **unity** is a positive attribute of housing and community.

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 as "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 which physical aspects of buildings promote health, and which populations 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 inclusion[18] found within the community are not to be underestimated. Many individuals value a sense of connectedness and family as a priority—more than a roof in some cases—and 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. Accordingly, it is important that housing developments are designed with the people who will live there, to understand how to build a sense of community that is meaningful to them.

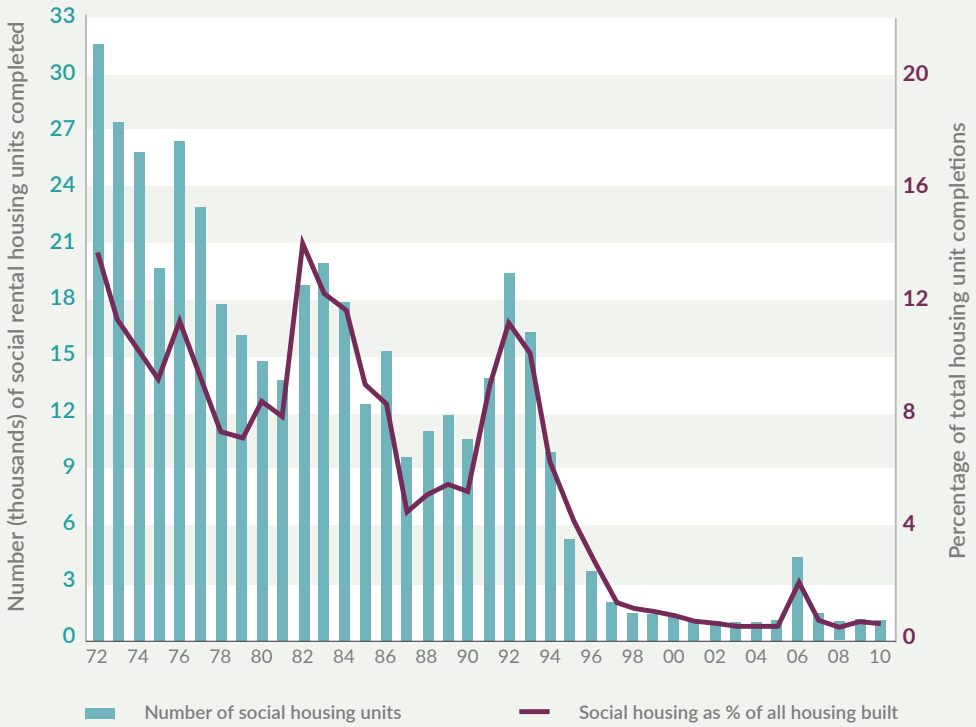
A Brief History of Housing and Public Health

Public health and social housing have a long and intricate history rooted in the sanitation era, the early days of sanitation and hygiene which was a time of significant improvements in environmental and community health.

But health's relationship with housing has cooled. Provincially, this may have changed when public health resources were newly aligned within BC health authorities rather than within municipal governments; whatever the cause, this separation emphasized the growing divide.

Importantly, the diminishing stock of social housing can, in part, be attributed to a significant decline in federal public sector investments in social housing over the last 25 years[19], resulting in relative stagnancy of the social housing stock (see Figure 1). Despite changes in federal funding, Building BC[20] has continued to provide needed social housing in BC, but more is needed. Unfortunately, **current federal investment in social housing is 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]

Figure 1. Federal social housing as a proportion of new development



Human rights empower **health justice.**

Stigma and **discrimination** towards people with mental health, addiction, and poverty in general have significantly contributed to perpetuating the current housing and homelessness crisis. Community leaders are seemingly reluctant to demonstrate outward support for public investment in social housing,[22,23] a sometimes-unpopular political position. Furthermore, local governments vary in their understanding of their scope of responsibility towards housing and homelessness, leading to confusion and disagreement about who leads initiatives, which can further impact effective and timely development.

The narrative that homelessness is an individual choice people make 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 presence and congregation 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 of providing policy support for housing developments. Since 2019, the BC Local Governments Act provides a reporting frame (Division 22) for local governments to report on housing needs of all community members. The provincial government, through BC Housing, a crown agency, is mainly responsible for public housing development in collaboration with community leadership.

It is important not to lose track of human rights and the role of governments to implement international human rights law. Human rights empower health justice[24] by exercising a standard for physical, mental, and social well-being. Through this standard, human rights require governments to **respect human freedoms**, **protect individuals from harm**, and **fulfill basic needs**. It is the duty of public health to provide an external check to the government, to show progress toward human rights obligations, and to raise a flag when policies are insufficiently protective or outright harmful.

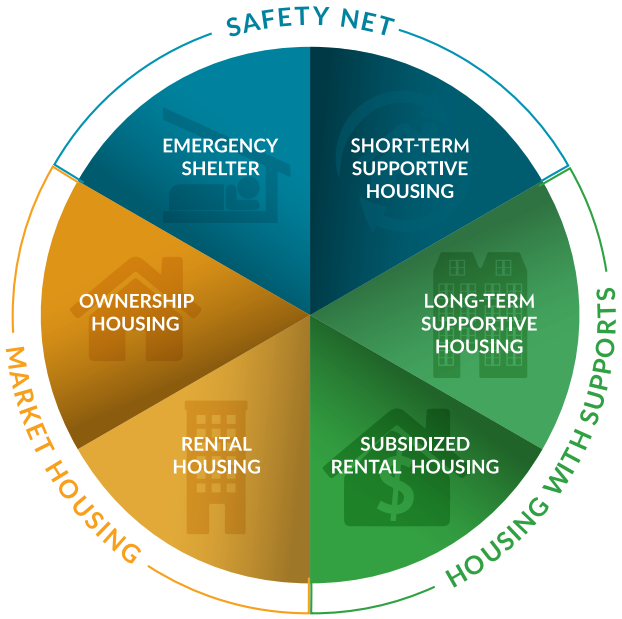
What Types of Homes Comprise the Spectrum of Housing and Sheltering Options?

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, is an important component of a spectrum of housing, now more than ever.

Optimally, communities would plan to have a complete spectrum of housing,[25] including homing and sheltering options for every citizen, from market housing to housing with supports and emergency shelters (see Figure 2). Examples of supportive housing models exist for multiple population segments, including the following:

Figure 2. The wheelhouse model



For seniors

Affordable independent seniors' apartment complexes, alternate housing arrangements,[26] formalized independent living settings, and assisted living and long-term care depending on care needs

For those with complex chronic health needs

Group homes, complex care facilities, or other supportive housing arrangements where additional health and social supports are easily mobilized

For those transitioning from corrections or other rehabilitative facilities and who have more complex discharge considerations

more supportive settings like transition houses

For those in a safety crisis

women's and family shelters, or emergency sheltering

For young adults

small affordable rentals or school dormitories, 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 commercial and other short-term rentals, but also include shelters, congregate shelter space, single room occupancy arrangements, or living outdoors, unsheltered, or in campgrounds.

While these temporary housing options are less desirable, they are realities on the full spectrum of housing in a community. Without a common understanding of a healthy housing mix[27] in the community, it is likely to be more difficult to come to agreements on what investments are needed to solve the problems we experience today.

Intersectoral 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 setting.[28]

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.

Preventing Homelessness: the Need to Tackle the Root Causes

A lack of adequate income and affordable housing is one of the most important root causes of homelessness and an important pathway into homelessness. However, homelessness prevention efforts will necessarily focus on all causes of homelessness.[29]

By considering all causes of homelessness,[30] we can make plans to **prevent** and **respond** to threats of homelessness that are more informed by evidence and experience, and 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. These can include the amount of housing that is available and affordable, income and poverty rates, lack of employment, minimum income, difficulty accessing health care, and experiencing stigma and discrimination in accessing housing (i.e. race, gender, sexual orientation, and 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, such as a lack of **support for immigrants and refugees** or **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 and can lead to homelessness. These could include **any traumatic event**, such as a house fire, job loss, family breakup, personal health issues or disabilities (including struggles with mental health and addictions), or problems in relationships. For young people, this often includes difficult relationships with their family, for example, issues around accepting their gender or sexual orientation, interpersonal conflict, and violence. For youth, these negative experiences are traumatizing and impact adult health behaviours and outcomes.

What Is Our Understanding of Health and Homelessness?

Chronic homelessness shortens lives by **decades**.

Inability to access acceptable housing for individuals across their lifespan impairs their potential to function productively in society and puts them 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.[31] For over 20 years, the literature has emphasized that **"shelter", in the sense of basic housing needs, is a prerequisite for health**.[32] Individuals who lack this prerequisite suffer excess morbidity and mortality which is completely preventable.

The economic burden of homelessness on society is well documented.[33] 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 clear that experiencing or being at risk of becoming homeless 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 therefore considered to be a "health impediment" as defined in the Public Health Act**.

The regulation of health impediments under the Public Health Act is a significant opportunity to identify and take action on this particular health impediment, homelessness, regarding those

Individuals who lack shelter suffer excess **morbidity** and **mortality,** which is completely **preventable.**

persons or policies 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; and 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 combined 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 further entrenches and increases health risks for an already vulnerable population. Punitive bylaws exacerbate existing mental and physical disability and further traumatize and marginalize the very population that the social and health sectors assist, only escalating the crisis. **Health equity** and **social justice** are fundamental public health values[34] that necessitate intervention when violated.

Criminalization of homelessness further entrenches and **increases health risks** for an already **vulnerable** population.

Challenges of Our Current Situation

Financialization[35] 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 now viewed as a global commodity and for wealth and investment, rather than as a community asset or a social good.

Over the past several years, BC Housing has established multiple supportive housing sites across the province. However, the **quantity of developments has not been sufficient**, has taken much time, and has sometimes eroded relationships. In some communities, BC Housing has been compelled to implement housing without the approval of local governments, as is within the power of the province. While it may be suboptimal for housing initiatives to be developed without partner and community engagement, failed development planning has undermined progress and the overall rate of new units in the community is lagging, leaving many communities in a **housing deficit**.

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 staffed and accessible. Ongoing coordination of housing initiatives requires 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.

A lack of housing alternatives leads to informal sheltering, including formations of encampments which have drawn negative media attention, public criticism, and concerns around safety from fire and police departments. Ultimately, **impromptu sheltering becomes a temporary solution when other options in the housing and sheltering spectrum are not available**. Medical

Housing is now viewed as a global commodity, and for wealth and investment, rather than as a **community asset** or a **social good.**

Health Officers in areas with encampments have developed a guidance document to protect health and prevent injury and disease in temporary sheltering solutions. This document has not yet been adopted provincially but serves as informal guidance to health inspectors and other staff in mitigating risk. National guidance[36] is also available to guide a humane approach to sometimes necessary encampments.

The **lack of coordination** across sectors is apparent to those working towards improving the housing circumstances of those experiencing or at risk of homelessness. In addition, challenges in timely decision-making and the **lack of adequate consideration of vulnerable populations** in the community continue to complicate development. Equity-informed decision-making would improve decisions made regarding those who are challenged in accessing stable housing.

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 engage all players in focused dialogues towards identifying solutions that preserve dignity and human rights. Engagement with responsible partners and agencies will continue to be needed to progress action, particularly when undesirable situations have developed that are not in the public interest.[37]

It is essential to engage all players in focused dialogues towards identifying solutions that preserve **dignity** and **human rights**.

Inclusive communities that are prepared for future emergencies will be **resilient** communities going forward.

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[5,38] 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 recent COVID-19 pandemic has created opportunities for improvement in our systems. 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 during the pandemic (e.g. for isolation purposes) could inform our efforts to secure more robust temporary emergency shelters.

Importantly, upstream efforts directed towards prevention of homelessness[39] are 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 together differently to address the rights of Indigenous people. The Truth and Reconciliation Committee of Canada 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.

Intersectoral Partners Necessary to Effect Change

Provincial Health Officer

Apply statutory responsibilities to address housing-related health inequity and the public health crisis

BC Centre for Disease Control Data Observatory

Synthesize data regarding homelessness and health

Municipal government staff and elected officials

Strengthen approaches to housing and equity

Federal and provincial governments

Coordinate across vertical scales to strengthen impact

Ministry of Children and Family Development and other family service organizations

Avoid system failures in transition

Ministry of Social Development and Poverty Reduction

Enhance services for homelessness prevention

Ministry of Health

Strengthen health supports for housing

Ministry of Mental Health and Addictions

Enhance services for homelessness prevention and wrap-around services for individuals to access and maintain housing

Residential Tenancy Branch

Examine approach to discrimination, housing quality, and landlord relations

BC Housing and developers

Ensure accessibility, quantity, and quality of housing, clarify affordability and assessment of means, and 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

Involve them in solutions from the outset

Health Officers' Council of BC 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 an intersectoral 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.

- Priority areas include surveillance, upstream prevention of homelessness, addressing the specific needs of Indigenous people experiencing homelessness, reorienting health services, addressing stigma and racism, and targeted-housing-focused 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 legal obstacles 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" of 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 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.

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