Health Officers Council
Provincial Health Officer Session

- Dr. Bonnie Henry, Provincial Health Officer
- Dr. Martin Lavoie, Deputy Provincial Health Officer
- Xibiao Ye, Provincial Epidemiologist and Executive Director
- Kathleen Perkin, Director, Advice and Reporting

May 21, 2026

BRITISH COLUMBIA | Office of the Provincial Health Officer

Disclosures

Dr. Bonnie Henry – Employee of PHSA, seconded to the Ministry of Health; Part owner of a winery

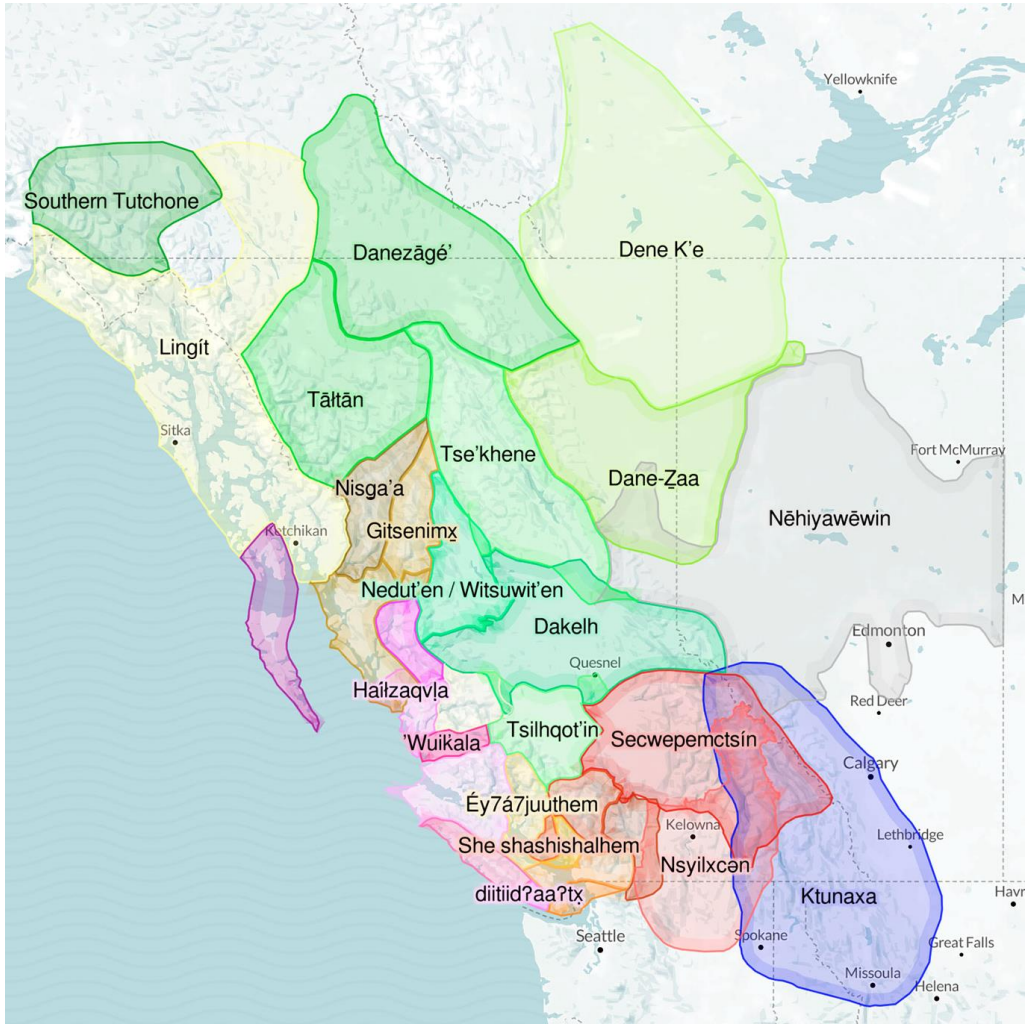
Dr. Martin Lavoie – Employee of Interior Health, seconded to the Ministry of Health

Xibiao Ye – Employee of PHSA, seconded to the Ministry of Health

Kathleen Perkin – Employee of the Ministry of Health

Acknowledgement

Inherent Rights and Title of First Nations in "British Columbia"



Source: First Peoples' Map of BC. https://fpcc.ca/stories/first-peoples-map/

- First Nations (or tribal or sovereign Nations') territories stretch to every inch of this province.
- Inherent rights, rooted in connection to lands and waters, have never been ceded or surrendered.
- Long-standing Indigenous laws and systems are integrally tied to the lands and waters of these territories.
- Inherent rights are upheld in international, national, and provincial law.

Inherent Rights of Indigenous Peoples to Health and Wellness

BC First Nations, as well as other Indigenous People from elsewhere in Canada – Métis, Inuit, and First Nations – who live in BC, have inherent rights to health and wellness.

These rights are outlined in Foundational Obligations government has to Indigenous Peoples.

The public health sector must uphold these inherent rights as it works on housing and homelessness issues in BC.

UNDRIP 7

1. Indigenous individuals have the rights to life, physical and mental integrity, liberty and security of person.

2. Indigenous peoples have the collective right to live in freedom, peace and security as distinct peoples and shall not be subjected to any act of genocide or any other act of violence, including forcibly removing children of the group to another group.

UNDRIP 24

1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.

2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

MMIWG 2SLGBTQQIA+ 7.1

We call upon all governments and health service providers to recognize that Indigenous Peoples – First Nations, Inuit, and Métis, including 2SLGBTQQIA people – are the experts in caring for and healing themselves, and that health and wellness services are most effective when they are designed and delivered by the Indigenous Peoples they are supposed to serve, in a manner consistent with and grounded in the practices, world views, cultures, languages, and values of the diverse Inuit, Métis, and First Nations communities they serve.

Sources: 1-2

Learning Objectives

1. Discuss elements, concepts and recommendations from the two most recent PHO reports, and use them as tools in their respective work at the health authority level.
2. Contribute to the development of potential indicators related to housing and homelessness, for use in an upcoming PHO report.

Outline

- Reports recently released and in progress (20min)
  - Upcoming report: *Living Well, Drinking Less: Reducing Alcohol-related Harms in BC*
  - Recently released: *The Intersection of Health, Housing, and Homelessness: The Role of BC's Public Health Sector*
- Latest findings from BC Homelessness Cohort Project (30min)
- Discussion: Housing and Homelessness Population Health Indicators (40min)

Provincial Health Officer Reports

Report	Key Dates
The Intersection of Health, Housing, and Homelessness: The Role of BC's Public Health Sector	Launched April 22, 2026
Living Well, Drinking Less: Reducing Alcohol-related Harms in BC	Launch: May 27, 2026
Annual Report of Activities Under the *Drinking Water Protection Act* in BC for Fiscal Year 2024/25	Launch: Fall 2026
Taanishi aen tamaashchihooyayhk?*: Métis Population Health Program First Interim Update (in partnership with Métis Nation British Columbia) *How are you feeling?	Launch: September 2026
Child and Youth Health and Wellness Refresh Project	Launch: TBD

Living Well, Drinking Less

Reducing Alcohol-related Harms in BC

BRITISH COLUMBIA | Office of the Provincial Health Officer

Indigenous Self-Determination: Alcohol Regulation

- The Chiefs-in-Assembly of the BC Assembly of First Nations and the Chiefs Council of the Union of BC Indian Chiefs have called for jurisdictional authority, culturally safe services, and meaningful engagement in all aspects of alcohol regulation (2023).
- In consultation and cooperation with the Indigenous peoples in British Columbia, the government must take all measures necessary to ensure the laws of British Columbia are consistent with the *United Nations Declaration on the Rights of Indigenous Peoples*.

BC Assembly of First Nations. Alcohol regulation, funding and jurisdiction.
https://www.bcafn.ca/sites/default/files/uploads/resolutions/2023_13%28d%29_SCA_ALCOHOL%20REGULATION%20FUNDING%20AND%20JURISDICTION.pdf

Union of BC Indian Chiefs. Alcohol regulation, funding and jurisdiction, resolution no. 2023-14.
https://assets.nationbuilder.com/ubcic/pages/132/attachments/original/1677888390/2023February_ChiefsCouncil_Final_Resolutions-Combined.pdf?1677888390

Declaration on the Rights of Indigenous Peoples Act
https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/19044

Report Purpose

- Update previous PHO report *Public Health Approach to Alcohol Policy* (2008).
- Provide recent data on alcohol use and its related health, social, and public safety harms experienced at a population level and by individuals in BC.
- Encourage people to make informed decisions about the health risks of drinking.
- Describe BC's current alcohol policy landscape and offer recommendations to government to improve the health and wellbeing for everyone in the province.

Recommendations

1. **Uphold foundational obligations to First Nations, Métis, and Inuit Peoples** and ensure access to Indigenous-led, culturally safe alcohol prevention and treatment services, free from racism and discrimination.
2. **Develop a provincial alcohol strategy** to reduce harms, balance costs, and set clear goals, independent of alcohol industry influence.
3. **Shift to minimum unit pricing** basing minimum alcohol prices on total alcohol, not just drink volume, and index pricing to inflation.
4. **Require health warning labels** on all alcoholic beverages.
5. **Launch an awareness campaign** that provides evidence-based messaging on alcohol risks.
6. **Strengthen health system response** through improved screening, treatment, brief intervention and culturally safe care for alcohol use disorder.

Report will be released May 27, 2026

The Intersection of Health, Housing, and Homelessness

The Role of BC's Public Health Sector

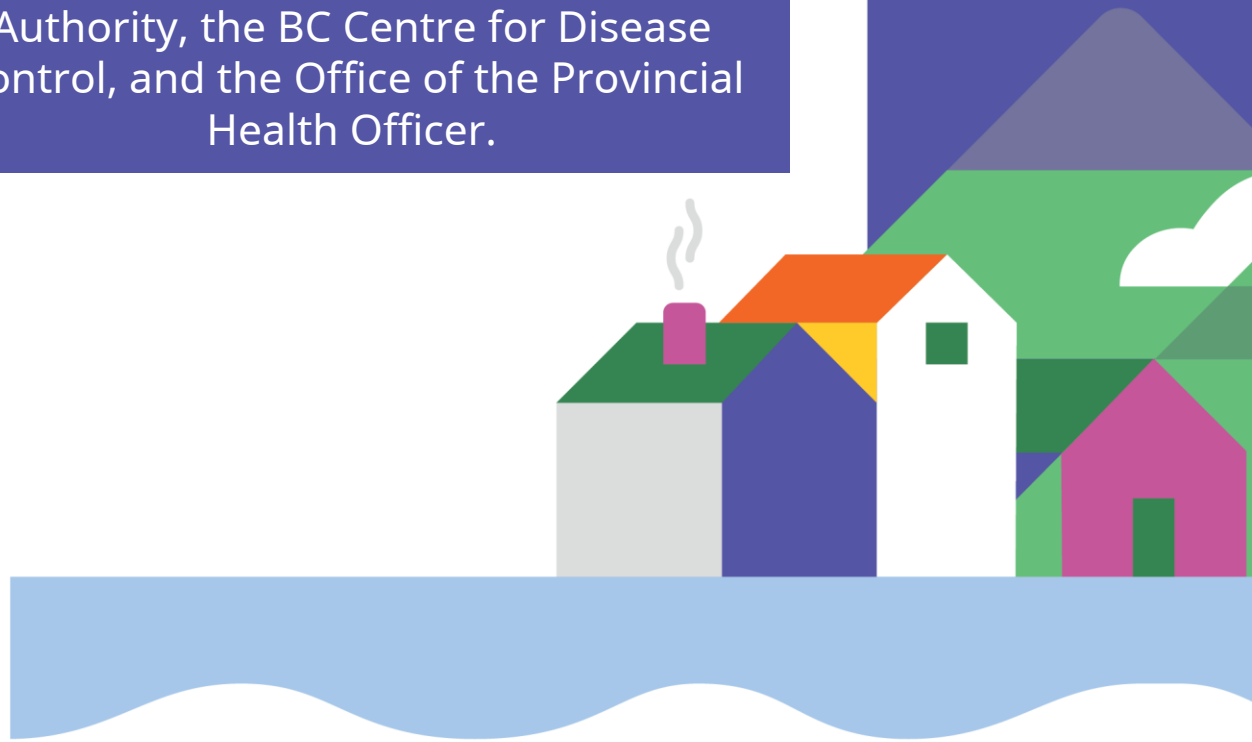
Office of the Provincial Health Officer

Report Purpose

- Highlight the connection between housing and health
- Provide clarity and guidance to the public health sector on its roles
- Demonstarate the public health sector's role in multisectoral efforts

The **public health sector** is a broad network of organizations that works to prevent disease, and protect and promote health.

In BC, it includes the public health workforce (e.g., public health physicians, nurses, outreach workers, epidemiologists, administrators) and government agencies, regional health authorities, the First Nations Health Authority, the BC Centre for Disease Control, and the Office of the Provincial Health Officer.



Public Health Areas of Responsibility

1. Upholding Indigenous rights and advancing Truth, Rights, and Reconciliation
2. Advocating for healthy public policy and improved access to services
3. Promoting healthy built environments
4. Preventing homelessness
5. Supporting the needs of people experiencing homelessness
6. Responding to climate-related and emergency impacts on housing and homelessness
7. Generating and disseminating data-driven insights on how housing and homelessness affect health
8. Convening and collaborating with intersectoral partners
9. Advising municipalities on public health issues

Next Steps

1

Look at the data on housing, homelessness, and health, and consider what should we track over time?

2

Publish a PHO follow up report that includes data

Outline

- ✓ Reports recently released and in progress (20min)
  - ✓ Upcoming report: *Living Well, Drinking Less: Reducing Alcohol-related Harms in BC*
  - ✓ Recently released: *The Intersection of Health, Housing, and Homelessness: The Role of BC's Public Health Sector*
- Latest findings from BC Homelessness Cohort Project (30min)
- Discussion: Housing and Homelessness Population Health Indicators (40min)

Office of the Provincial Health Officer

Exploring Relationships between Homelessness and Health Outcomes in British Columbia

Xibiao Ye
xibiao.ye@gov.bc.ca
Office of the Provincial Health Officer
May 21, 2026
The Health Officers Council 163rd Spring 2026 Conference

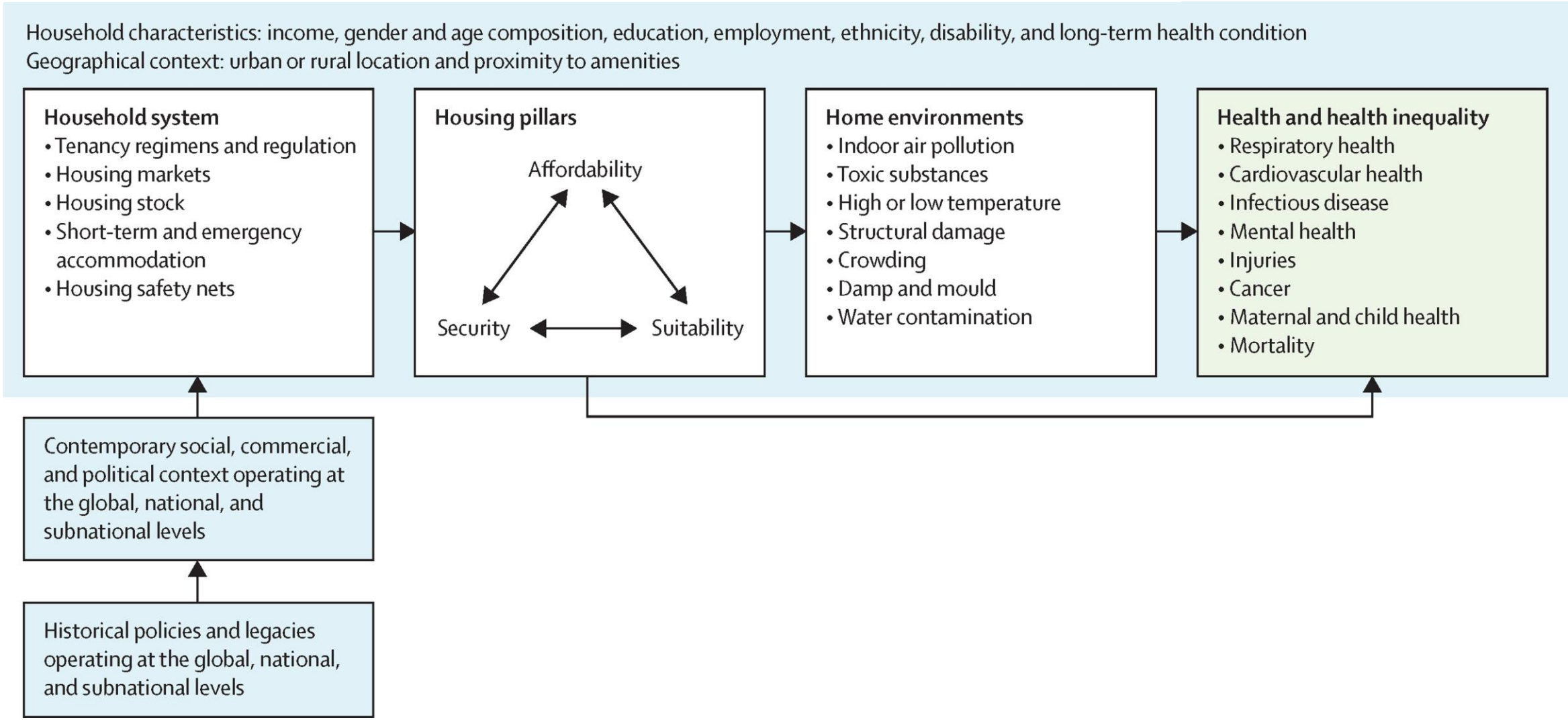
Content

- Housing and homelessness as a social determinant of health
- BC Homelessness Cohort Project
  - Methods
  - Findings

Housing as a social determinant of health: a contemporary framework

Lancet Public Health 2025; 10: e855–64

Rebecca Bentley, Kate Mason, David Jacobs, Tony Blakely, Philippa Howden-Chapman, Ang Li, Gary Adamkiewicz, Aaron Reeves



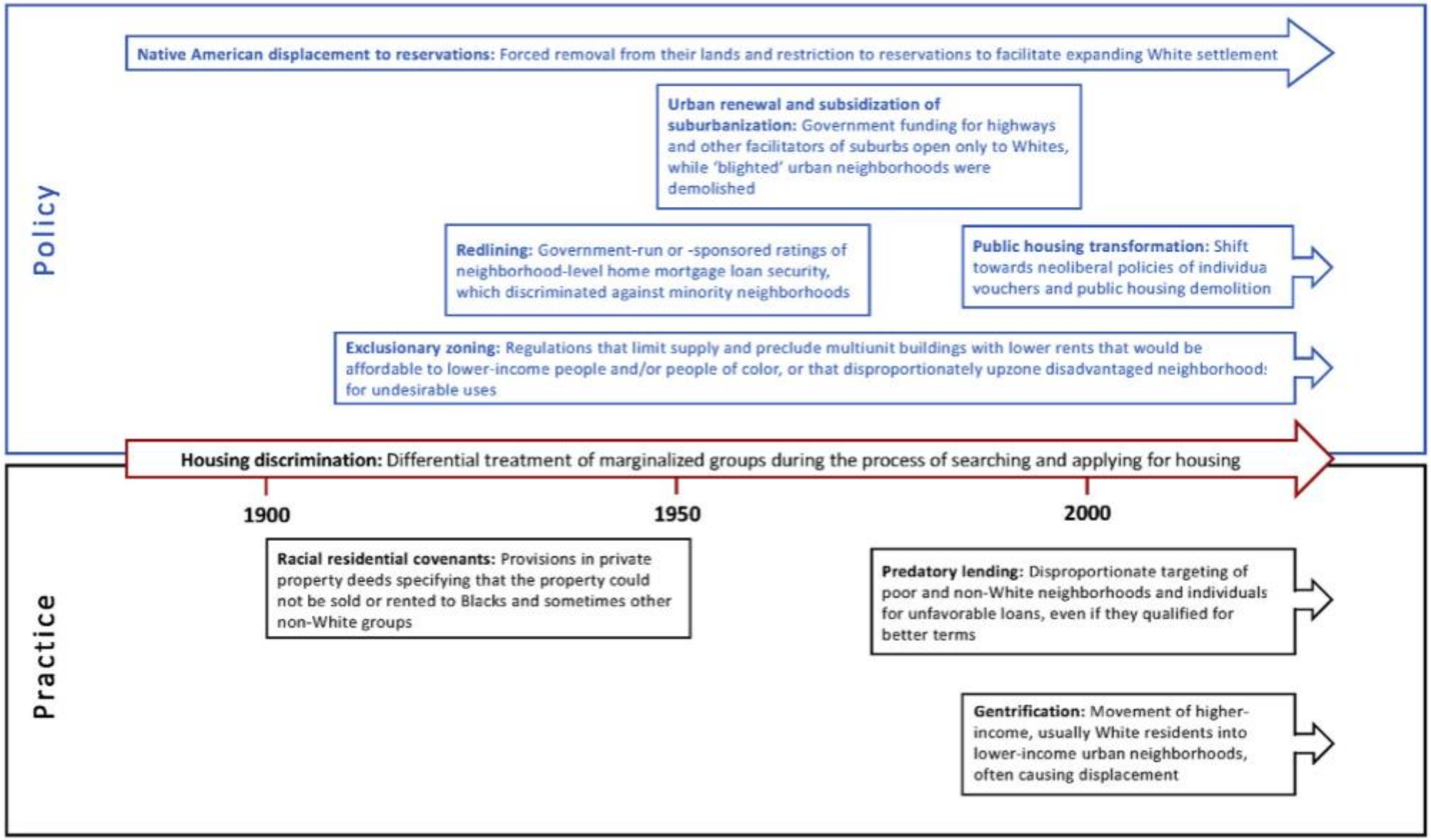


Fig. 1. Policies and practices contributing to housing disparities.
Source: Created by the authors based on the evidence described throughout this section.

Homelessness and Health

PHO special report:

Data and Public Health Intelligence

"We need more concrete data on the impacts of not having housing, the scope of homelessness in various communities, as well as the specific connections between homelessness and poor health."

– Medical health officer, Fraser Health

Generating and Disseminating Data-driven Insights on How Housing and Homelessness Affect Health

The ongoing collection, analysis, interpretation, and dissemination of health-related data is crucial to identify, monitor, and respond to public health threats. Data are also needed to understand the root causes and

BC Homelessness Cohort Project: Analysis Questions

What are the characteristics of people experiencing homelessness in BC?

Sociodemographic characteristics

Baseline health status (Major health problems before being enrolled in the cohort)

Effect of experiencing homelessness

Health service utilization

Morbidities (infections, chronic diseases, injuries)

Mortalities (all and cause-specific)

The BC Homelessness Cohort

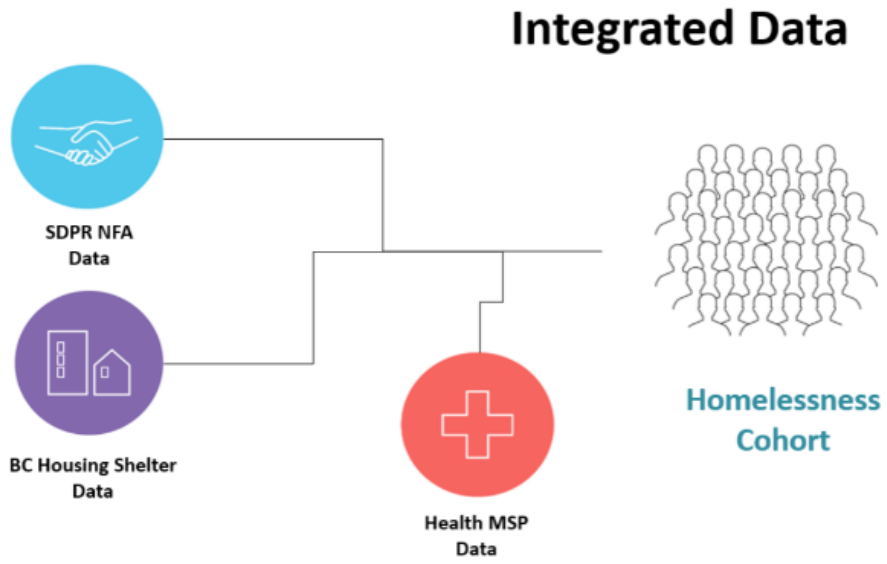
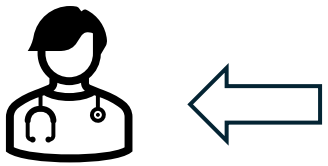


TABLE 1. Categories of homelessness: Chronic and Non-Chronic

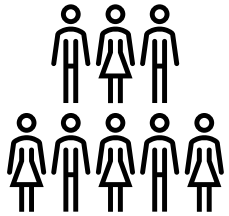
Data Source	Non-Chronic Homelessness	Chronic Homelessness
No Fixed Address	3-5 months consecutive NFA	6-12 months consecutive NFA
1+ Shelter Visit	180 or fewer days in a shelter OR 1-2 unique visits to a shelter (separated by 30 days)	More than 180 days in a shelter OR 3 or more unique visits to a shelter (separated by 30 days)
Both	As per above	As per above

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

Study design

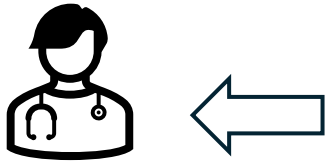


Health conditions

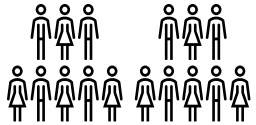


Cohort demographics

- Essential health service access
- Health condition changes after becoming homeless
- New health problems

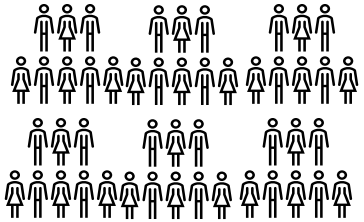


Health conditions



BC residents not currently experiencing homelessness (1:4 matching on HA, sex, age)

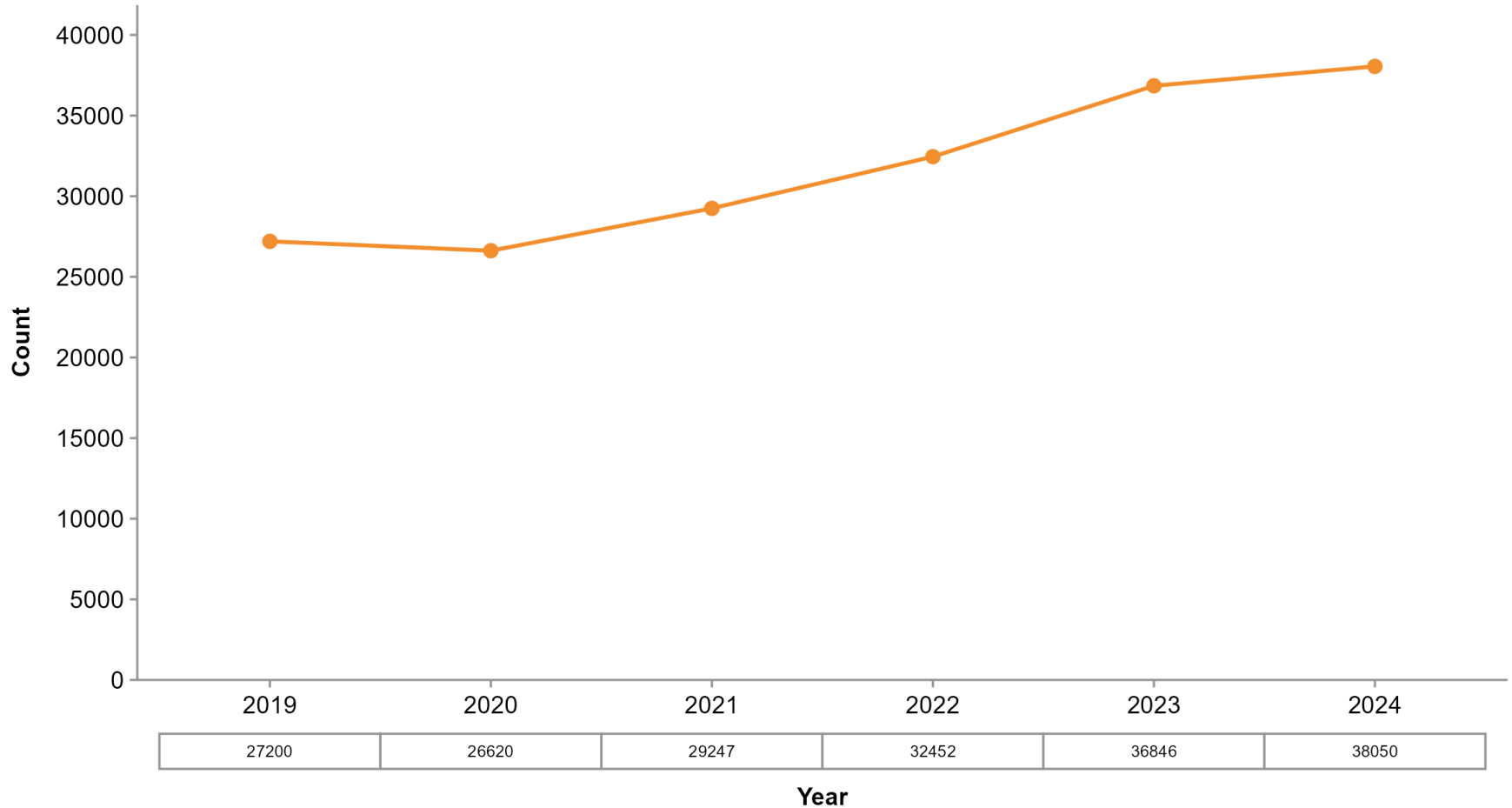
- Are homeless people more likely to:
  - Suffer chronic disease complications (eg, diabetic vision problem or amputation)
  - Visit ED
  - Be admitted to hospital
  - Die of certain causes eg opioid overdose



MoH Client Roster

Characteristics of people experiencing homelessness?

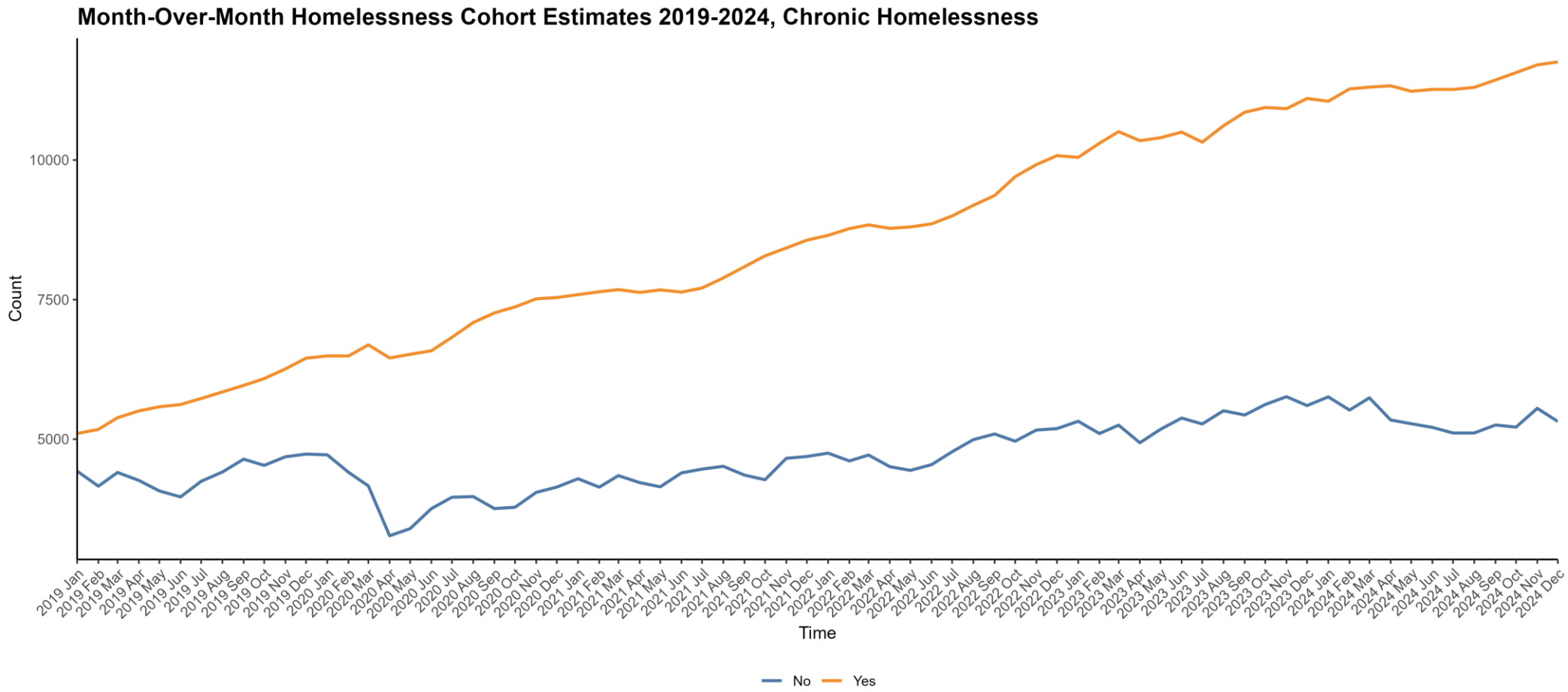
Number of People Experiencing Homelessness by Year, BC, 2019-2024



Notes: The cohort includes both records from homelessness cohort and 7093 (0.73%) added from DAD with ICD-10 Z59 code.
Source: Homelessness Cohort research dataset (2019-2024), Hospital Discharge Abstracts Database (DAD, 2019-2024), Client Roster (CR, 2019-2024)

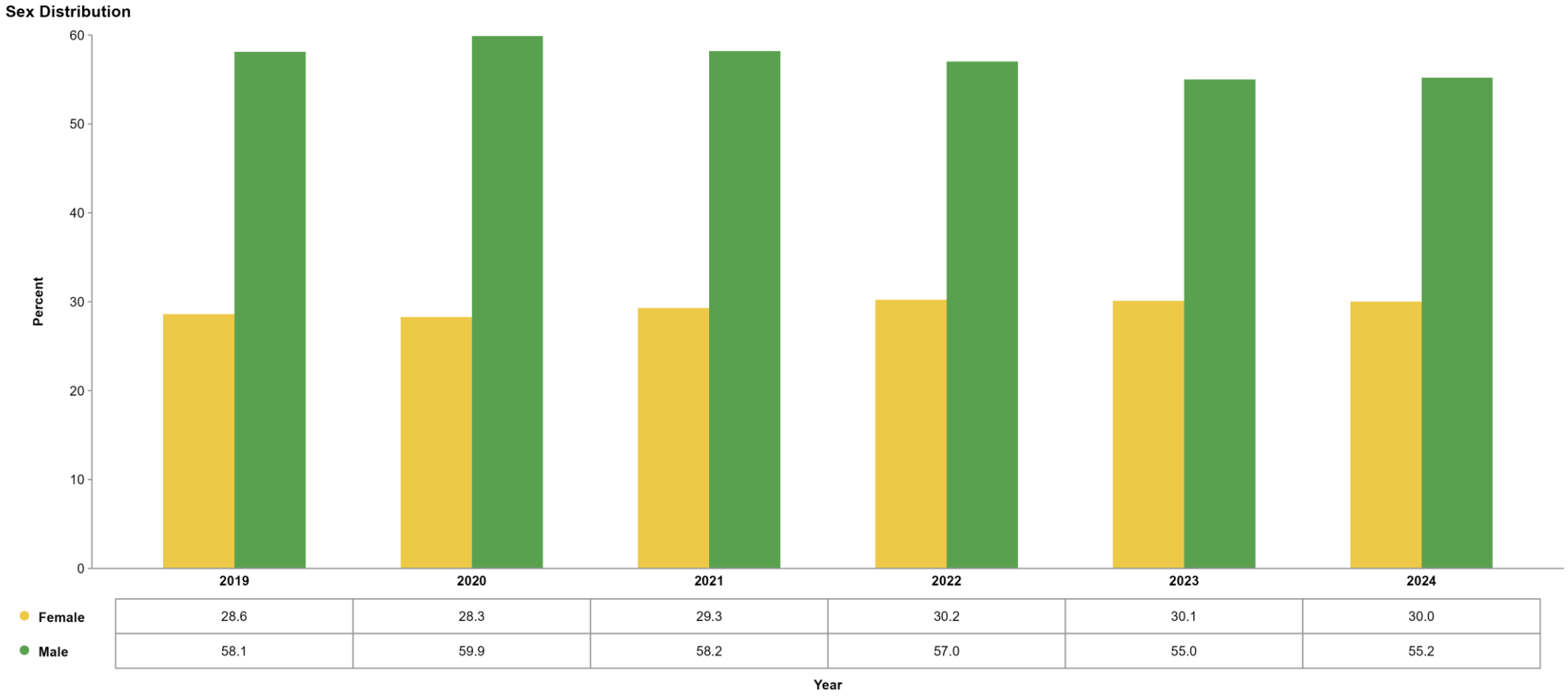
Chronic homelessness

Increase in number of people with chronic homelessness



Data sources: Homelessness Cohort research dataset (2019-2024)

Sex distribution



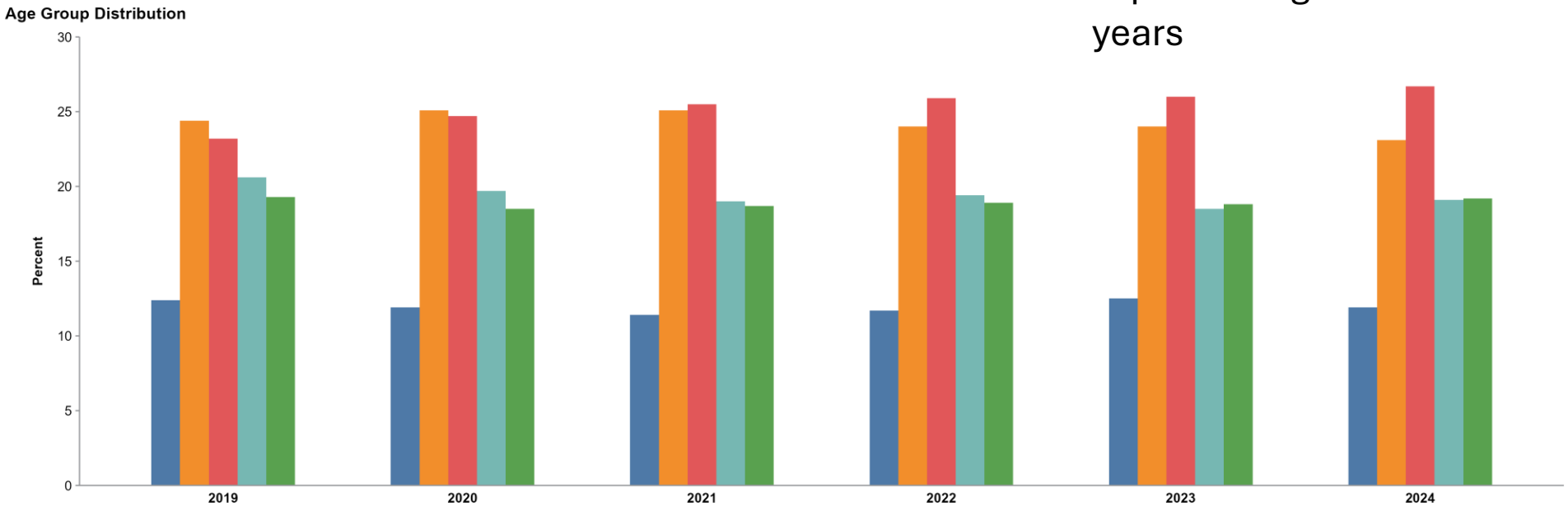
	2019	2020	2021	2022	2023	2024
Female	28.6	28.3	29.3	30.2	30.1	30.0
Male	58.1	59.9	58.2	57.0	55.0	55.2

Majority are male across all years

Notes: The cohort includes both records from homelessness cohort and 7093 (0.73%) added from DAD with ICD-10 Z59 code. People with unknown sex are not shown in the plot but they are included in the denominator.
Source: Homelessness Cohort research dataset (2019-2024), Hospital Discharge Abstracts Database (DAD, 2019-2024), Client Roster (CR, 2019-2024)

Age distribution

25-44 represents half of people experiencing homelessness across all years



	2019	2020	2021	2022	2023	2024
0-24	12.4	11.9	11.4	11.7	12.5	11.9
25-34	24.4	25.1	25.1	24.0	24.0	23.1
35-44	23.2	24.7	25.5	25.9	26.0	26.7
45-54	20.6	19.7	19.0	19.4	18.5	19.1
55+	19.3	18.5	18.7	18.9	18.8	19.2

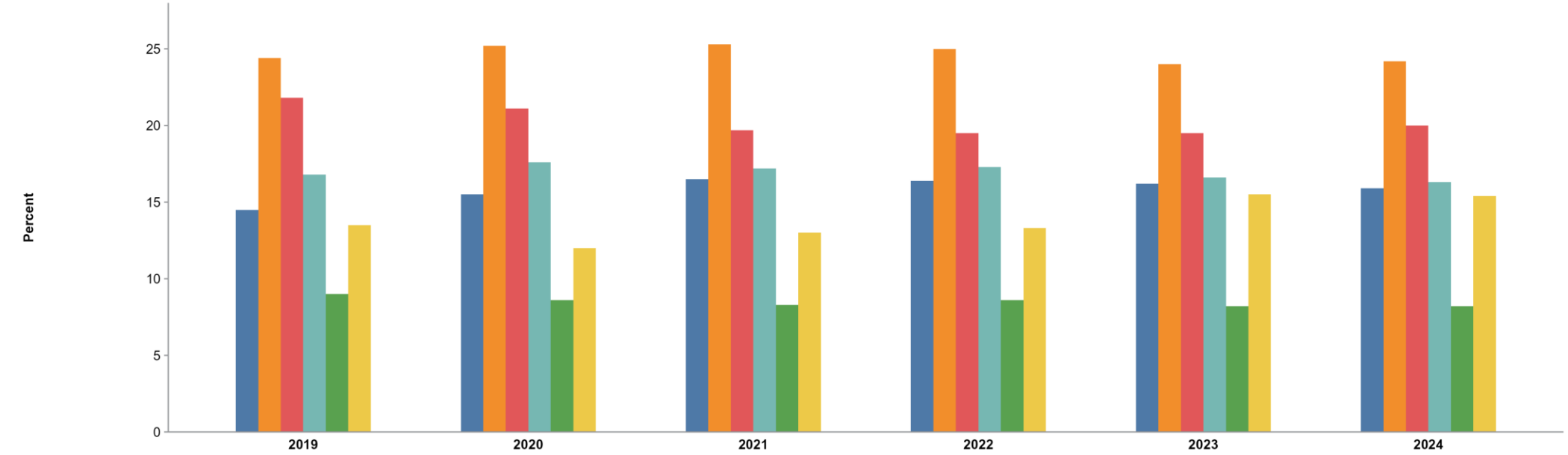
Year

Notes: The cohort includes both records from homelessness cohort and 7093 (0.73%) added from DAD with ICD-10 Z59 code. People with unknown age group are not shown in the plot but they are included in the denominator.
Source: Homelessness Cohort research dataset (2019-2024), Hospital Discharge Abstracts Database (DAD, 2019-2024), Client Roster (CR, 2019-2024)

Health authority distribution

FH and VCH account for almost half of people experiencing homelessness

Health Authority Distribution



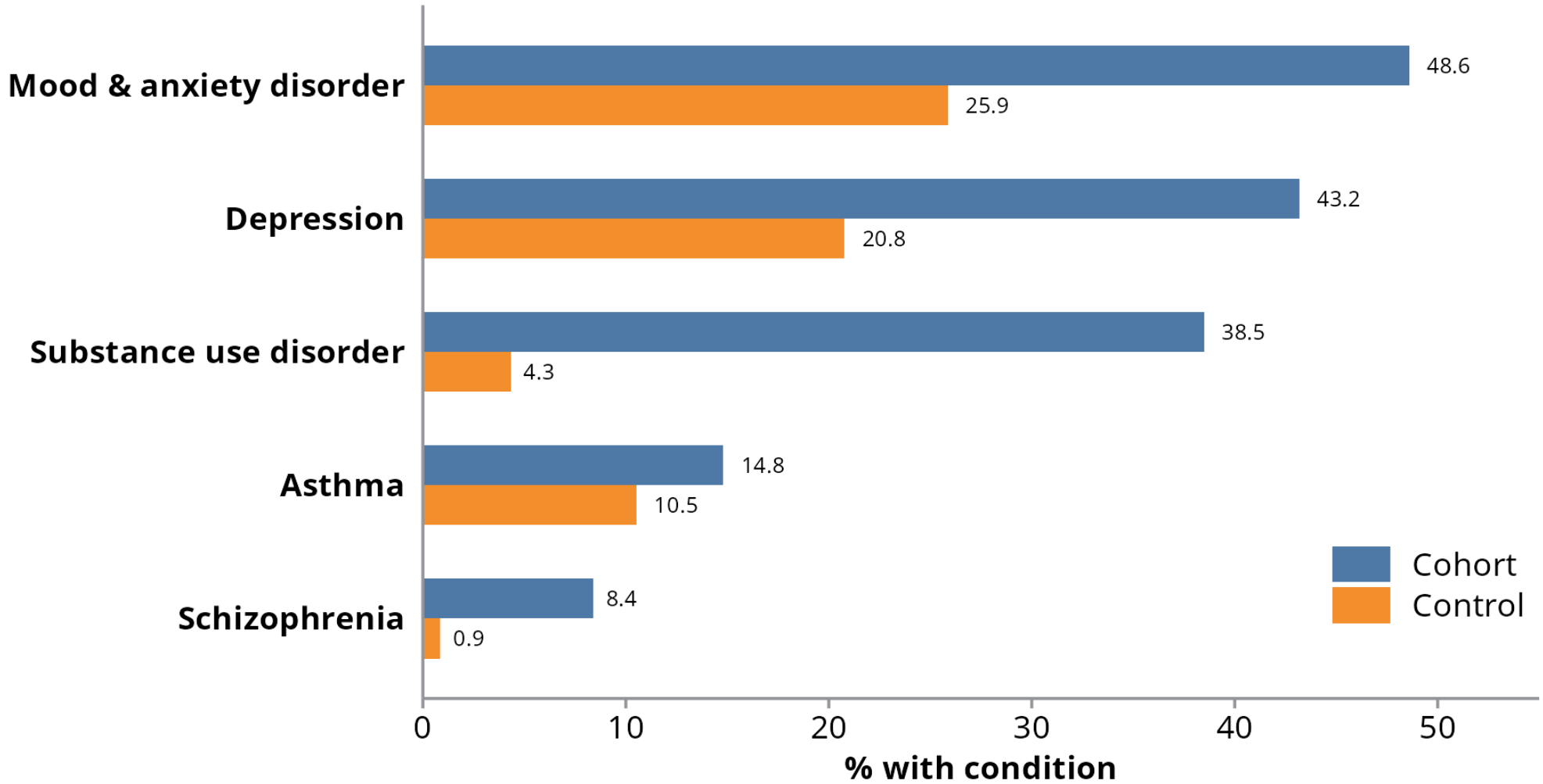
	2019	2020	2021	2022	2023	2024
1 Interior	14.5	15.5	16.5	16.4	16.2	15.9
2 Fraser	24.4	25.2	25.3	25.0	24.0	24.2
3 Vancouver Coastal	21.8	21.1	19.7	19.5	19.5	20.0
4 Vancouver Island	16.8	17.6	17.2	17.3	16.6	16.3
5 Northern	9.0	8.6	8.3	8.6	8.2	8.2
9 Unknown HA	13.5	12.0	13.0	13.3	15.5	15.4

Year

Notes: The cohort includes both records from homelessness cohort and 7093 (0.73%) added from DAD with ICD-10 Z59 code.
Source: Homelessness Cohort research dataset (2019-2024), Hospital Discharge Abstracts Database (DAD, 2019-2024), Client Roster (CR, 2019-2024)

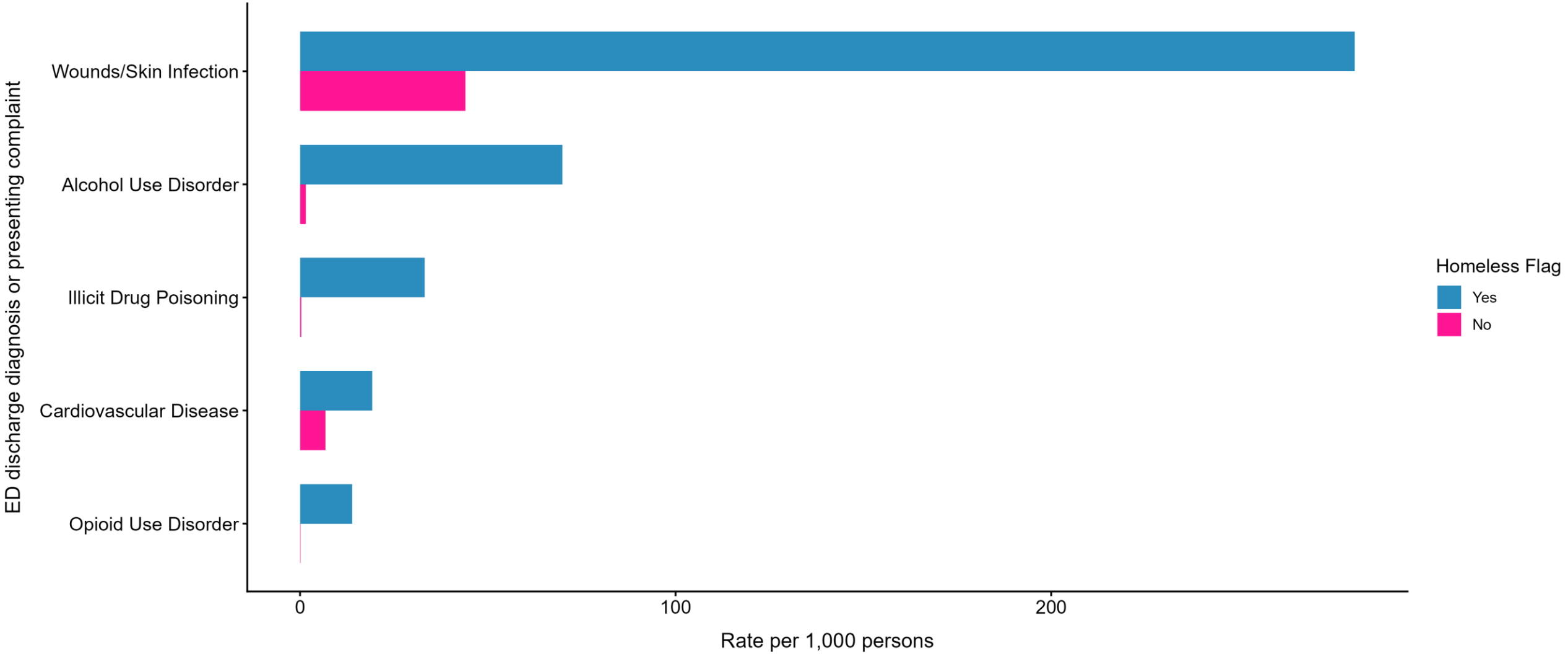
What was the health status and service utilization before being enrolled in the cohort?

Top 5 Chronic Health Conditions 1 Year Before Cohort Enrollment



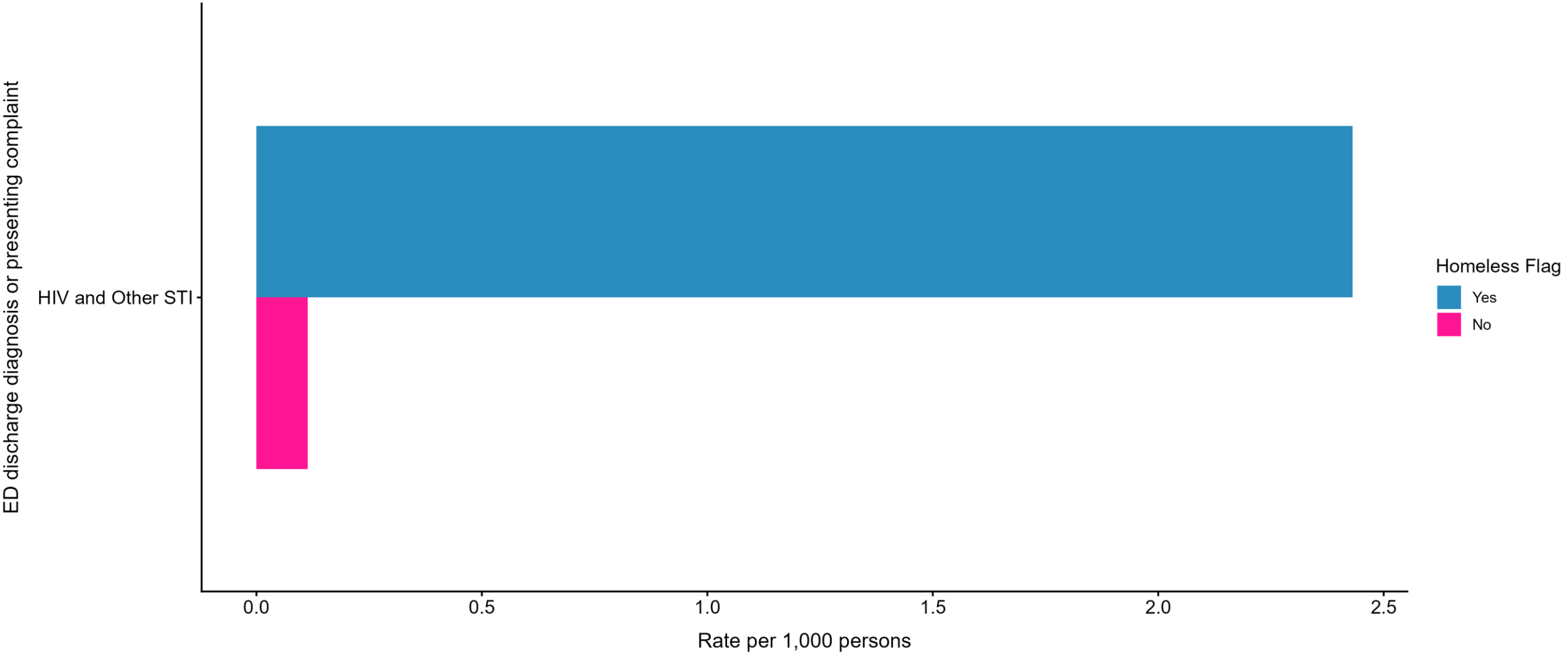
Notes: Top 5 pre-existing chronic conditions 1 year prior to cohort enrollment.
Source: BC Ministry of Health, Chronic Disease Registry Version 202324. Prepared by Population Health Surveillance and Epidemiology, Office of the Provincial Health Officer, May 2026.

Top 5 emergency department (ED) encounters of people experiencing homelessness 1 year prior to cohort enrollment vs control group



Note: ED encounter is unique triage visit. Rate is the average number divided by denominator. NACRS is level 2 with partial coverage and results may be based on partial data and should be interpreted with caution. NACRS discharge diagnosis is not reported consistently by all health authorities and is not currently coded through a clinical coder.
Data sources: Homelessness Cohort research dataset (2019-2024), National Ambulatory Care Reporting System (NACRS, 2018-2025), Client Roster (CR, 2018-2024)

Emergency department (ED) encounters of people experiencing homelessness 1 year prior to cohort enrollment vs control group



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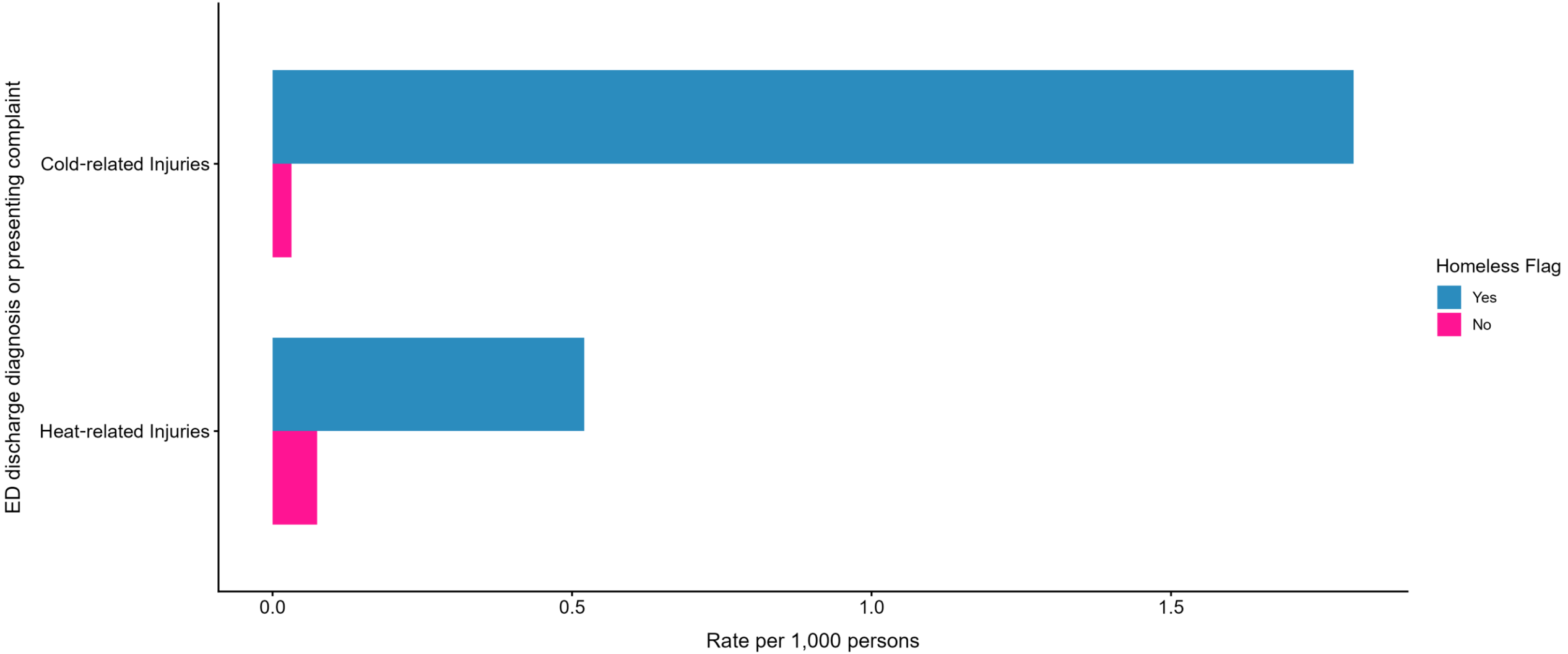

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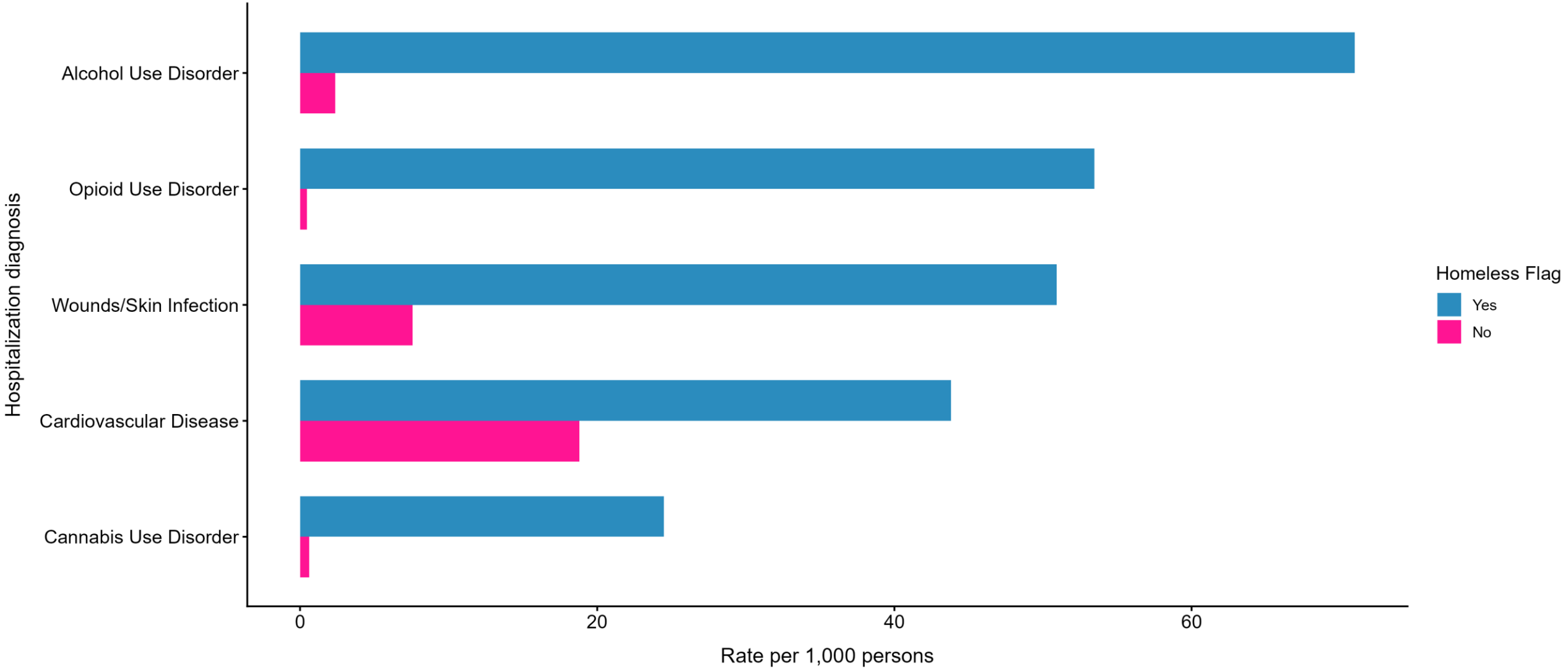
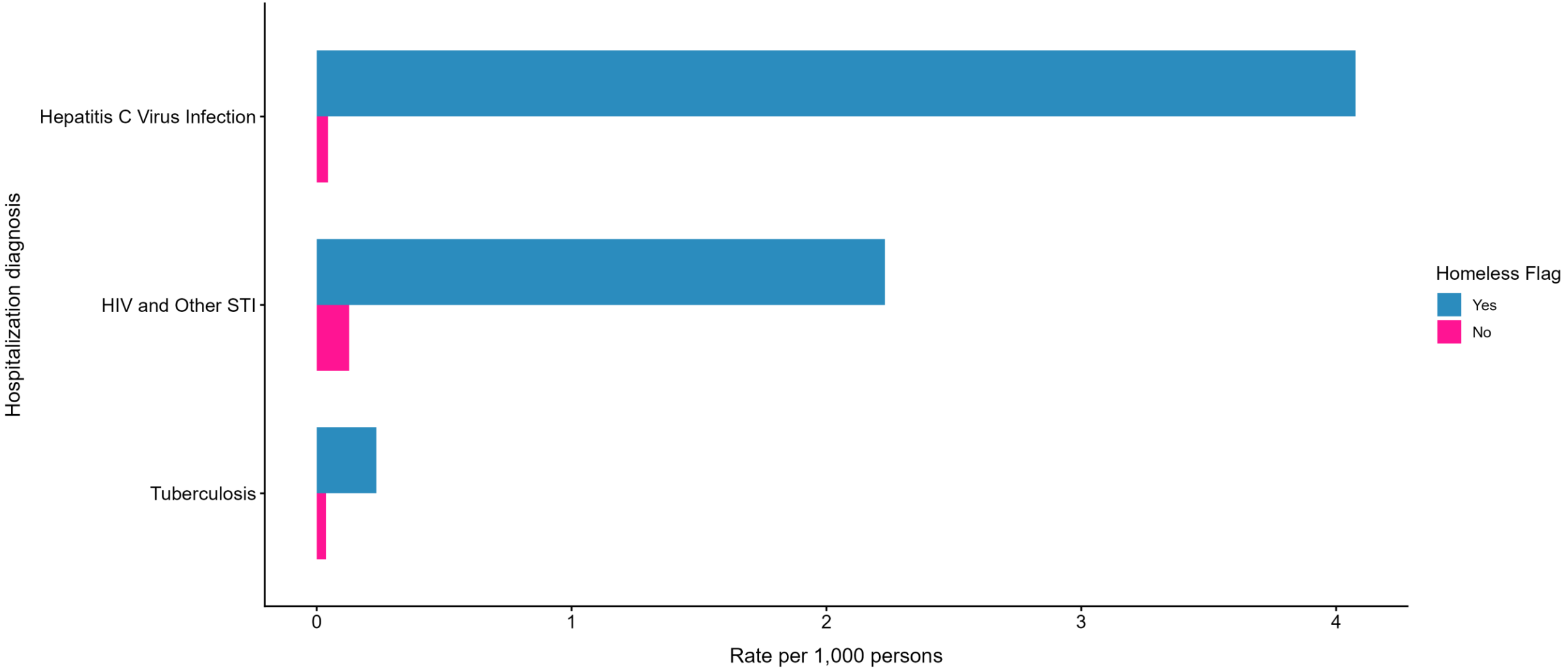
Data sources: Homelessness Cohort research dataset (2019-2024), National Ambulatory Care Reporting System (NACRS, 2018-2025), Client Roster (CR, 2018-2024)

Top 5 hospital admissions of people experiencing homelessness 1 year prior to cohort enrollment vs control group



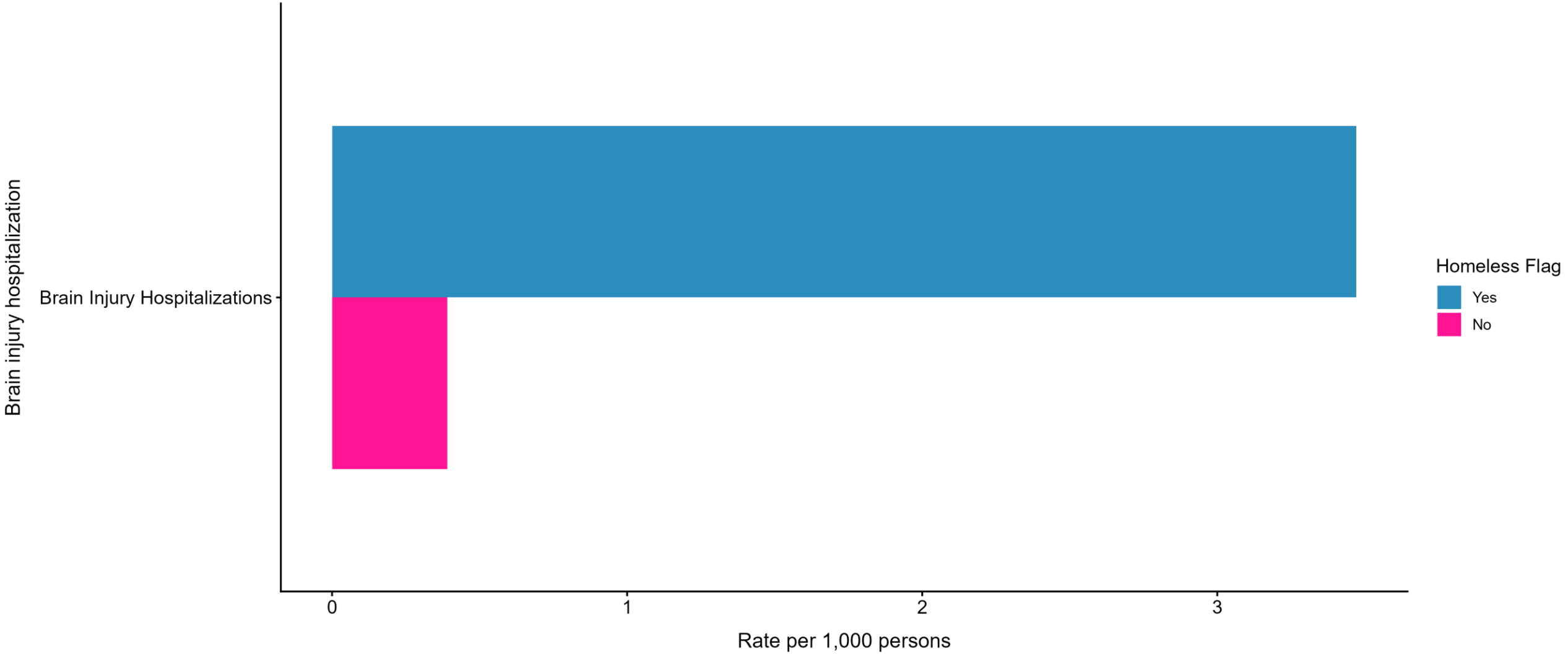
Note: hospital admission is unique hospital visit. Rate is the average number divided by denominator.
Data sources: Homelessness Cohort research dataset (2019-2024), Discharge Abstract Database (DAD, 2018-2025), Client Roster (CR, 2018-2024)

Hospital admissions of people experiencing homelessness 1 year prior to cohort enrollment vs control group



Note: hospital admission is unique hospital visit. Rate is the average number divided by denominator.
Data sources: Homelessness Cohort research dataset (2019-2024), Discharge Abstract Database (DAD, 2018-2025), Client Roster (CR, 2018-2024)

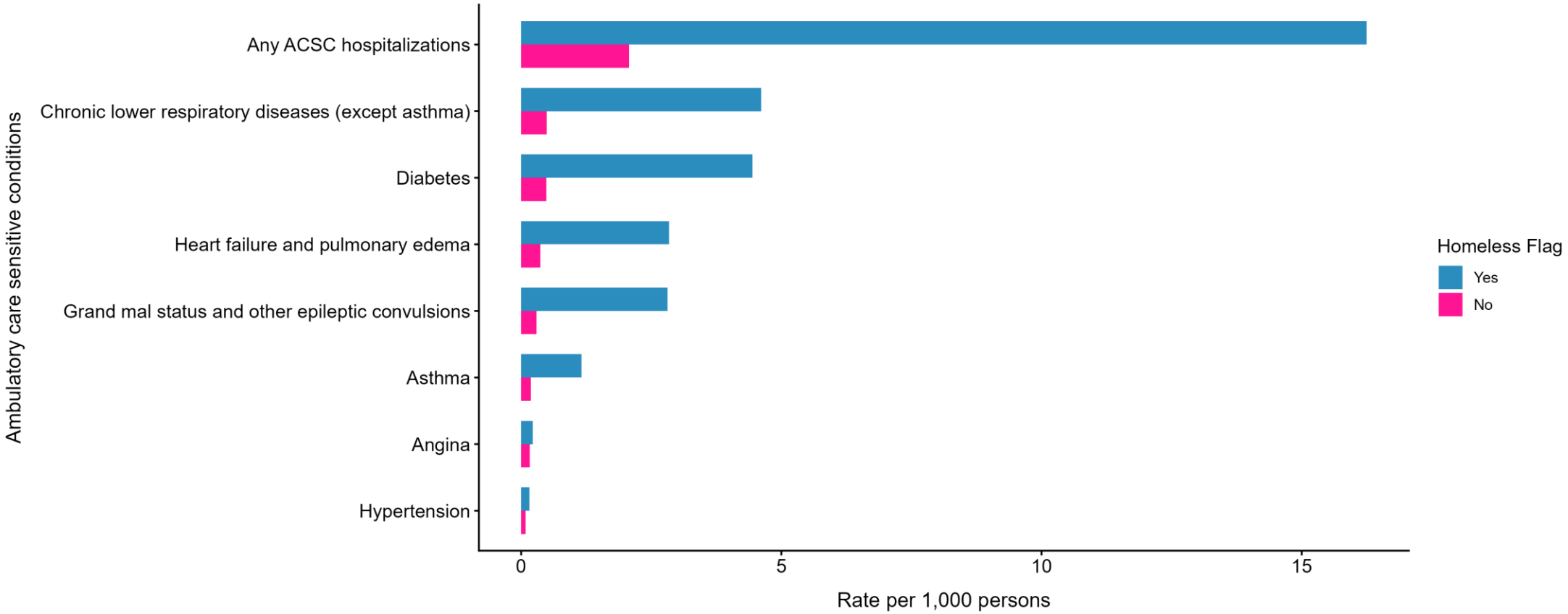
Brain injury hospitalization of people experiencing homelessness 1 year prior to cohort enrollment vs control group



Note: Brain injury hospitalization is episode of care which for brain injury contiguous inpatient hospitalizations and same-day surgery visits. For episodes with transfers within or between facilities, transactions were linked regardless of diagnoses. Rate is the average number divided by denominator.
Data sources: Homelessness Cohort research dataset (2019-2024), Discharge Abstract Database (DAD, 2018-2025), Client Roster (CR, 2018-2024)

Ambulatory care sensitive conditions (ACSC) hospitalizations of people experiencing homelessness 1 year prior to cohort enrollment vs control group

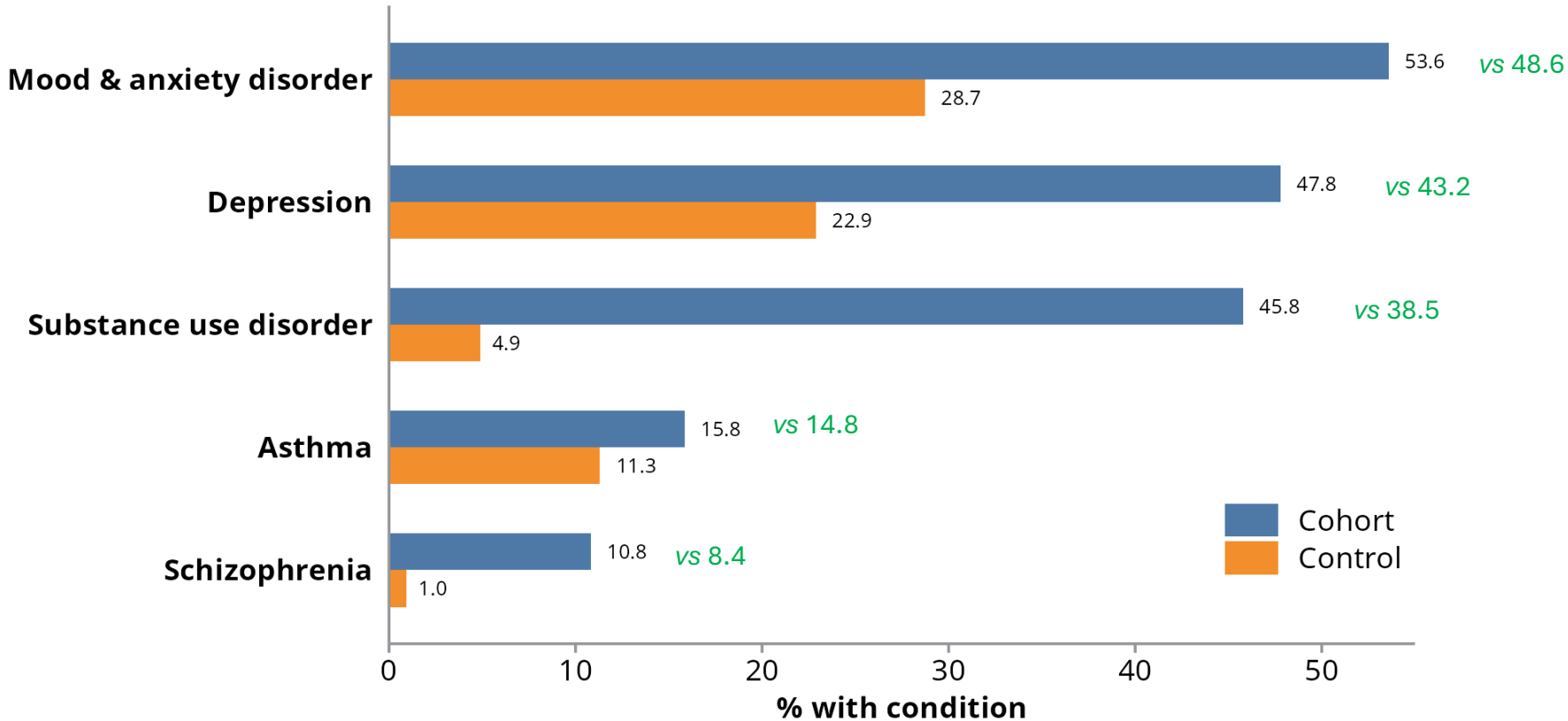
Among population younger than age 75



Hospitalization for an ambulatory care sensitive condition is identified as any most responsible diagnosis code of listed conditions. Admission is to an acute care institution.
Age is at admission and younger than 75.
Exclusions: Procedures coded as abandoned after onset. Records with discharge as death, newborn, stillbirth or cadaveric donor.
Data sources: Homelessness Cohort research dataset (2019-2024), Discharge Abstract Database (DAD, 2018-2025), Client Roster (CR, 2018-2024)

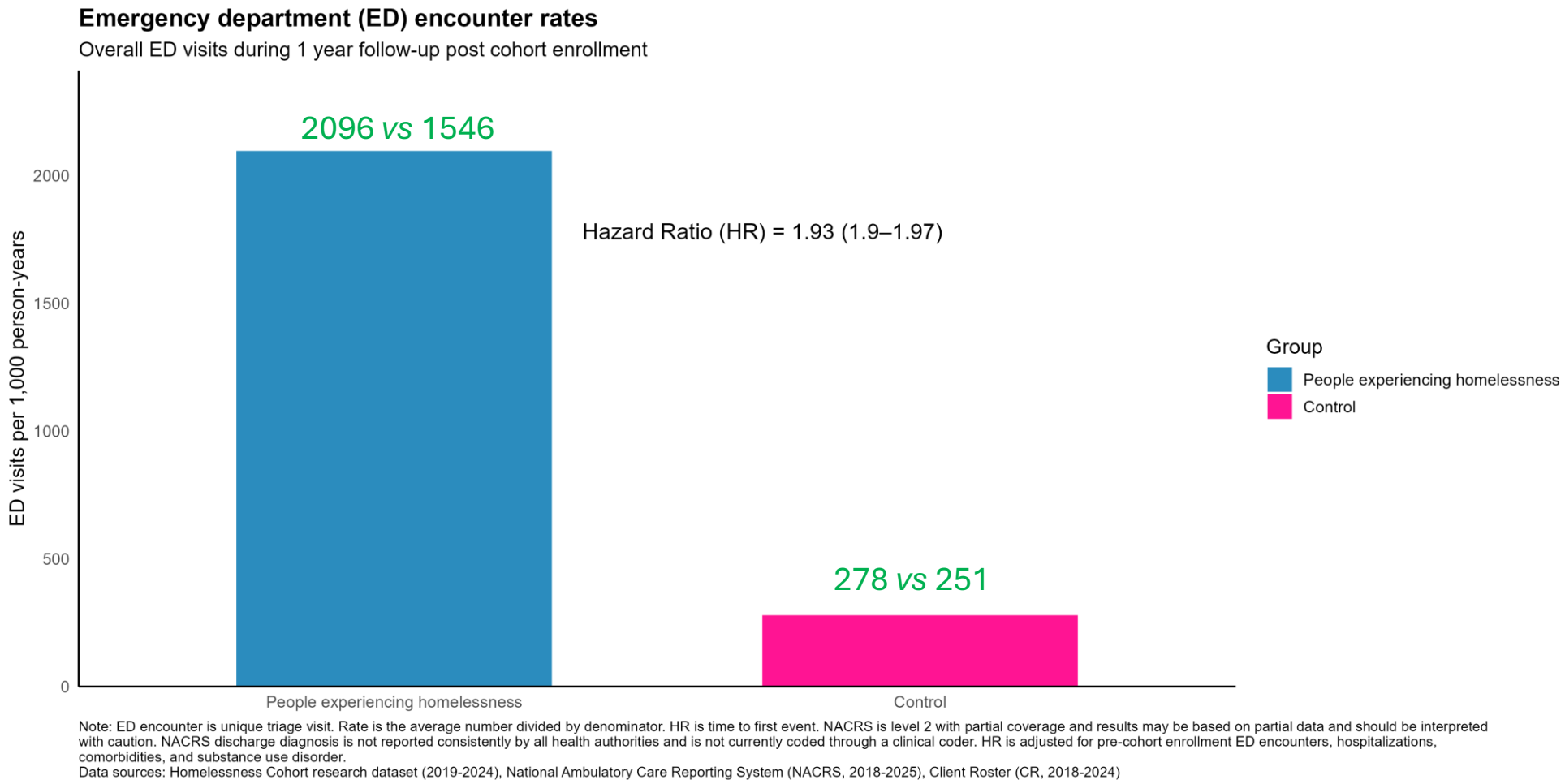
What is the effect/association of experiencing homelessness on health status and service utilization

Top 5 Chronic Health Conditions 1 Year After Cohort Enrollment



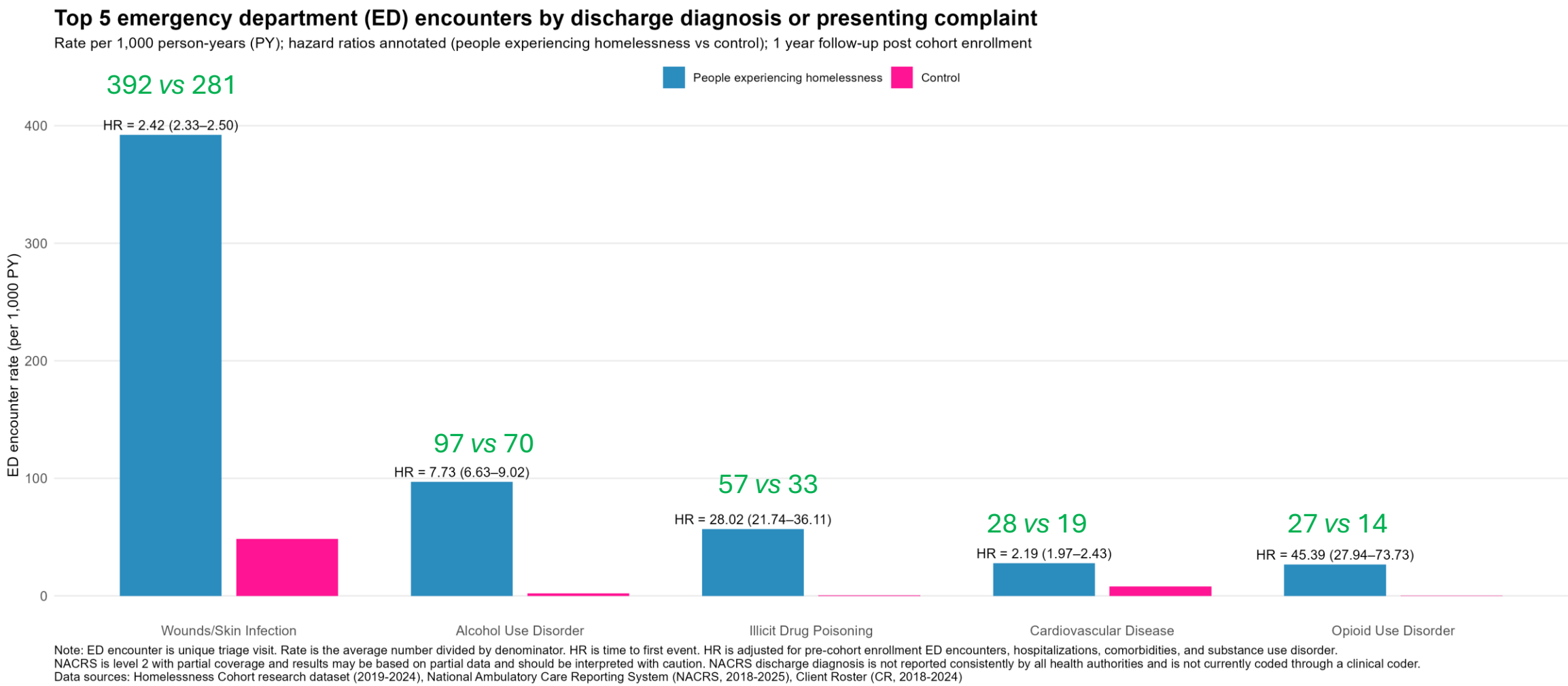
Notes: Top 5 pre-existing chronic conditions 1 year after cohort enrollment.
Source: BC Ministry of Health, Chronic Disease Registry Version 202324. Prepared by Population Health Surveillance and Epidemiology, Office of the Provincial Health Officer, May 2026.

Overall ED encounters one year after cohort enrollment



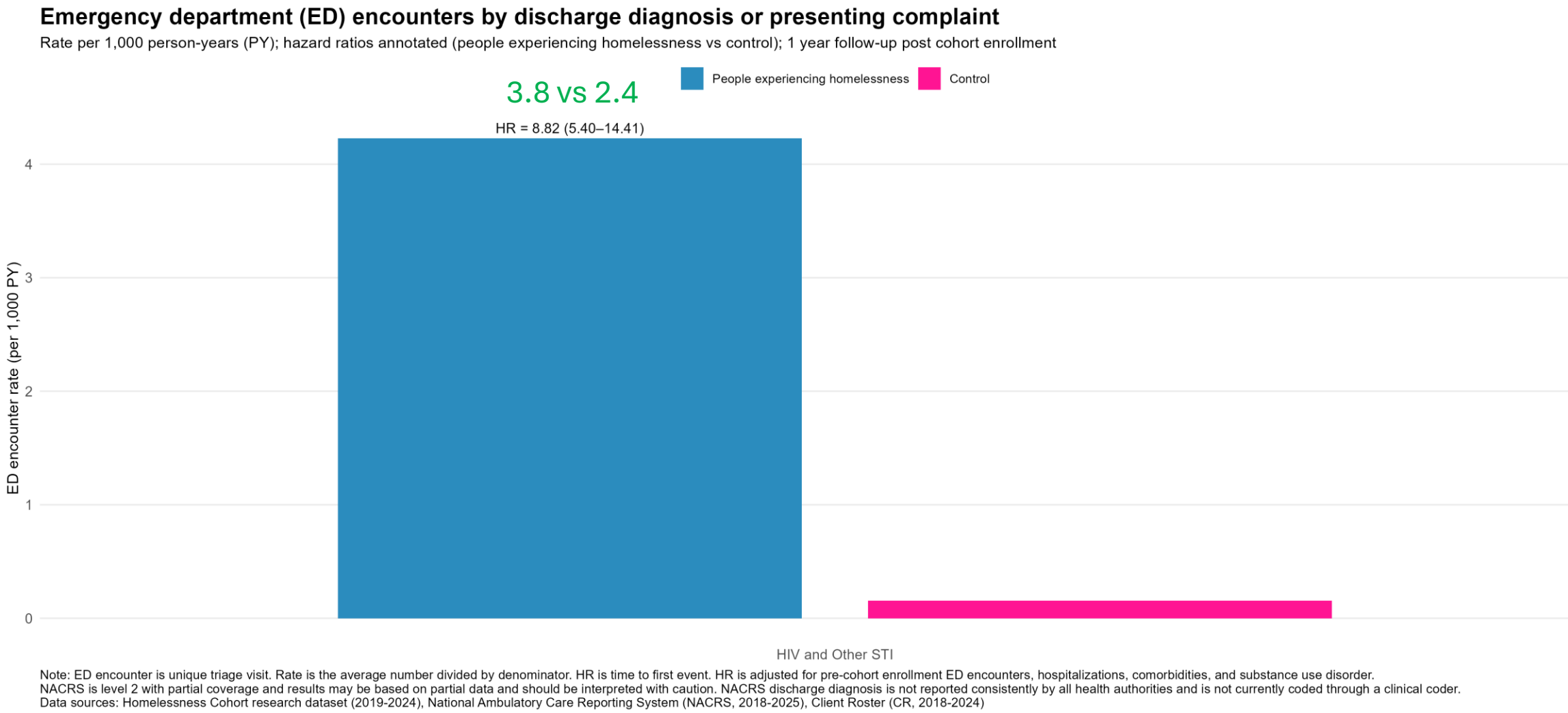
Note: HR is adjusted for sex, age, and previous health conditions

Top ED encounters one year after cohort enrollment



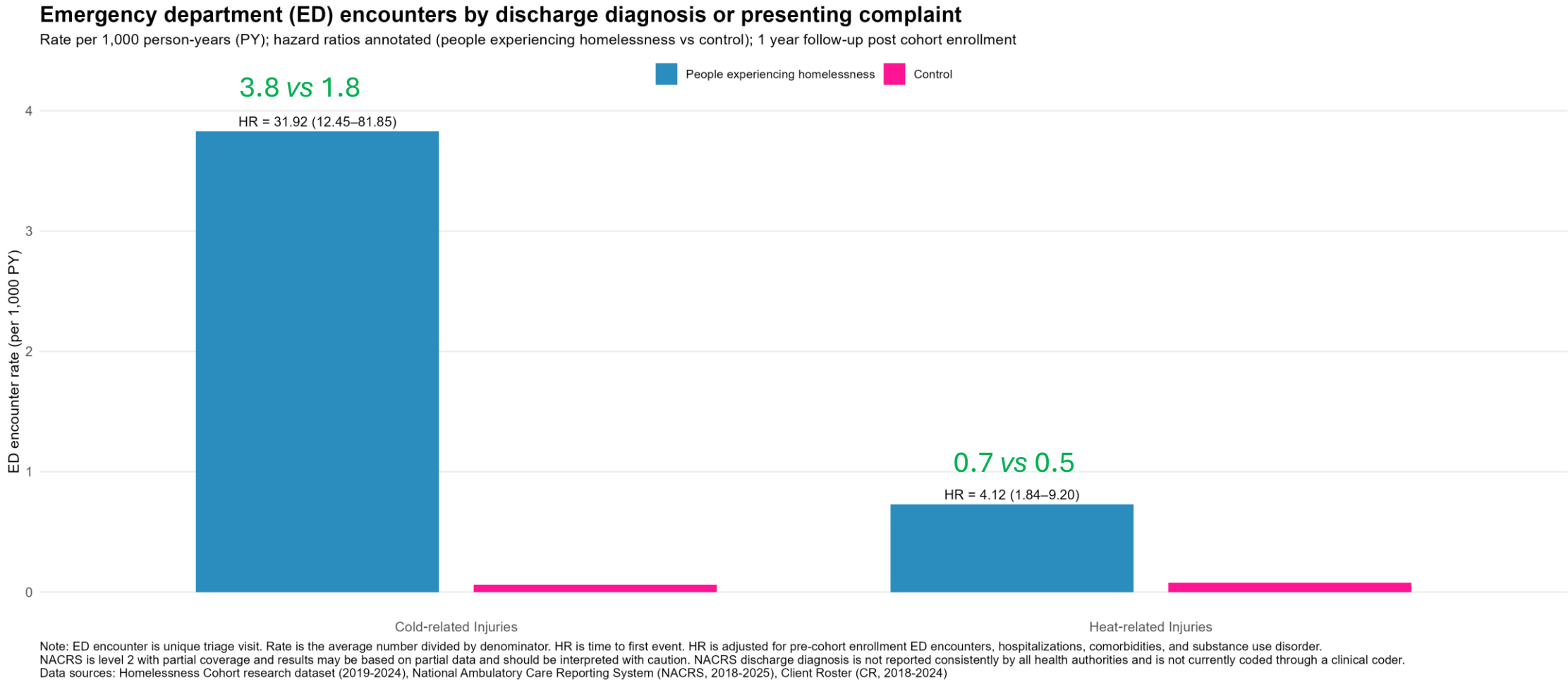
Note: HR is adjusted for sex, age, and previous health conditions

ED encounters for infections one year after cohort enrollment



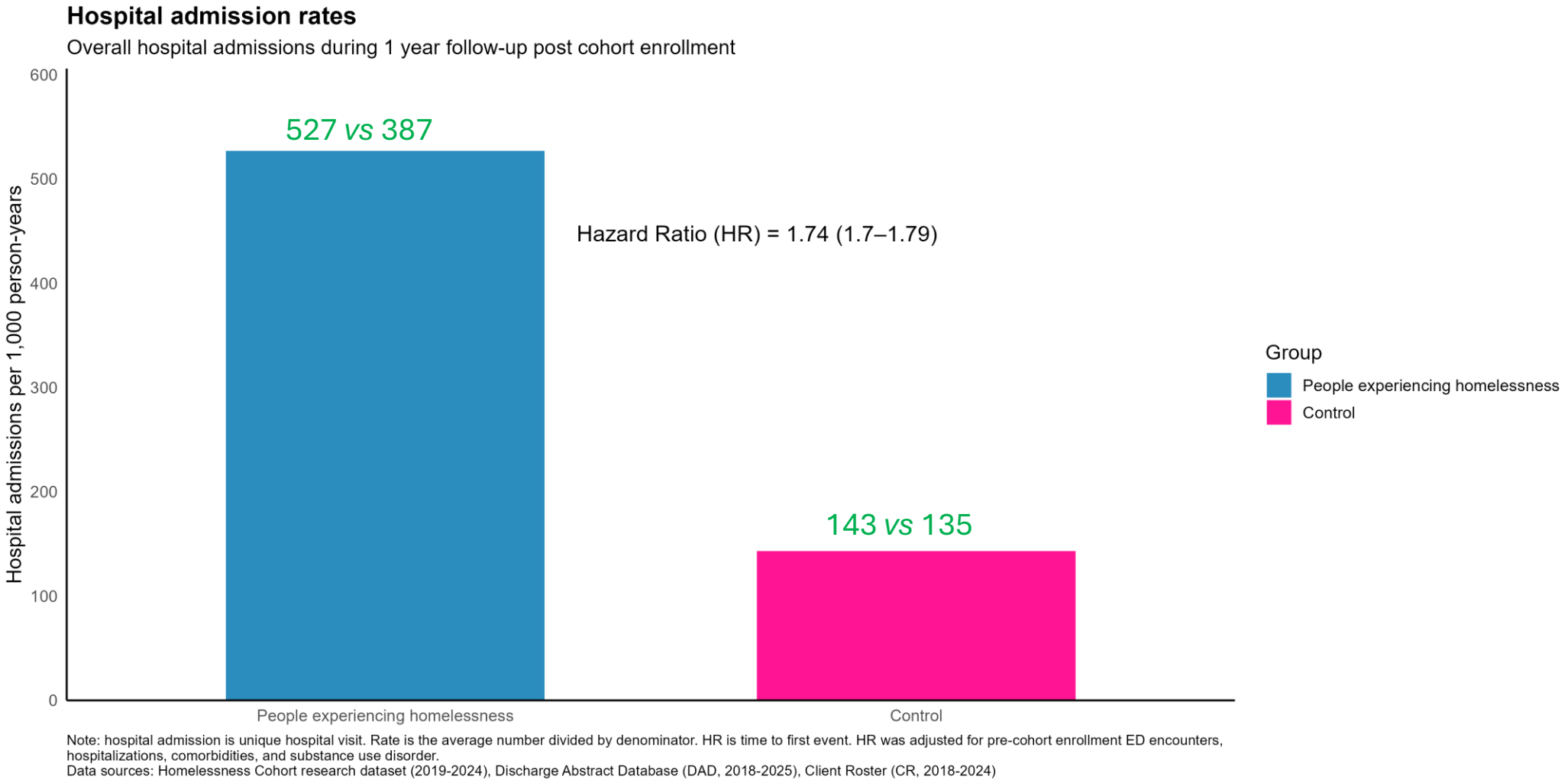
Note: HR is adjusted for sex, age, and previous health conditions

ED encounters for cold/heat related injuries one year after cohort enrollment



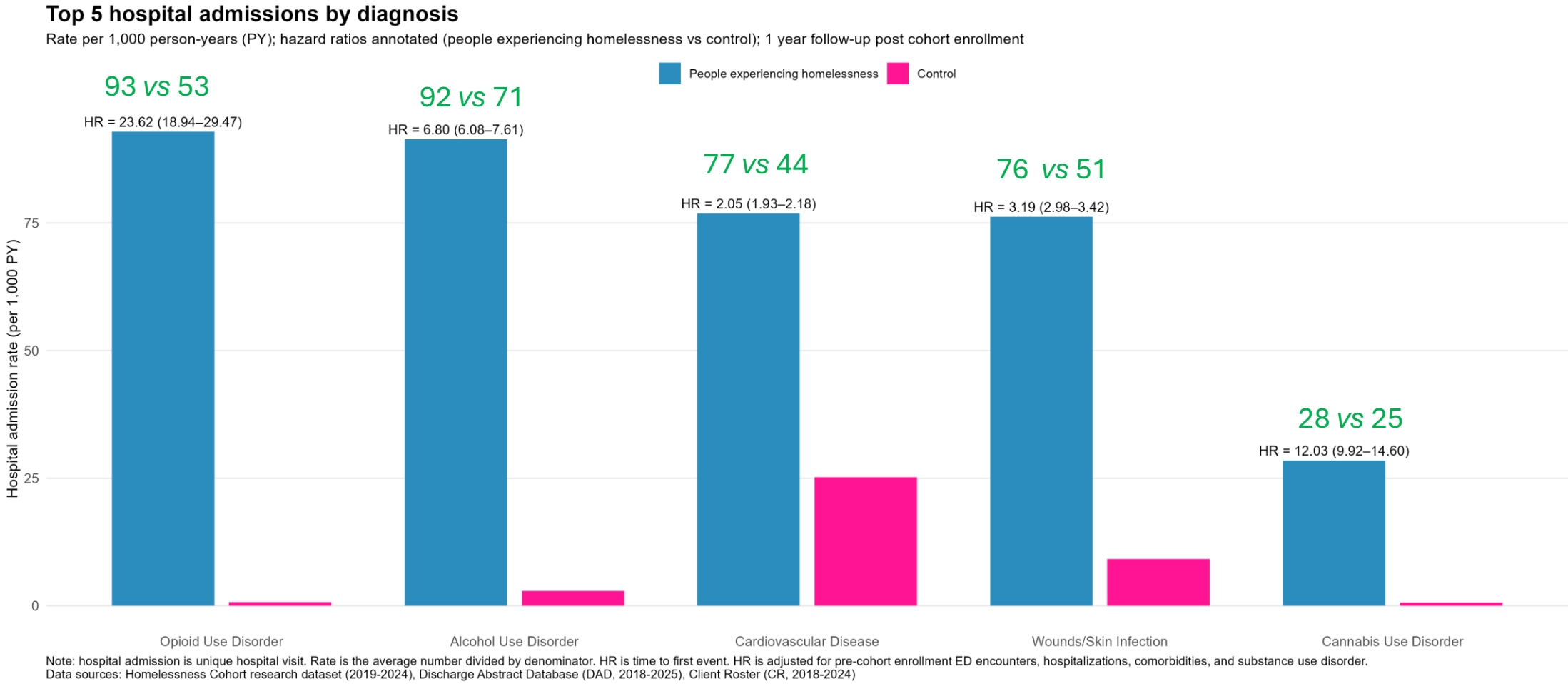
Note: HR is adjusted for sex, age, and previous health conditions

Overall hospital admission rate one year after cohort enrollment



Note: HR is adjusted for sex, age, and previous health conditions

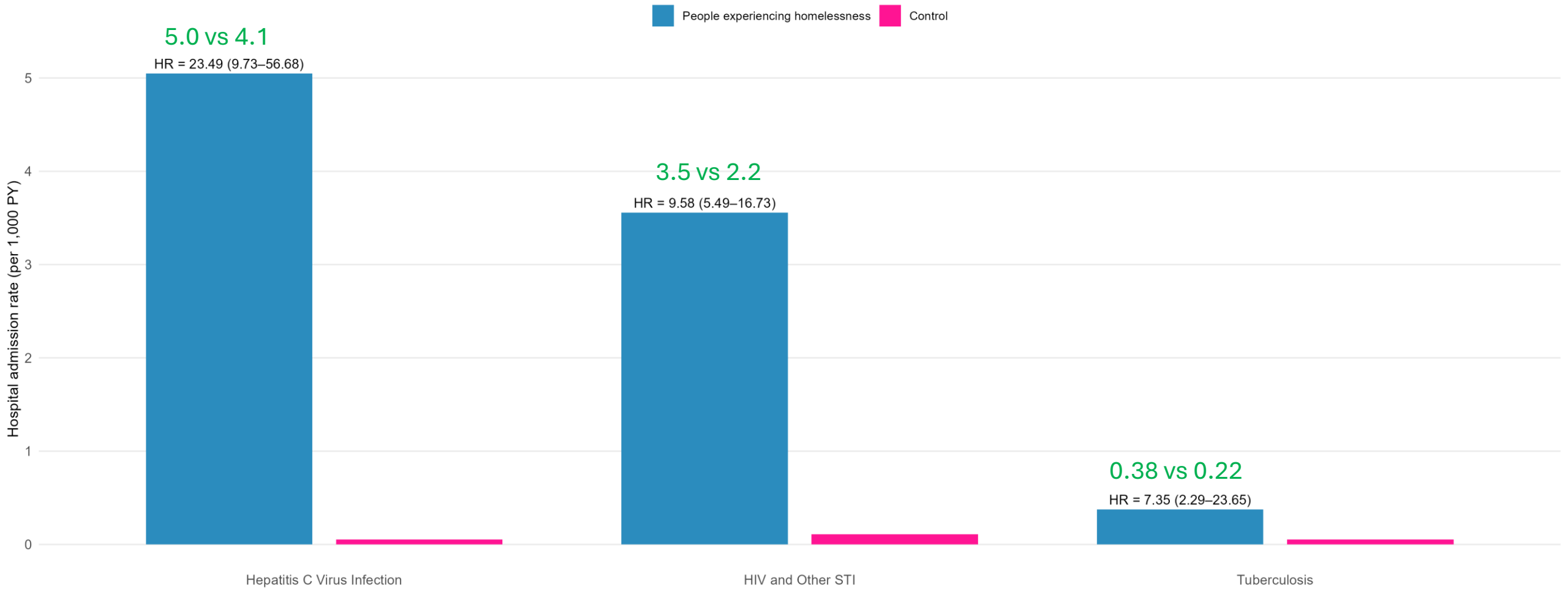
Top hospital admission diagnosis one year after cohort enrollment



Note: HR is adjusted for sex, age, and previous health conditions

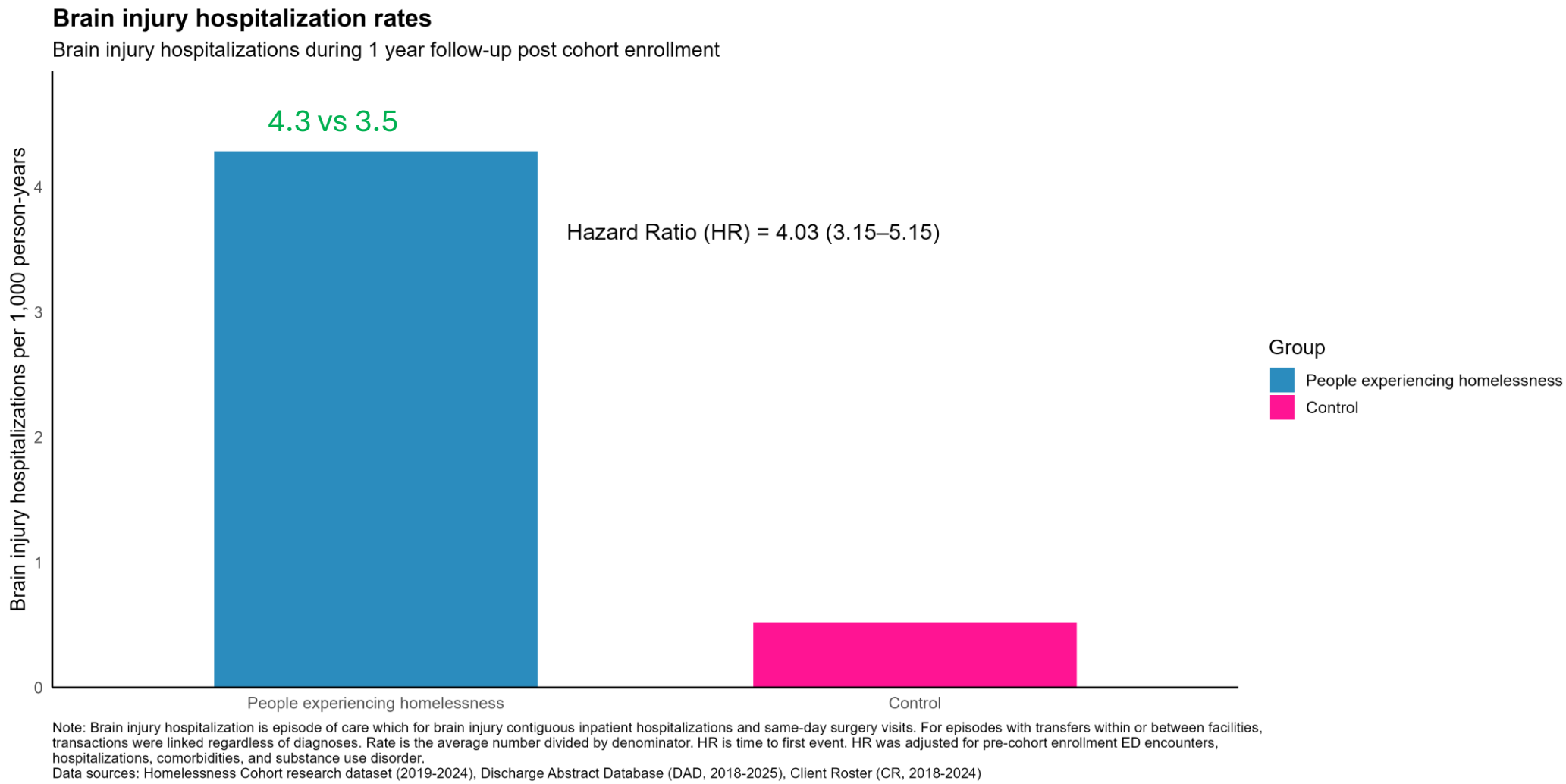
Hospital admissions by diagnosis

Rate per 1,000 person-years (PY); hazard ratios annotated (people experiencing homelessness vs control); 1 year follow-up post cohort enrollment



Note: hospital admission is unique hospital visit. Rate is the average number divided by denominator. HR is time to first event. HR is adjusted for pre-cohort enrollment ED encounters, hospitalizations, comorbidities, and substance use disorder.
Data sources: Homelessness Cohort research dataset (2019-2024), Discharge Abstract Database (DAD, 2018-2025), Client Roster (CR, 2018-2024)

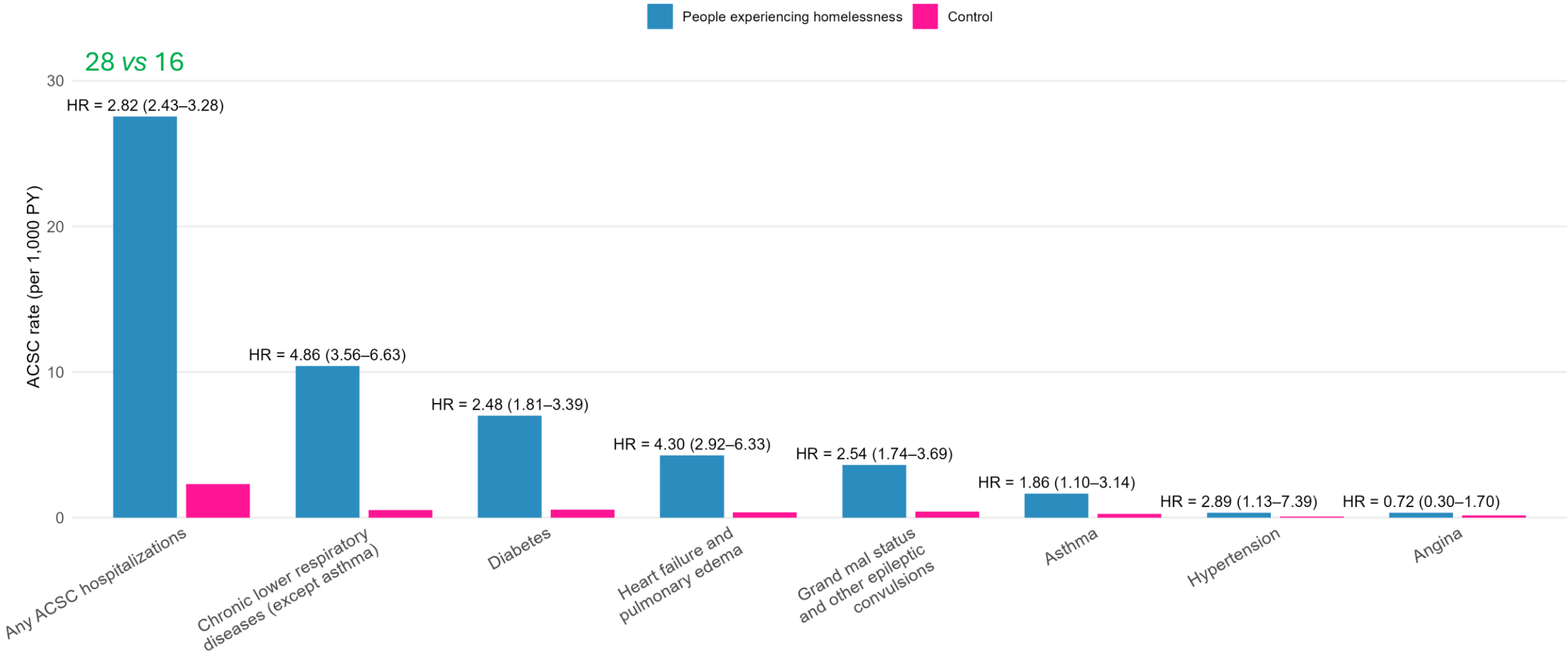
Brain injury hospitalization rates one year after experiencing homelessness



Note: HR is adjusted for sex, age, and previous health conditions

Ambulatory care sensitive conditions (ACSC) hospitalizations

Rate per 1,000 person-years (PY); hazard ratios annotated (people experiencing homelessness vs control); 1 year follow-up post cohort enrollment; among population younger than age 75

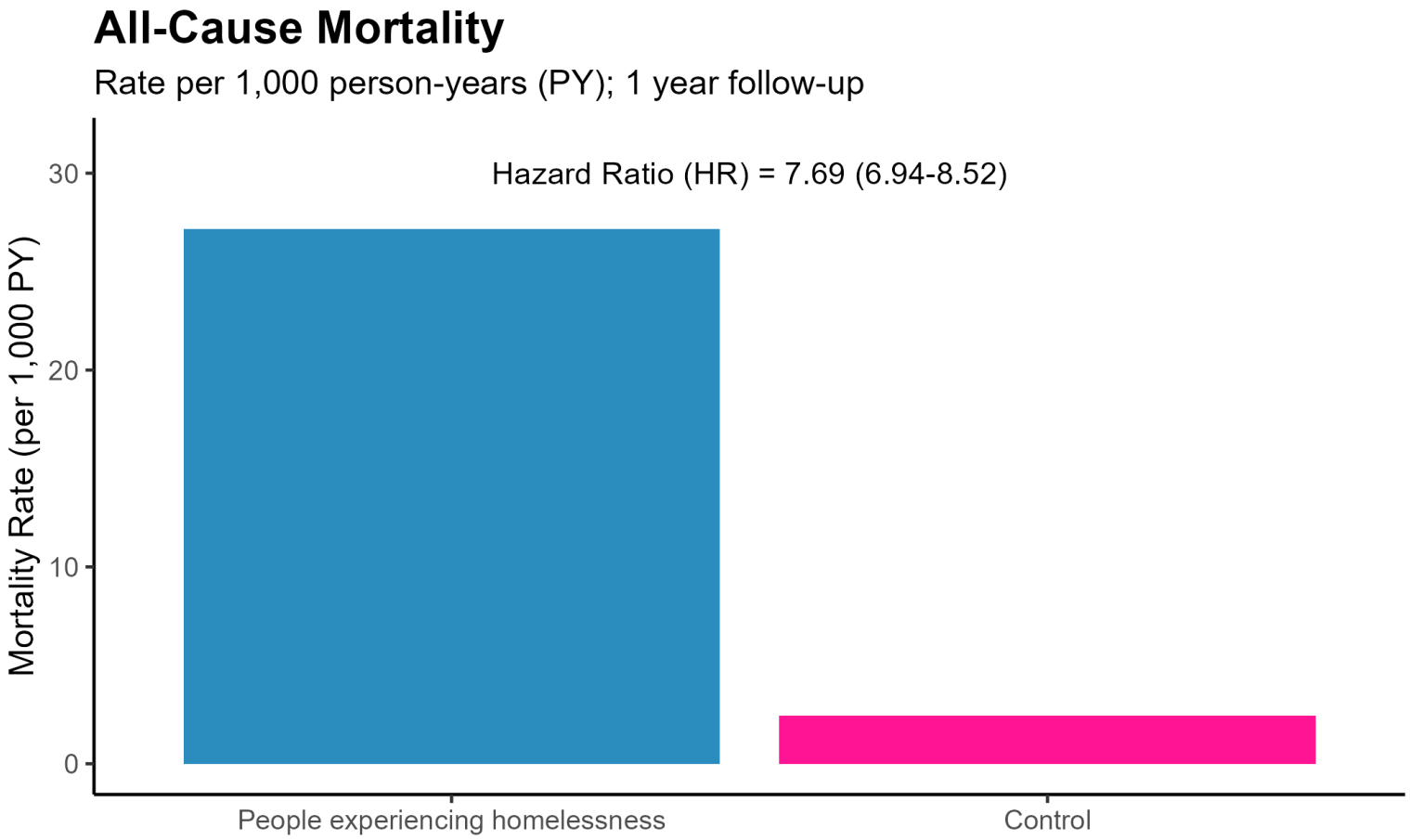


Note: Hospitalization for an ambulatory care sensitive condition is identified as any most responsible diagnosis code of listed conditions. Admission is to an acute care institution. Age is at admission and younger than 75.
Exclusions: Procedures coded as abandoned after onset. Records with discharge as death, newborn, stillbirth or cadaveric donor.
Data sources: Homelessness Cohort research dataset (2019-2024), Discharge Abstract Database (DAD, 2018-2025), Client Roster (CR, 2018-2024)

with the aim of facilitating or maximizing the quality and effectiveness of patient care. NACRS is level 2 with partial coverage and results may be based on partial data and should be interpreted with caution.
NACRS discharge diagnosis is not reported consistently by all health authorities and is not currently coded through a clinical coder. Rate is the average number divided by denominator.
Data sources: Homelessness Cohort research dataset (2019-2024), National Ambulatory Care Reporting System (NACRS, 2018-2025), Client Roster (CR, 2018-2024)

Note: HR is adjusted for sex, age, and previous health conditions

1.4-1.9% of homeless people died within 1 year of follow-up



Note: Rate is the total number of death 1 year post event date divided by total person time from event date to death, censoring or 1-year end. Analysis adjusted for age, sex, HA, ED visits, hospital episodes of care, number of comorbidities, and substance use disorder.
Data sources: Homelessness Cohort research dataset (2019-2024), Vital Statistics (2019-2025)

Note: HRs are adjusted for covariates

Top 5 Causes of Death

Rate per 1,000 person-years (PY); 1 year follow-up

Note: Rate is the total number of death 1 year post event date divided by total person time from event date to death, censoring or 1-year end. Unadjusted analysis.
Data sources: Homelessness Cohort research dataset (2019-2024), Vital Statistics (2019-2025)

Note: HRs are not adjusted for covariates

Conclusions

- BC residents of all age could experience homelessness and the # of people experiencing homelessness (especially chronic homelessness) is creasing

- Homeless people have poorer health before and after being enrolled in the cohort compared to the controls, but the relationships between health conditions (morbidities) and homelessness are complex and bi-directional

- Homeless people are more likely die of certain causes eg, illicit drug toxicity and injuries

Limitations and Next Steps

- Analysis based on a narrow homelessness definition and unknown homelessness status prior to 2019
- Further analyses
    - Refine analysis to examine the effect
    - More specific health outcomes
    - Economic burden to the health system
    - Indigenous homelessness and racial groups
- Targeted analysis to generate evidence for actions eg, intervention effects
- Collaborations with other organizations
- Longer-term: a housing status measure for BC residents?

Housing and Homelessness Public Health Indicators

Purpose: create a list of public health indicators for housing and health

This is the first of many conversations that will inform the list of indicators.

Discussion Questions

1. Where do you see opportunities for upstream intervention?
2. What can public health influence?
3. What kinds of data do you use in your work on housing and homelessness?
4. What data does your health authority collect and use related to housing and homelessness?
5. Considering trends over time, which indicators would be most useful?
6. What kind of products or formats would be useful?

1. Where do you see opportunities for upstream intervention?

To prevent health harms of inadequate housing

To mitigate harms

2. What can public health influence?

What indicators relate to those areas of influence?

3. What kinds of data do you use in your work on housing and homelessness?

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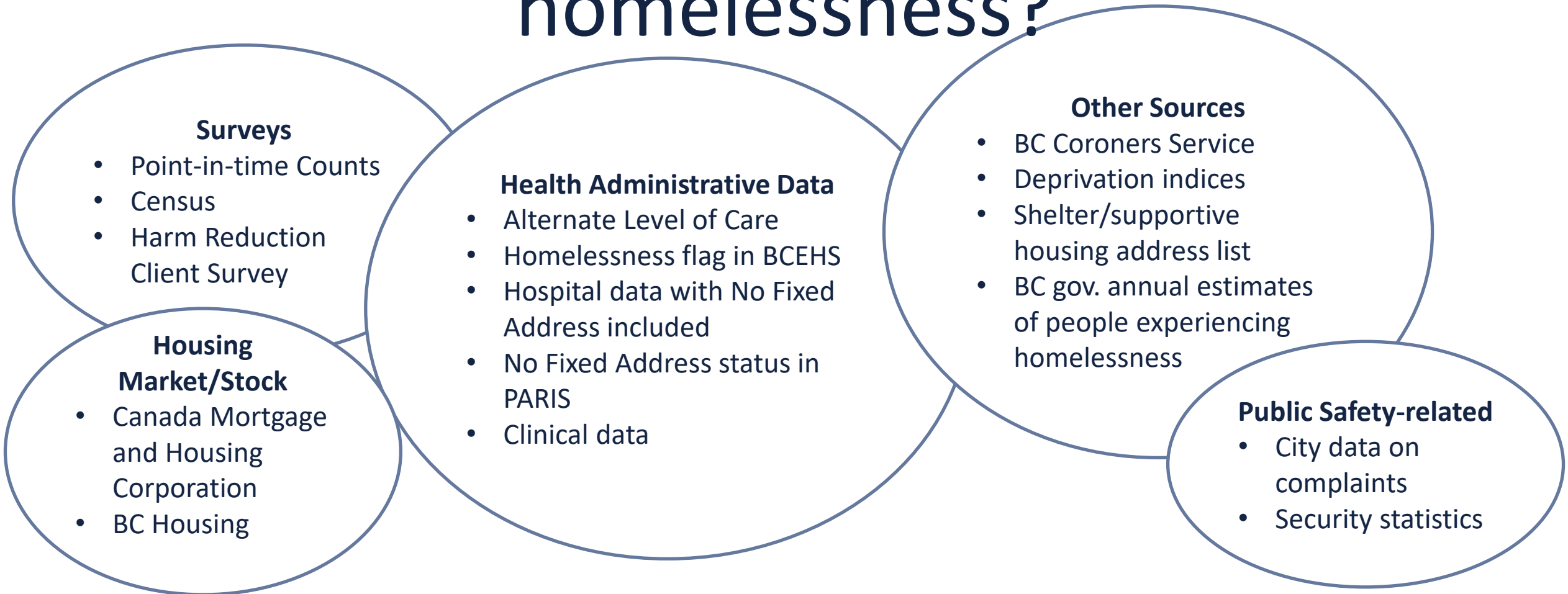

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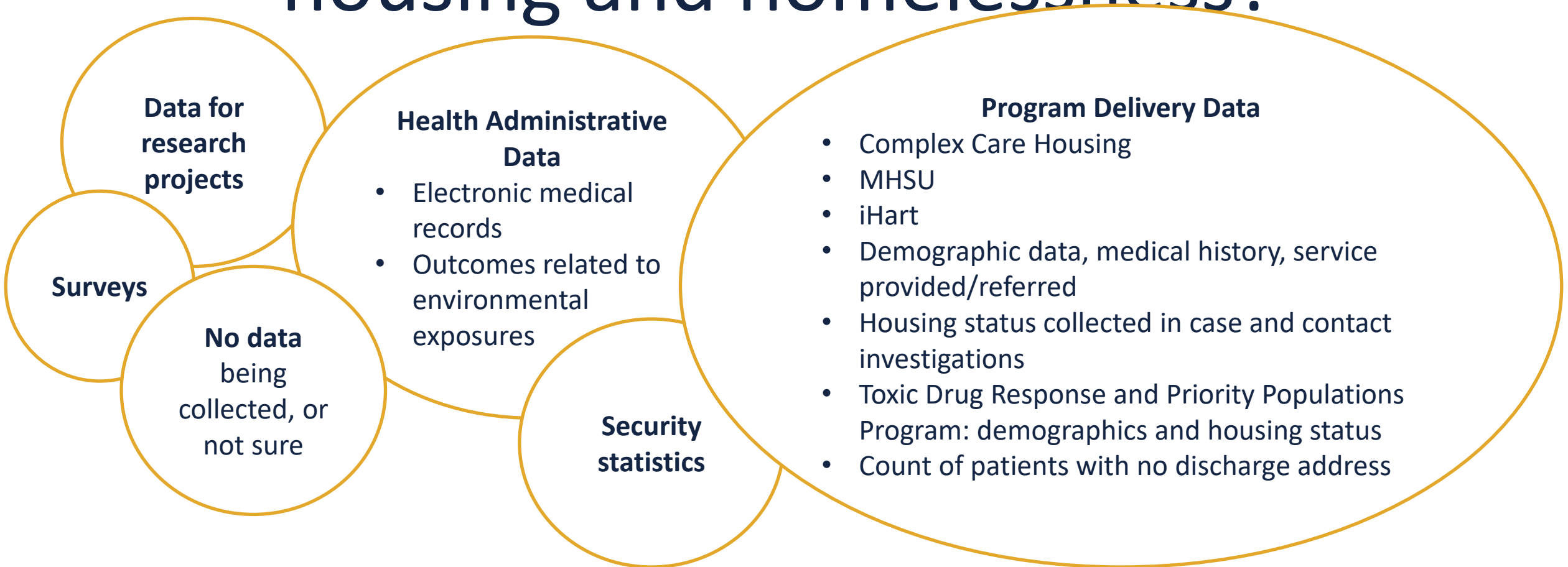

5. Considering trends over time, which indicators would be most useful?

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Health Admin. Data

- Better flags and track of housing status

Affordability

- Housing affordability/ different facets of housing
- Cost of living
- Core housing need

Focus on Solutions

- Data on effectiveness of interventions like transitional housing
- Factors that help people exit homelessness

Make Existing Data More Accessible or Useful

- Existing data disaggregated to smaller geographic areas (e.g., provincial estimates)
- Better access to data held by other organizations (e.g., BC Housing).

Population Characteristics and Outcomes

- Basic counts or epi data specific to HA
- More info on degree to which people experiencing homeless move between communities
- More on injuries due to living outdoors.

6. What kind of products or formats would be useful?

Thank you!

Would you like to stay connected to this work?

Let us know:

Kathleen.perkin@gov.bc.ca