The Intersection of Health, Housing, and Homelessness

The Role of BC's Public Health Sector

BRITISH COLUMBIA
Office of the Provincial Health Officer

Provincial Health Officer's Special Report

Office of the Provincial Health Officer

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BC Ministry of Health
lək̓ʷəŋən Territories
Victoria, BC

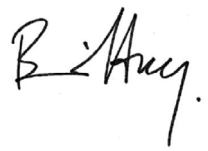
April 22, 2026

The Honourable Josie Osborne
Minister of Health

Dear Honourable Josie Osborne:

I am submitting this report to you in accordance with Section 66 of the *Public Health Act*, and my duty to inform and advise on public health issues in BC.

Sincerely,



Dr. Bonnie Henry
OC OBC MD MPH FRCPC
Provincial Health Officer

Message From the Provincial Health Officer

The public health sector exists to protect and improve the health of the population. The sector takes a holistic and preventive view of health that focuses on addressing both the systemic inequities that lead to differences in health outcomes as well as their downstream effects. As such, we have a responsibility to respond to the many significant factors that influence health that occur outside of the health-care system, such as housing.

As the Provincial Health Officer for British Columbia, it is my legislated duty to monitor the health of the population of BC and advise on public health issues.

BC is facing a housing crisis that touches every corner of our province. Systems of oppression such as settler colonialism and racism mean that not everyone is equally impacted. Among many other issues, features of this crisis include denial of the rights of First Nations, Métis, and Inuit people; unaffordability; a lack of community housing; and increasing homelessness and encampments.

These issues are not just policy challenges. Housing challenges are human realities that represent real risks to the health and well-being of people in BC. They are indicators of structural and systemic flaws that relate to key building blocks of health and impact many spheres of our lives. The result has been the diminished right and ability of everyone to have an affordable, adequate, and suitable home.

Housing is more than shelter. It should be the place where people find safety, stability, and connection. It is where children grow, seniors age with dignity, and communities thrive.

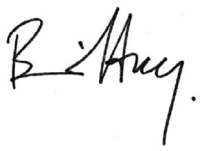
Affordable, adequate, and suitable housing is a key building block of health and is essential for health and well-being. When housing is insecure, unaffordable, or unavailable, it creates profound stress, disrupts lives, and deepens health inequities.

As housing challenges and instability become increasingly common for people in BC, the public health sector has reason to act—as well as roles and responsibilities to prevent and respond to the impacts of housing inequity in BC.

BC can have a future in which everyone has access to affordable, adequate, and suitable housing.

Achieving this goal will require multiple levels of government, provincial agencies, Indigenous rightsholders, and other partners to work together on a coordinated, dedicated, and multisectoral response. Although these efforts are underway, they must be strengthened and accelerated.

As this work progresses, the public health sector must also continue to direct, guide, and support activities that improve access to affordable, adequate, and suitable housing. Because housing is not just a building block of health—it is a foundation of a strong, fair, and caring society.



Dr. Bonnie Henry
Provincial Health Officer
BC Ministry of Health

Land and Rights Acknowledgements

We acknowledge with great respect the territories of the lək̓ʷəŋən Peoples on which the Office of the Provincial Health Officer stands, and the Songhees, Esquimalt (Xwsepsum), and W̱SÁNEĆ Peoples whose historical relationships with the land continue to this day. We recognize and express our gratitude for the medicines within these territories.

We acknowledge with respect the inherent rights of the First Nations whose ancestral territories cover every inch of the province now known as British Columbia, including their unextinguished land rights and rights to self-determination, health, and wellness within these territories. Laws and governance systems rooted in the land have upheld the sovereignty of these diverse Nations for thousands of years. The rights and responsibilities of First Nations to their ancestral territories have never been ceded or surrendered, and are upheld in provincial, national, and international law.

We also acknowledge that many Indigenous Peoples (First Nations, Métis, and Inuit) from elsewhere in what is now known as Canada also call these lands and waters home, and we have obligations to uphold their rights to self-determination, health, and wellness. This includes Métis Nation British Columbia and the 39 Chartered Communities across BC, as well as those whose ancestral territories are outside of BC.

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Dr. Bonnie Henry
Provincial Health Officer
Fifth-generation Canadian settler, Scottish Highland and Welsh ancestry. Born and raised on Mi'kmaq territory, Prince Edward Island, and New Brunswick.

Dr. Martin Lavoie
Deputy Provincial Health Officer
Multi-generation French Canadian settler with French ancestry. Born and raised on Atikamekw territory, in the Lanaudière region of the province of Québec.

Dr. Danièle Behn Smith
Deputy Provincial Health Officer, Indigenous Health
Eh Cho Dene, Fort Nelson First Nation. Métis/French Canadian, Red River Valley, Manitoba. Born in Fort Nelson, BC, on her paternal Eh Cho Dene territory. Raised in the territories of the Cree, Anishinaabe, Dene, Dakota, and Anisininew Nations, and her maternal Métis territory in Winnipeg, Manitoba.

Dr. Silvina Mema
(former) Acting Deputy Provincial Health Officer
Armenian descent, born and raised in Argentina. Currently living and working on the traditional and unceded territory of the Syilx Okanagan people in British Columbia.

Dr. Brian Emerson
(former) Deputy Provincial Health Officer
French and Irish heritage, born and raised on Treaty 7 territory, which includes the Siksika Nation, Piikani Nation, Kainai Nation, the Îethka Stoney Nakoda, Nah-koh-duh Nation—consisting of the Chiniki Bearspaw and Good Stoney Bands, the people of the Tsuut'ina Nation, and the people of the Métis Nation of Alberta, Region 3 within the historical Northwest Métis homeland.

We extend our sincere gratitude to all those who contributed to the development of this report. Special thanks to the individuals who provided input, expertise, and thoughtful feedback through discussions and reviews of report drafts. We deeply appreciate your wisdom and support.

Truth, Rights, and Reconciliation

Distinctions-based Approaches

Through the *Declaration on the Rights of Indigenous Peoples Act*,[1] the Province of BC has adopted a distinctions-based approach to advancing reconciliation and implementing the *United Nations Declaration on the Rights of Indigenous Peoples*.[2] A distinctions-based approach means that work with First Nations, Métis, and Inuit will be conducted in a manner that acknowledges the specific rights, interests, priorities, and concerns of each, while respecting and acknowledging these distinct Peoples with unique cultures, histories, rights, laws, and governments.[3]

Foundational Obligations

The BC government has specific foundational obligations to meet regarding First Nations, Métis, and Inuit communities and housing and homelessness issues under the *United Nations Declaration on the Rights of Indigenous Peoples*,[2] and in *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*.[4] These foundational obligations are outlined in the following pages.

United Nations Declaration on the Rights of Indigenous Peoples

Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security. (Article 21)

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, Indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions. (Article 23)

(1) Indigenous peoples have the right to the lands, territories and resources which they have traditionally owned, occupied or otherwise used or acquired.

(2) Indigenous peoples have the right to own, use, develop and control the lands, territories and resources that they possess by reason of traditional ownership or other traditional occupation or use, as well as those which they have otherwise acquired.

(3) States shall give legal recognition and protection to these lands, territories and resources. Such recognition shall be conducted with due respect to the customs, traditions and land tenure systems of the indigenous peoples concerned. (Article 26)

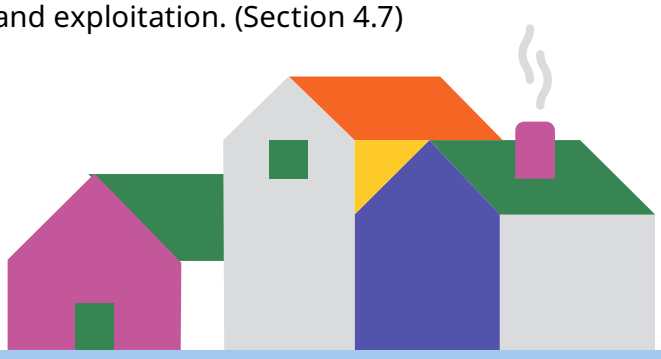
(1) Indigenous peoples have the right to determine and develop priorities and strategies for the development or use of their lands or territories and other resources. (Article 32)

Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls[a]

We call upon all governments to uphold the social and economic rights of Indigenous women, girls, and 2SLGBTQQIA people by ensuring that Indigenous Peoples have services and infrastructure that meet their social and economic needs. All governments must immediately ensure that Indigenous Peoples have access to safe housing, clean drinking water, and adequate food. (Section 4.1)

We call upon all governments to immediately commence the construction of new housing and the provision of repairs for existing housing to meet the housing needs of Indigenous women, girls, and 2SLGBTQQIA people. This construction and provision of repairs must ensure that Indigenous women, girls, and 2SLGBTQQIA people have access to housing that is safe, appropriate to geographic and cultural needs, and available wherever they reside, whether in urban, rural, remote, or Indigenous communities. (Section 4.6)

We call upon all governments to support the establishment and long-term sustainable funding of Indigenous-led low-barrier shelters, safe spaces, transition homes, second-stage housing, and services for Indigenous women, girls, and 2SLGBTQQIA people who are homeless, near homeless, dealing with food insecurity, or in poverty, and who are fleeing violence or have been subjected to sexualized violence and exploitation. (Section 4.7)



a While the report's title refers to women and girls, the scope of the report includes people who are Two-Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, and additional identities (2SLGBTQQIA+).

Distinct Origins and Impacts of Housing and Homelessness Issues for Indigenous Peoples

For First Nations people in BC, the origins of and factors contributing to housing and homelessness issues are found in the historic and ongoing colonization of ancestral First Nations territories and the impacts of colonial policies on First Nations communities.

In BC, First Nations people were forcibly displaced from their land to allow for settlement by colonists, with this systematic dispossession a root cause of homelessness for First Nations people today.[5] For Métis, the fraudulent "scrip" system of the late 19th and early 20th centuries was used to dispossess Métis communities of a collective land-base in what is now Manitoba, Alberta, and Saskatchewan.[6,7]

Racist colonial policies that aimed to assimilate First Nations, Métis, and Inuit Peoples included residential schools, which separated children from their families and communities.[8] These policies undermined First Nations, Métis, and Inuit sovereignty, rights, and self-determination and created a legacy of cultural dislocation and intergenerational trauma.

Today, the impact of historic Indigenous-specific racism and land dispossession on housing for Indigenous communities is exacerbated by systemic barriers, including inadequate funding for housing in First Nations communities.[9] These policies are the root cause of Indigenous people today being significantly overrepresented in homelessness data.

There are also intersectional impacts of homelessness within Indigenous populations, with First Nations, Métis, and Inuit women, girls, and 2SLGBTQQIA+ people experiencing disproportionately high rates of harm due to the confluence of racism and gender-based violence.[4]

This complex web of interconnected causes and impacts highlights the extreme challenges and barriers First Nations, Métis, and Inuit people face with respect to housing issues. However, despite these ongoing challenges, First Nations, Métis, and Inuit people continue to fight and advocate for housing equity, exerting their right to self-determination, and demonstrating their resilience and commitment to achieving housing solutions for their communities.[9,10]

This report recognizes the obligation that public health leaders and governments have to support Indigenous-led solutions and distinctions-based approaches to housing inequity. This includes advancing Truth, Rights, and Reconciliation, upholding inherent Indigenous rights as they relate to housing issues, and respecting and being accountable to the unique governance roles and priorities of First Nations, Métis, and Inuit people and organizations.

Executive Summary

People across BC are facing significant pressures related to housing. Affordability is a major concern throughout the province, from large urban centres to small communities, and the demand for subsidized, social, and supportive housing exceeds the availability of these housing types. The effects of these issues are seen in high rates of people experiencing housing instability, the growing number of people experiencing homelessness, and the presence of encampments in communities around BC.

Housing is a building block of health for individuals and communities. Having access to affordable, adequate, and suitable housing leads to better health and social outcomes. A lack of access has the opposite effect. This includes financial impacts, with high housing costs reducing people's ability to pay for other essential services and necessities, like groceries, medications, and transportation. People living in unaffordable, inappropriate, or unsuitable housing, or who are experiencing homelessness, are more likely to experience poor health and well-being.

Indigenous-specific racism and land dispossession are root causes of homelessness and housing challenges for First Nations, Métis, and Inuit people in BC. Settler colonialism, racism, and sexism are among the systems of oppression that further exacerbate harms and inequities. It is essential that the public health sector commit to upholding Indigenous rights and addressing anti-Indigenous racism in its work on housing and homelessness in BC.

The connection between housing and health is clear and consequential. This connection demonstrates the need for action by the public health sector on housing issues in BC. Provincial legislation and guiding frameworks both establish some key responsibilities as well as further open the door for the public health sector to determine its priorities and activities within the broad scope of health, housing, and homelessness.

The public health sector in BC, including regional health authorities and provincial agencies, are confronted with both opportunities and challenges in this space. There is significant and impactful work around the province to address the negative health outcomes of housing and homelessness issues. Public health teams are involved in initiatives that span the core public health functions of health promotion, healthy public policy, health protection, public health emergency preparedness and response, disease and injury prevention, and public health intelligence.

However, although the public health sector has the expertise, capacity, and desire to have a meaningful impact on health, housing, and homelessness outcomes, significant gaps and barriers constrain its impact.

This report draws on engagements with BC health authority representatives, who highlighted both the extensive work undertaken by public health teams and the obstacles they have faced in carrying out this work. Approximately 25 participants, including medical health officers, public health physicians, and public health directors contributed to dialogue sessions on the topic of health, housing, and homelessness. Addressing Indigenous-specific racism and upholding First Nations, Métis, and Inuit rights are overarching responsibilities in this work. Themes raised in the sessions included the importance of public health intelligence and data on the connection between health and housing, the role of public health teams in contributing to local coalitions that seek to address health and housing issues in communities, and how the public health sector can be a powerful advocate for policy improvements to address housing needs in BC.

A key feature of these discussions was the multisectoral context of housing, in which planning and decision making are influenced by organizations representing diverse interests, including economic development, health and social services, Indigenous communities and rightsholders, and multiple levels of government. Within this complex landscape of partners, it has been difficult for the public health sector to clearly identify and justify its position.

This report provides information and guidance on the public health sector's roles, responsibilities, strengths, and perspectives within multisectoral efforts to address housing and homelessness. It outlines nine areas of roles and responsibilities for the public health sector at the intersection of health, housing, and homelessness in BC:

- **Upholding Indigenous rights and advancing Truth, Rights, and Reconciliation**, including naming settler colonialism and anti-Indigenous racism as root causes of housing inequities for Indigenous Peoples, advancing Indigenous-led solutions to these inequities, and ensuring responses are aligned with the *United Nations Declaration on the Rights of Indigenous Peoples.*

- **Advocating for healthy public policy and improved access to services** to ensure health is a consideration in housing policies and planning, and more housing types that meet people's needs and incomes are available.
- **Promoting healthy built environments** that support health for people and communities across BC, including social connection, transit, and access to health and social services.
- **Preventing homelessness** by acting upstream through health promotion and prevention activities, including advocating for policies that protect people's housing.
- **Supporting the needs of people experiencing homelessness** through a range of tools and strategies, including bringing health services to people who are unhoused, and championing Indigenous direction on addressing Indigenous homelessness.
- **Responding to climate-related and emergency impacts on housing and homelessness** with awareness of the need for climate-resilient housing, the impacts of climate events on people experiencing homelessness and those who are vulnerably housed, and working with Indigenous rightsholders and partners on emergency planning.
- **Generating and disseminating data-driven insights on how housing and homelessness affect health** to inform policies, services, and decision makers for the improvement of health and housing outcomes.
- **Convening and collaborating with intersectoral partners** to find solutions and bring a public health lens to complex local and regional issues.
- **Advising municipalities on public health issues** such as encampment responses, municipal bylaws, affordable and supportive housing developments, and more.

These areas are not an exhaustive list of opportunities for the sector, and the Office of the Provincial Health Officer encourages initiatives that address health, housing, and homelessness issues and priorities in communities and regions around the province.

The Office of the Provincial Health Officer commits to further work on health, housing, and homelessness in BC. This includes publishing a data-driven report on the connection between housing and health that incorporates the health impacts of homelessness and exploring opportunities for data disaggregation to provide insight into intersectional impacts.

Chapter 1
Introduction

Housing is a Building Block of Health for a Well-functioning Society

Clean air, quality education, accessible public transit, high-quality jobs, access to health care, and freedom from **racism**[b] and discrimination are some of the **building blocks of health** that together create a supportive and well-functioning society. When these qualities and conditions are present, people can grow, thrive, and find health and well-being. The building blocks of health do not work in isolation. They function best as a collective whole, supporting each other to create a strong foundation. If even one block is missing—or unattainable—the structure weakens and society suffers.

11,352

people experienced homelessness in 2023 in BC

Source: Homelessness Services Association of BC.[11]

Housing is one of the building blocks of health. Access to affordable, adequate, and **suitable housing** is essential for individual health and well-being, and is a sign of a well-functioning society. However, across Canada, housing that meets these conditions is out of reach for many. Challenges in the housing market, particularly in relation to affordability, are leading to a range of concerning health and social impacts, and BC is one of the provinces most affected.[12]

[b] All bolded terms in this report are defined in the glossary (Appendix A).

Housing challenges affect health in multiple ways. For example, people who experience **housing instability** (such as moving often, struggling to pay rent on time, or lacking a secure long-term home) are impacted by health and social risks linked to housing. These include unmet medical needs, increased risk of substance use harms, poor mental health, and increased risk of intimate partner violence.[5,13] A lack of access to affordable and secure housing has impacts across generations, with housing instability known to worsen children's health outcomes.[14,15]

Along the **housing continuum**, **homelessness** is the most acute and extreme sign of housing need, and it is on the rise in BC. The 2023 Point-in-Time Homeless Count identified 11,352 people experiencing homelessness in the province.[11,c] Preliminary data from the 2025 Point-in-Time Homeless Count in Greater Vancouver indicate that homelessness is increasing faster than the rate of population growth in the region.[16] Due to colonialism and land dispossession, Indigenous people are overrepresented in these counts.[2]

Experiencing homelessness harms health. People experiencing homelessness are at a higher risk of death, exposure to extreme cold—which can lead to hypothermia and cold-related injuries[17]—and other environmental risks,[18] as well as issues such as violence and displacement.[19] People experiencing homelessness often have serious or chronic medical conditions that are exacerbated by the absence of shelter and limited access to health care. Ultimately, when a person does not have housing, their physiological and mental health needs cannot be met, leading to serious negative health and social outcomes.

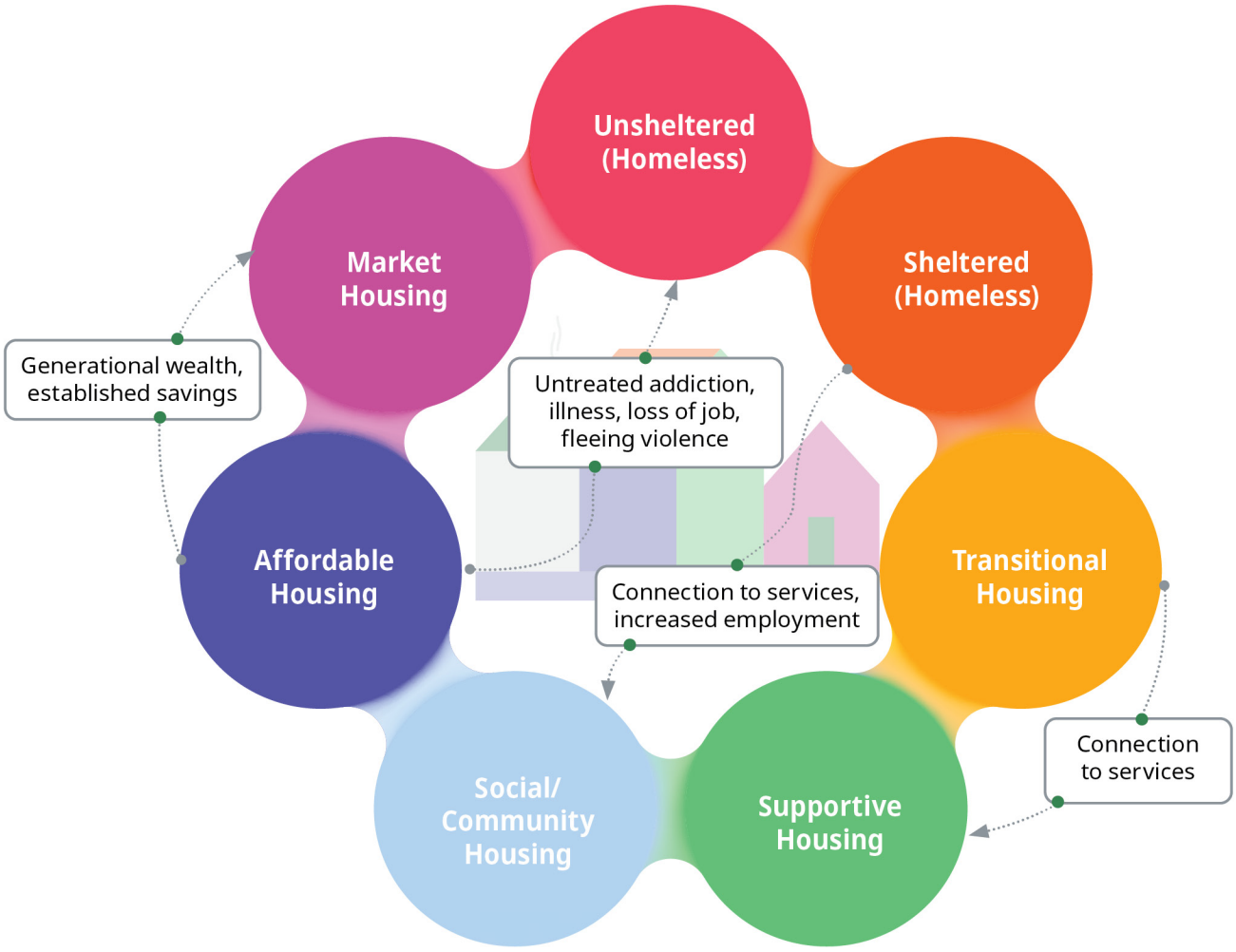
[c] See Appendix B for a full list of the data sources used in this report.

In contrast, access to affordable, adequate, and suitable housing provides people with stability and a greater opportunity to meet their health and social needs. This creates a level of well-being that simply cannot be achieved without a secure place to live. The very notion of "home"—having a space in which to experience autonomy and security—has been shown to foster a sense of self-worth, and social and cultural identity.[20]

The role of the **public health sector** is to protect and promote the health of the population.[21] One of the ways this is achieved is by paying attention to the building blocks of health.[22] With BC currently facing significant housing issues, the public health sector must work to prevent and address the negative health and social impacts of housing challenges and homelessness on people in the province.

This report aims to provide the public health sector in BC with clarity and guidance on its roles and responsibilities related to housing and homelessness in the province, outlining areas in which the sector can contribute to addressing risks and improving health and well-being in relation to housing. It is also a tool for the multiple sectors working to address housing issues in BC to understand the role and strength of **public health** in addressing this complex issue. The report's intended audience includes members of the housing sector, the public health sector (e.g., health authorities and provincial agencies), and others contributing to the multisectoral efforts to address housing and homelessness issues in BC.

Types of Housing and Shelter



Source: Adapted from Canada Mortgage and Housing Corporation. *About affordable housing in Canada.*[23]

In BC, housing types include housing connected to services (**transitional housing** and **supportive housing**); **social/community housing; affordable housing**; and market housing (rentals and ownership).

People experiencing homelessness, including those who live in **emergency shelters** or temporary informal living arrangements such as "couch surfing," have the most acute and extreme level of housing need.

People can move between different housing types over their lifetime, with a wide array of socio-economic factors influencing their housing status.

For people in each of these housing types, housing stability, quality, affordability, and neighbourhoods shape health and social outcomes in positive and negative ways.

Housing and Human Rights

"...the right to adequate housing is a fundamental human right affirmed in international law..."

– National Housing Strategy Act[24]

People need **adequate housing** to live in safety and dignity. Indigenous Peoples have distinct inherent rights, including several related to housing, outlined in the Truth, Rights, and Reconciliation section at the beginning of this report. In February 2025, the British Columbia Assembly of First Nations passed a resolution calling on all levels of government to "respect and affirm First Nations' fundamental human right to housing and the importance of culturally appropriate housing that supports First Nations inherent rights, title, and self-determination."[25(p.4)]

The resolution also calls for a budget allocation "to close the infrastructure gap between First Nations and the rest of the country by 2030."[25(p.4)] Canada is a signatory to the 1966 United Nations *International Covenant on Economic, Social and Cultural Rights*,[26] which recognizes the right of all people to "adequate food, clothing and housing, and to the continuous improvement of living conditions."[26(p.4)] Canada's *National Housing Strategy Act* declares that the federal government's housing policy will "support improved housing outcomes for the people of Canada" and "further the progressive realization of the right to adequate housing."[24(p.2)] Implementing the right to housing means creating programs and policies to ensure that everyone can access adequate housing, while prioritizing people most in need and preventing discrimination in access to housing.[27]

Key Definitions

See the glossary in Appendix A for a complete list of definitions of bolded terms used throughout this report.

Building blocks of health is the idea that various aspects of life impact people's health and how long they live. Some of the most frequently discussed building blocks of health are stable employment and financial security, affordable and safe housing, education, supportive and accessible communities, and access to nature and green spaces.[28]

Core housing need occurs when a household cannot meet one or more of the affordability, adequacy, or suitability standards defined by the Canada Mortgage and Housing Corporation and if the household would need to spend 30 per cent or more of its before-tax income to access local housing that would meet these standards.[29]

Encampments are "temporary outdoor campsites on public property or privately owned land. These informal settlements result from a lack of accessible, affordable housing."[30(p.10)] Encampments often lack access to basic services such as clean water, sanitation, and heat.[30]

Homelessness is when an individual, family, or community is without stable, safe, permanent, and appropriate housing or the immediate prospect, means, and ability of acquiring it.[31] Homelessness can occur because of systemic or societal barriers; a lack of affordable and appropriate housing; lack of housing that accommodates financial, mental, cognitive, behavioural, or physical challenges; and/or **racism** and discrimination.[31] Homelessness includes the following range of housing and shelter circumstances:

- **Unsheltered**, such as when people are living on the streets or in places not intended for human habitation;
- Lodged in makeshift shelters, such as encampments;
- Emergency sheltered, which includes overnight shelters for people experiencing homelessness as well as shelters for those impacted by family violence;
- Provisionally accommodated, which refers to situations where accommodation is temporary or lacks security of tenure; and
- At risk of homelessness, such as when housing is precarious or does not meet health and safety standards.

Public health is a combination of programs, services, and policies that protect and promote the health of the population. Public health includes the concept of acting "upstream": promoting health-supporting conditions that keep people from becoming sick or injured. Access to clean water, protection from weather, and access to nutritious food are examples of health-supporting conditions. In BC, the core functions of public health are

health promotion, healthy public policy, health protection, public health emergency preparedness and response, disease and injury prevention, and public health intelligence.[22]

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, the provincial health officer, and public health facilities such as immunization clinics.

Systems of Oppression and Core Housing Need

A **system of oppression** is a set of beliefs and practices that confers unearned disadvantages on one group of people, while conferring unearned advantages on others. **Settler colonialism**, sexism, transphobia, and racism are examples of systems of oppression. People who are subject to more than one system of oppression experience compounded harms. The following sections describe some of the ways systems of oppression create disparities in access to affordable, adequate, and suitable housing.

Indigenous-specific Racism and Settler Colonialism

As noted at the beginning of this report, Indigenous Peoples have inherent rights that continue to be undermined and violated by settler-colonial practices and policies, including the ongoing dispossession of land. One of the most disturbing harms of settler colonialism and land dispossession is that First Nations, Inuit, and Métis Peoples disproportionately experience homelessness. Indigenous-specific racism and systemic white supremacy operate at structural, systemic, policy, and practice levels to entrench differential access to housing that advantages non-Indigenous people over Indigenous people. See the section Truth, Rights, and Reconciliation at the beginning of this report and the text boxes The Disproportionate and Unique Impacts of Homelessness on First Nations, Métis, and Inuit People; and An Overview of First Nations and On-reserve Housing later in this chapter for more information on the intersection of settler colonialism, Indigenous-specific racism, and housing.

Ableism and Discrimination Based on Ability

People subjected to ableism/people with disAbilities[d] are more likely to live in unaffordable housing. Among renters in Canada in 2017, 44 per cent of people with disAbilities lived in unaffordable housing compared to 35 per cent of general population renters.[32] People with disAbilities also face challenges with finding accessible housing, with accessibility rarely a consideration in the development of market housing, and long waitlists and high demand for limited purpose-built housing that is accessible or adaptable to disAbilities.[33]

Sex- and Gender-based Discrimination and Household Composition

The term "**made-vulnerable**" describes people or groups who are susceptible to harm due to systems of oppression.[34] In other words, systems of oppression like settler colonialism, racism, and sexism create conditions that make some people and groups more likely to experience harm. Made-vulnerable groups and families are disproportionately impacted by housing instability, including evictions and rental increases. In 2021, BC had the highest rate of people being evicted in the last five years in Canada, as well as the highest rate of people who moved as a result of being evicted from their previous rental.[35] Single-parent households had the highest rates in both eviction categories.[3] Women lead 81 per cent of single-parent households in Canada.[36] Women and gender-diverse people fleeing violence also experience significant challenges when accessing housing. These challenges are compounded for people impacted by other systems of oppression such as settler colonialism, racism, transphobia, and ableism.[37] A lack of housing options often leads women experiencing violence to remain living with their abuser, with significant health and social impacts.[37,38]

[d] The OPHO recognizes that people living with disAbilities are diverse and identify in various ways. The capitalization of the "A" in disability is intended to emphasize the abilities of people who live with disAbilities and to help remove the deficit undertones of the word.

Intimate Partner Violence and Housing

While for many "home" denotes safety and security, for people who are harmed by intimate partner violence, homes are often the least safe places to be.

Intimate partner violence is violence, abuse, or aggression by one partner against another in a romantic or intimate relationship (i.e., between dating, married, or common-law partners or spouses). Intimate partner violence can occur between current or former partners.[39-41] Intimate partner violence includes any form of interpersonal violence (e.g., physical, sexual, emotional, financial, psychological, verbal, coercive control). Women are overrepresented among those who experience intimate partner violence, including as homicide victims.[41] The housing crisis is exploited as a means of control in scenarios of intimate partner violence.[38]

Due to Indigenous-specific racism and impacts of settler colonialism, Indigenous women, girls, and Two-Spirit people are at higher risk of violence.[4,39] *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*, inclusive of 2SLGBTQQIA+ people, contains 231 individual calls for justice directed at governments, institutions, social service providers, industries, and all people in Canada to address gender-based violence. These include:

> 4.7 We call upon all governments to support the establishment and long-term sustainable funding of Indigenous-led low-barrier shelters, safe spaces, transition homes, second-stage housing, and services for Indigenous women, girls, and 2SLGBTQQIA people who are homeless, near homeless, dealing with food insecurity, or in poverty, and who are fleeing violence or have been subjected to sexualized violence and exploitation.[4(p.182)]

Intimate partner violence is a major cause of homelessness for women in Canada.[42] Actions to reduce intimate partner violence must include addressing the impacts of Indigenous-specific racism and settler colonialism, including through cultural safety in programs and services; adequate funding of First Nations, Métis, and Inuit-specific services; and inclusion of First Nations, Métis, and Inuit understandings of violence and homelessness.[43] Supports that would assist women and gender-diverse people to leave situations of intimate partner violence and find long-term stable housing that are available in other countries are lacking in Canada.[43] For example, models that support women to stay in their homes and remove violent partners, with home security upgrades, are available in the United States and United Kingdom, but not widely available in Canada.[43]

A survey conducted on a single day in April 2023 found an average occupancy rate of 76 per cent of beds in short-term residential facilities for victims of abuse in Canada. Approximately 33 per cent of facilities turned away women seeking shelter on the date of the survey, mainly due to the shelter being full. Nearly one-third (32 per cent) of women in facilities for victims of abuse had experienced homelessness in the past. In BC, a report on the use of transition housing and supports in a 24-hour period in November 2023 showed that although 1,750 people were helped, 371 were turned away due to a lack of available beds, including space for large families.[44]

People who are **2SLGBTQQIA+**[e] have described a range of negative experiences and barriers related to housing, from issues accessing emergency housing services to systemic **inequities**. These include transphobic, homophobic, and generally discriminatory shelter policies; high rates of actual or perceived gender- and sexuality-based discrimination impacting housing stability; and gentrification causing displacement in historically queer neighbourhoods.[45] It is well recognized that 2SLGBTQQIA+ youth are more likely to experience homelessness than other youth,[46] with some studies estimating that approximately 25 per cent of youth experiencing homelessness identify as 2SLGBTQQIA+, while 2SLGBTQQIA+ youth make up 10.5 per cent of youth in the general population in Canada.[45]

Overall, 2SLGBTQQIA+ people are more likely to live in **core housing need** and to have experienced discrimination and exclusion from housing systems.[45,47]

Experiences of Aging

The lack of affordable and appropriate housing is also increasingly challenging for seniors in BC, particularly those with lower incomes. For seniors, appropriate housing varies based on individual needs. For some, independent housing is appropriate, provided it is affordable, includes access to services and supports, and is designed to support safety and accessibility. For others, appropriate housing could mean assisted living or residential care.[48] In 2021, seniors accounted for 27 per cent of households in core housing need in BC, and many senior households report difficulties with paying for rent, utilities, and home repairs and maintenance.[49] The ability to age in place, or to find housing that meets changing physical needs, has been a concern for seniors in BC for at least a decade,[48] with this issue worsening as the cost of housing has increased.[49]

[e] 2SLGBTQQIA+ is an acronym that includes Indigenous people who identify as Two-Spirit and all people who identify as lesbian, gay, bisexual, transgender, queer, questioning, intersex, and/or asexual, and others with fluid or non-binary sex or gender identities and sexualities. See the glossary in Appendix A for more information.

Racism and Race-based Discrimination

There is a large body of evidence on how systemic racism and racial discrimination lead to health, social, and economic inequities for racialized people. With respect to housing, racialized people face specific barriers that relate to discrimination (e.g., higher experiences of expropriation, eviction, and displacement) and are more likely to live in poverty than the average person in Canada.[50,51] Within BC, the *Report on Homeless Counts in BC 2023* found that Black people were disproportionately represented, with 3.0 per cent of respondents identifying as Black,[11] whereas Black people make up 1.3 per cent of the BC population.[52] In Vancouver, a survey studying Black people's experiences with housing found that over 60 per cent of respondents had experienced housing discrimination, with 80 per cent of this group stating that the discrimination was due to race.[53]

Health Equity and Anti-racism

As one of its guiding principles, the public health sector in BC is committed to addressing the structural factors that impact the health of certain populations. This includes Black, Indigenous, and other racialized people, newcomers (immigrants and refugees), people with disAbilities, 2SLGBTQQIA+ people, those living in rural/remote communities, and groups disproportionately impacted by negative health outcomes.[22]

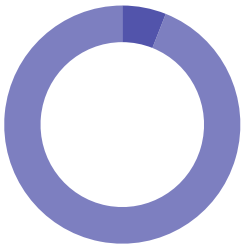
Anti-racist approaches work to dismantle the systemic racism and racial discrimination prevalent in a dominant society's structures, institutions, and policies. Addressing these injustices is essential for eliminating the structures that lead to inequitable health outcomes and creating a more equitable and inclusive society.

Immigration Status

Racism and immigration status also interact in complex ways that can affect housing status and create a variety of barriers to accessing housing.[51] This can include explicit discrimination based on race and immigrant status, as well as issues such as new immigrants being more likely to live in low-quality housing.[51] Recent immigrants are more likely than the general population to live in unsuitable dwellings, including in crowded conditions.[54] This can be for a range of reasons, including a lack of affordable housing leading recent immigrants to live initially in rental buildings with insufficient bedrooms for family size[55] and the high proportion of income required for housing leading immigrant families to assemble larger households to pool finances.[56] There are also supportive and communal factors that may contribute to recent immigrants living in accommodations that do not meet the National Occupancy Standard and are therefore considered crowded, including temporarily living with friends and family before finding permanent housing.[57]

The Disproportionate and Unique Impacts of Homelessness on First Nations, Métis, and Inuit People

In BC in 2023:



6%

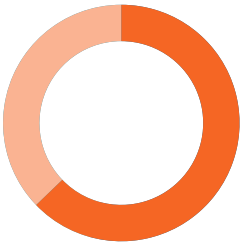
of the population were Indigenous people

40%

of people experiencing homelessness identified as First Nations, Métis, Inuit, or other Indigenous identity

44%

of people living unsheltered identified as Indigenous



71%

of Indigenous respondents reported a family history of experience with residential schools

Source: Homelessness Services Association of BC[11] and Statistics Canada.[52]

First Nations, Métis, and Inuit people are significantly overrepresented in Point-in-Time Homeless Counts, reflecting the history and ongoing impacts of settler colonialism and land dispossession. In the *Report on Homeless Counts in BC 2023*, 40 per cent of people experiencing homelessness identified as Indigenous (First Nations, Métis, Inuit, or other Indigenous identity), while Indigenous people make up 6 per cent of the total BC population.[11,52] Forty-four per cent of those living unsheltered identified as Indigenous.[11] The intergenerational impacts of colonization and separation from community, culture, land, and family were clearly demonstrated in the Point-in-Time Homeless Count: more than 70 per cent of Indigenous respondents reported a family history of experience with residential schools, either personally or by their parents or grandparents.[11]

Addressing homelessness in First Nations, Métis, and Inuit populations requires anti-racist policies and practices rooted in First Nations, Métis, and Inuit worldviews and self-determination, as well as meaningful engagement and distinctions-based approaches with these communities.[9,58] Indigenous organizations are advocating for a range of measures to address the disproportionate and intersectional impacts of homelessness on First Nations, Métis, and Inuit people. For example, the BC Aboriginal Housing Management Association advocates for approaches to **Indigenous homelessness** in BC that centre culturally safe, trauma-informed, and equitable practices, as outlined in its *BC Indigenous Homelessness Strategy*.[59] The strategy includes 33 recommendations across the following five priority areas: (1) Transform systems; (2) Enhance partnerships and strengthen collaboration; (3) Promote equitable service design and delivery; (4) Strengthen data-driven, evidence-informed policy and programs in a culturally safe way; (5) Measure success.[59]

An Overview of First Nations and On-reserve Housing

The federal *Indian Act* was imposed without First Nations consent, creating the reserve system, which severely restricted First Nations access to their traditional territories, with remaining areas claimed as "Crown Land."[60] Although some First Nations have processes whereby individual band members can acquire a certificate of possession for a parcel of land, the land title remains with the federal government.[60] Reserve land cannot be seized or transferred to anyone other than the band or band members.[60] As a result, many financial institutions will not offer mortgages for building on reserve land. This has led to major differences in how reserve and non-reserve lands can be used for housing. It also limits the ability of First Nations bands and individuals to secure financing for constructing housing on reserves,[61] and it may prevent certificate of possession holders from obtaining funds to complete essential housing repairs or renovations to address issues that could cause health concerns. Home ownership is a common way of accruing and transmitting intergenerational wealth among settler Canadians and this form of economic empowerment is inaccessible to First Nations people living on reserve as a result of the *Indian Act*.

There is also a long and complex history of discriminatory practices and damaging policies with respect to housing on First Nations reserves, beginning with land dispossession and the creation of the reserve system itself. This includes the past role of Indian agents in approving and managing housing, insufficient funding to meet communities' housing needs, and the use of substandard materials and building designs for northern and remote regions.[61] In BC, reserves were considerably smaller than those elsewhere in Canada, and land designated as reserves was sometimes located outside of the traditional territories of First Nations.[62]

Policies that have sustained inadequate housing on First Nations reserves have compounded over many decades. In 2024, the First Nations Leadership Council publicly stated their deep concern regarding the "lack of progress in improving First Nations housing and infrastructure."[63] First Nations people living on reserves have been systemically denied access to safe and adequate housing and have been prevented from exercising self-determination, ownership, and control of the lands they live on. The consequences of this structural racism and discrimination are seen today. Registered or Treaty First Nations people living on reserves are almost three times as likely to live in a house in need of major repairs compared to Registered or Treaty First Nations people living off reserves.[64] First Nations people living on reserves are also more than twice as likely to live in crowded housing than First Nations people living off reserves.[64]

An Overview of First Nations and On-reserve Housing

(continued)

Some progress has been made to improve financing options and access to funds for First Nations bands and individuals seeking to construct homes in some First Nations communities.[65] However, systemic racism and discrimination persist with respect to on-reserve housing. Effects of this structural inequity include negative health and social outcomes for First Nations people living in inadequate housing in their communities, people moving away from their communities to access market housing, and the disproportionate rates of First Nations people experiencing homelessness.

First Nations governing bodies, organizations, and communities are advancing the housing priorities and needs of First Nations people in BC. This includes forming partnerships and developing proposals with provincial and federal agencies and housing corporations to address systemic housing inequities.[9,10,66] One example includes First Nations informing a strategy on new ways to fund and administer First Nations housing.[67] In addition, First Nations are actively working to develop housing on their traditional lands, with priorities to create affordable housing for First Nations individuals.[68]

The British Columbia Assembly of First Nations Chiefs-in-Assembly has outlined specific actions that must be taken by all levels of government in Canada in its 2025 resolution Advancing First Nations' Right to Culturally Appropriate Housing and Infrastructure.[25]

Housing and Health: Domains and Impacts

Housing affects health in many ways—from the quality of the air inside a home to how housing costs impact the grocery budget. The health outcomes of housing are generally attributable to the following characteristics, which are known as housing domains:

These domains collectively capture the range of positive and negative impacts housing can have on health. These impacts can be direct, such as the positive effect of safe and secure housing on someone's ability to meet their other health and social needs. These impacts can also be indirect, such as how a lack of affordable housing in urban centres leads to long commutes, increased traffic, and social isolation.

In recent years, attention has also been given to how these domains interact with other important health considerations, such as social connection,[69] access to health care and social services,[70] and climate resilience.[69]

While the domains are interconnected, housing affordability is the central issue currently driving the housing crisis in BC. Purchasing a home has become increasingly out of reach for many.[71] In addition, BC faces a shortage of affordable and non-market rental housing, worsened by a lack of public investment between the 1980s and 2010s.[72,73] Historically, the federal government funded social and affordable housing. However, between the 1980s and 1990s, the federal government delegated responsibility for housing development to provinces and territories, and eventually withdrew from housing.[74] Now, decades later in the mid-2020s, this policy shift has left the lasting impact of a lack of affordable housing and a housing crisis that is affecting BC and Canada.[75]

Substantial increases in rents in BC in recent years means greater numbers of tenants face high housing costs. Between 2016 and 2021, the number of renters in BC paying more than $2,000 per month on housing nearly tripled, rising from 47,100 to 139,635 households.[77] This increase cannot be accounted for by inflation alone: cumulative national inflation over that five year period was 11 per cent,[78] while average rents in BC rose by 27 per cent.[79]

In 2022, 41.3 per cent of renters in social and affordable housing and 26.7 per cent of renters in market rentals reported being in core housing need in BC.[80] From 2021 to 2024, asking rent prices for one and two-bedroom apartments increased in communities across BC, including Vancouver, Victoria, Chilliwack, Nanaimo, Kelowna and Kamloops.[81]

From early 2024 to early 2025, average rents on an online rental platform declined nationally, including in BC, in particular for one- and two-bedroom apartments.[82] Vacancy rates have also increased in purpose-built rental properties in major Canadian housing markets, including Vancouver.[83]

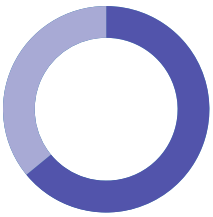
However, in mid-2025, BC rent prices remained the highest in the country[82] and rental unit affordability had not improved overall, partly because landlords are able to increase rents between tenancies.[84] This particularly drives rent increases in Vancouver, where rental costs consume the highest share of income compared to any other city in Canada.[84]

High housing costs have health consequences. These include people being forced to live in cheaper, lower-quality housing; experiencing increased stress due to financial pressures; and having less money to pay for groceries, health care, and other essentials. The consequences for quality of life are disproportionately experienced by certain groups, such as youth, people with disAbilities,[85] and low-income seniors, who have additional health costs related to aging.[49]

The ways in which housing affects health are inherently connected. A lack of affordable housing can lead to housing instability or require people to live in neighbourhoods with limited access to health-promoting services and amenities. Similarly, rural and remote communities may have less access to transportation options, services, and resources compared to larger centres. Low-quality housing increases people's exposure to health risks, such as extreme temperatures, poor air quality, inadequate sanitation, and crowding.[86]

Being housed but moving often also has impacts on health and well-being. Frequent moves disrupt social connections and prevent people from being able to stay in their preferred neighbourhoods, with negative effects on people's sense of belonging and community, and increased risk of isolation.[69,87] Moving often is also associated with poor health outcomes in children.[87]

Large numbers of renters in BC experienced housing instability related to housing affordability, adequacy, and suitability in 2021



Affordability

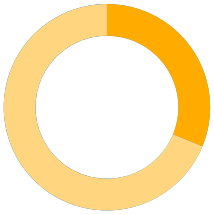
64.7%

of renters in BC spent more than 30 per cent of their before-tax income on rent

Adequacy

37.2%

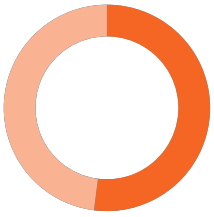
of renters in BC were living in housing in need of major repairs



Suitability

31.2%

of renters in BC were living in housing with not enough bedrooms for the size and make-up of their household



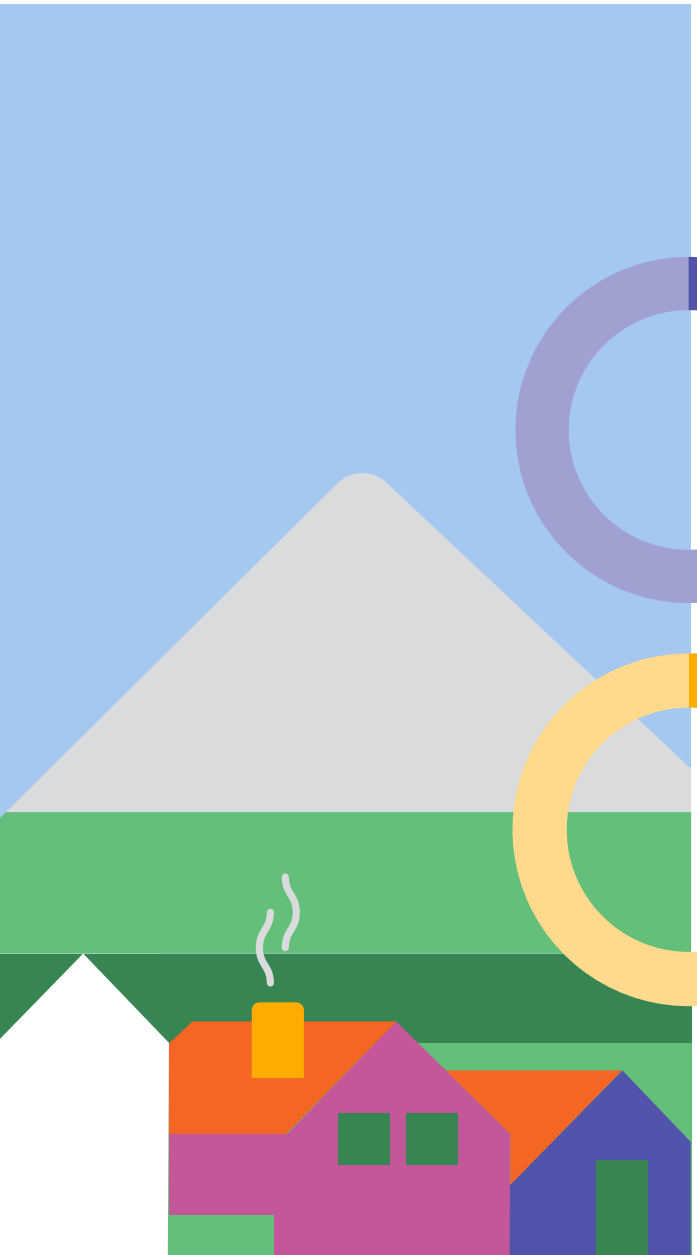
52%

of people in BC who lived in housing that did not meet one or more housing standards in 2021 were renters

Source: Canada Mortgage and Housing Corporation.[76]

Homelessness and Health

From a health perspective, the individual and population-level impacts of being without housing are significant and concerning. Forty-seven per cent of those experiencing homelessness in BC in 2023 had a medical condition or illness, and 41 per cent had a physical disAbility.[11] These health issues are worsened by the fact that experiencing homelessness reduces an individual's ability to access health care. People experiencing homelessness are more reliant on emergency rooms and acute care for their health-care needs.[88] The lack of housing leads to worsened health and social outcomes. It also increases pressure on health-care system capacity and resources, while driving up health-care costs. This approach has long been recognized as more costly than providing people experiencing homelessness with housing and primary care.[89,90]



Of people who experienced homelessness in BC in 2023,

47%

had a medical condition

41%

had a disAbility

Source: Homelessness Services Association of BC.[11]

Homelessness and Mortality Risk

Each death referred to in this section represents a person who was loved and cared for and who is missed by their family and community.

Homelessness greatly increases a person's risk of negative health outcomes, including death. The BC Coroners Service reported that 458 people experiencing homelessness in BC died in 2023—a 23 per cent increase from the 373 deaths recorded in 2022.[91] From 2019 to 2022, the death rate of people experiencing homelessness more than doubled, from 5.6 to 13.0 per 1,000, although these rates should be interpreted with caution due to data limitations (see Appendix B: Data Sources).

Of those 458 people experiencing homelessness in BC in 2023 who died, 79 per cent were male and 75 per cent were individuals age 30–59. The Island Health region saw the greatest increase in deaths, from 74 in 2022 to 114 in 2023. The largest number of deaths (117) occurred in the Fraser Health region. People living on the streets or in places not intended for human habitation accounted for 46 per cent of deaths, while 35 per cent of those who died were sheltered.[91] Eighty-six per cent of deaths of people experiencing homelessness were due to unregulated toxic drugs, highlighting the overlapping nature of homelessness and the public health emergency related to toxic drugs in BC.[91]

The analysis by the BC Coroners Service included deaths that met reporting criteria under the *Coroners Act*[92]—specifically, deaths that were "unnatural, sudden and unexpected, unexplained or unattended."[93] As such, the analysis included a subset of deaths of people experiencing homelessness and excluded an unknown number of deaths among people experiencing homelessness who did not meet the legislation's reporting criteria.

Researchers at the BC Centre for Disease Control found that between 2013 and 2022, people who had experienced homelessness at any point were almost twice as likely to die of any cause as people with similar health conditions who were stably housed.[94] This research also investigated the impact of extreme temperatures on deaths related to housing. It found that people with a history of homelessness were four times more likely to have cold or hypothermia attributed to their death, highlighting the life-threatening risk of exposure to cold weather and lack of shelter.

The Ongoing Toxic Drug Emergency and Homelessness in BC

As of 2026, BC continues to experience a public health emergency related to toxic drugs. A complex web of interconnected factors contributes to this emergency, which intersects with housing and homelessness issues. Most people who die due to toxic drugs do so indoors, in private residences.[95] However, people experiencing homelessness are more likely to die due to toxic drugs compared to the general population.[91] Among people who are experiencing homelessness, the death rate from toxic drug poisoning has been as high as 1,080 per 100,000.[91] In 2022, the overall death rate due to toxic drug poisoning in BC was 44.5 per 100,000.[95] The *Report on Homeless Counts in BC 2023* found that "addiction/substance use issue" was the second-most commonly reported reason for housing loss (25 per cent).[11] Together, these figures highlight the confluence of health and social harms represented by homelessness, substance use problems, and the toxic drug public health emergency.

Conclusion

Housing is among the most influential and important building blocks of health for individuals and is essential for strong and supportive societies. The full picture of health and housing in BC is currently a cause for concern for the public health sector, given that large segments of the province's population are experiencing negative health and social outcomes due to a lack of access to affordable, adequate, and suitable housing. The next chapter offers a deeper examination of how public health intersects with housing-related issues.

Key Messages

- Housing has a range of health and social impacts. A lack of affordable, adequate, or suitable housing has negative effects on health and well-being.
- Core housing need intersects with other forms of inequity and systems of oppression in society, leading to increased challenges for many populations.
- Due to ongoing harms of settler colonialism and despite specific foundational obligations to advance housing solutions, First Nations, Métis, and Inuit people continue to be disproportionately impacted by housing challenges and homelessness.
- BC is experiencing a housing crisis and a lack of affordable housing has led to increases in homelessness.
- This report aims to provide the public health sector in BC with clarity and guidance on its roles and responsibilities at the intersection of health, housing, and homelessness and outlines areas in which the sector can contribute to improving health and well-being in relation to housing.

Chapter 2
Public Health and Housing in BC

When seeking to understand the BC public health sector's role at the intersection of health, housing, and homelessness, it is useful to begin by reviewing existing frameworks that guide the sector, as well as the wider context of health and housing in BC. This chapter brings together BC public health guidance, information from other jurisdictions, legislation related to housing and health in BC, and views of people working in the public health sector. These elements shape the context in which the public health sector contributes to work on housing and homelessness.

A Framework for Population and Public Health in BC

British Columbia's Population and Public Health Framework: Strengthening Public Health ("BC's Public Health Framework"), released in 2024, outlines the vision and strategy for population and public health in BC.[22] It highlights that public health practice is grounded in the principles of Truth, Rights, and Reconciliation; health **equity** and anti-racism; and system capacity. The framework organizes public health's core functions under the themes of promote, protect, and prevent.

Foundational Principles

Truth, Rights, and Reconciliation

This is both a key principle of the framework and a lens that applies across the entire public health sector in BC. Fulfilling this principle means that the public health sector must listen to and reflect on hard truths shared by Indigenous voices, as well as enact and champion direction from Indigenous partners.[22] Public health sector goals for Truth, Rights, and Reconciliation are:

> Take concrete actions to dismantle Indigenous-specific racism in the population and public health system.
>
> Uphold Indigenous Rights and advance Truth and Reconciliation.
>
> Honour Indigenous knowledge and wisdom by acknowledging the interconnectedness of human health, the health of communities and the health of lands and waters.[22(p.21)]

In the context of housing, it is essential to recognize the truth that for First Nations, Métis, and Inuit people, settler-colonial practices and policies, including ongoing land dispossession, are root causes of housing and homelessness issues.

Health Equity and Anti-racism

Anti-racist approaches are necessary to dismantle systemic racism and racial discrimination prevalent in the dominant society's structures, institutions, and policies.

The public health sector in BC is driven by a foundational principle to address structural factors that create health disparities between populations.[22] Challenging racism and discrimination is essential to disrupt the values and systems that lead to inequitable health outcomes, and to create a more equitable and inclusive society. The public health sector goal for health equity and anti-racism is:

> Influence the social, ecological, and structural determinants of health to take action on systemic racism within population and public health and work to eliminate preventable health disparities so that no one is left behind.[22(p.24)]

System Capacity

System capacity—in the form of investment in population and public health teams, services, and programs—is necessary to meet population and public health needs in BC. This includes providing public health services that are culturally safe for First Nations, Métis, and Inuit people. The public health system capacity goal is:

> Strengthen the core public health functions and enabling functions that support population and public health teams to promote health and wellness, prevent disease and injury, protect health, and respond to evolving population needs, including to emerging threats.[22(p.27)]

These principles must guide the public health sector in its work to protect and improve the health of the population. The public health sector uses specific strategies, capacity, and expertise in this work, known as the core functions of public health.

Core Functions of Public Health

Health promotion

Enabling people to increase control over and improve their health and well-being through individual and collective action on the building blocks of health.[22]

Healthy public policy

"Coordinating action across sectors to ensure that health impacts of decisions are factored into public policies."[22(p.32)]

Health protection

"Working to ensure healthy air, food, drinking water and environments to sustain healthy people and thriving communities."[22(p.33)]

Public health emergency preparedness and response

"Developing the capacity to mitigate, prepare for, respond to and recover from health emergencies."[22(p.35)]

Disease and injury prevention

Taking measures "to reduce the risk and occurrence of communicable and non-communicable diseases, illnesses and injuries, and to create the living conditions that support health and wellness."[22(p.36)]

Public health intelligence

Engaging in the "ongoing collection, analysis, interpretation and mobilization of population health data with the intent to improve health. In BC, this is undertaken with a commitment to Indigenous data sovereignty."[22(p.37)]

In addition to these principles and core functions, BC's Public Health Framework outlines several long-term priorities and goals for the public health sector that have clear connections to housing. The priority to ensure a best start in life aligns with providing children and families with the opportunity to live in a supportive environment and neighbourhood, with access to services, community, and recreation, in a home that meets their family's needs and income. The priority to address the health impacts of climate change relates to people having access to quality, climate change-resilient housing to be protected from extreme weather events. Access to affordable, adequate, and suitable housing is essential to meet the priority of population mental health and wellness. These are some of the priorities outlined in the framework; for the full list, see BC's Public Health Framework.[22]

The public health sector's core functions, as well as the key principles and priorities outlined in BC's Public Health Framework, offer a broad scope of potential activities for the public health sector when it comes to housing and homelessness. This is highlighted by the diverse range of projects public health teams around BC have undertaken to improve health as it relates to housing. For example, the First Nations Health Authority is partnering with the Aboriginal Housing Management Association to better connect First Nations people with housing services and supports.[96] Initiatives in regions around the province include public health teams supporting school-based programs to promote health and well-being that help prevent young people from experiencing housing instability; helping people experiencing homelessness receive vaccinations; developing guidelines to reduce the spread of infectious diseases in temporary accommodations; and supporting responses to wildfires, floods, and other environmental emergencies.

Given the range of opportunities for the public health sector to work on housing-related initiatives, it is useful to look to the wider body of research and practice at the intersection of public health and housing to gain insight into how public health teams are working to improve health as it relates to housing elsewhere in Canada and internationally.

Insights From a National and International Scan

Public health roles and responsibilities in housing and homelessness vary greatly between provinces and territories in Canada, and between countries. The Office of the Provincial Health Officer (OPHO) completed a search of published documents that paid particular attention to literature from First Nations and other Indigenous governing bodies in Canada. The team also asked public health representatives in Canadian provinces, territories, and the Public Health Agency of Canada about their work related to housing and homelessness.

The following five major themes emerged from this information-gathering process.

Upholding the Right to Self-determination in First Nations, Métis, Inuit, and Other Indigenous Communities

The importance of supporting Indigenous Peoples' right to self-determination and Indigenous-led approaches on housing and homelessness issues was highlighted in both Canadian and international literature.[97-99] This includes recognizing that there is no pan-Indigenous approach to resolving housing issues. The BC government has committed to a distinctions-based approach when working with First Nations, Métis, and Inuit that "acknowledges the specific rights, interests, and priorities" of each of these distinct Peoples.[3(p.3)] In BC, Truth, Rights, and Reconciliation is a foundational principle for public health, advanced by taking action to dismantle anti-Indigenous racism and uphold the rights of First Nations, Métis, and Inuit people in BC.[22]

Convening, Coalition Building, and Partnerships

Much research and guidance focus on the importance of convening, coalition-building, and partnerships to address homelessness. Toolkits, reports, and resources from the United States,[100-102] the United Kingdom,[103] and Australia[104,105] highlight the need for partnerships between Indigenous leaders and organizations, community organizations, governments, and national agencies to meet public health goals.

In Canada, the National Collaborating Centre for Determinants of Health identifies rental housing conditions as a priority for public health and states that the public health sector has a responsibility to convene intersectoral partners to review rental conditions, influence housing issues through non-health channels, and support community advocacy.[106]

Inspecting and Enforcing Standards

In Alberta[107] and Saskatchewan,[108] public and environmental health officers set and enforce minimum housing standards for rental accommodations, inspecting for health threats and hazards that affect housing quality. BC has legislation related to inspections and orders for health hazards in rental units,[109] although this is more specific and limited in scope, as is described in the Key Legislation section later in this chapter.

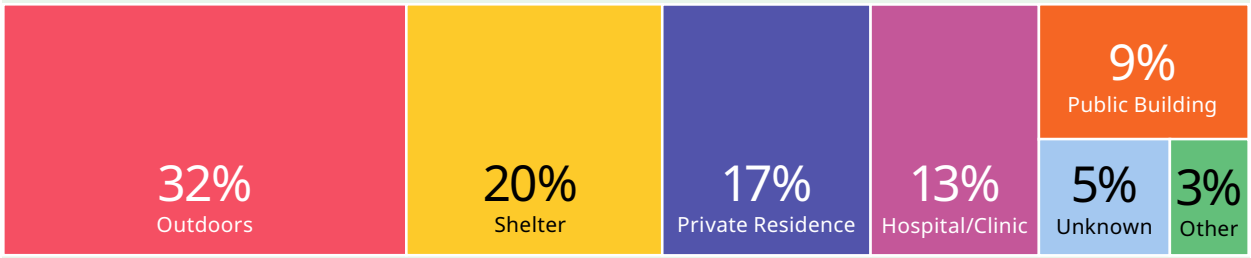
Gathering and Reporting Data on Housing's Health Impacts

Reflecting public health's surveillance function, the collection and use of data is a major focus of research on the role of public health in relation to housing, with the jurisdictional scan uncovering many examples of how public health teams gather and use data on housing and health, including dashboards and public reporting.[102,104,106,110] There are also national-level examples of how disaggregating data across various populations illuminate health equity considerations and how systems of oppression impact health.[111-113]

Toronto Public Health's Dashboard on Deaths of People Experiencing Homelessness

Toronto Public Health publishes an online dashboard that is updated twice a year on the deaths of people experiencing homelessness.[114] In 2024, 215 people experiencing homelessness in Toronto died, of which 76 per cent were male and 44 per cent were ages 40-59.[114] Most deaths occurred outdoors or in shelters.

Deaths of People Experiencing Homelessness by Setting, Toronto, 2024



Note: Total does not equal 100 per cent due to rounding.
Source: Toronto Public Health.[114]

Addressing Encampments

In Canada, encampments are a growing concern and are an area in which public health responsibilities are being established.[115] Public health roles and responsibilities related to encampments vary by province and jurisdiction within provinces. The information below is drawn from responses collected as part of the jurisdictional scan conducted in 2024:

- In Quebec, the public health department is involved in encampment response, alongside counterparts from health, housing and social services, and municipalities.[116]
- In Alberta, encampment response teams vary from community to community, with medical officers of health and public health inspectors responding to public health concerns in encampments such as infectious disease and sanitation.[117]
- In Saskatchewan, encampment responses are addressed by social service ministries, municipalities, police, and community organizations. The department of Environmental Public Health within the Saskatchewan Health Authority is not involved.[118]

Most resources on encampments focused on health hazard mitigation, health protection, and environmental health.[119,120] Some attention, particularly from the Federal Housing Advocate, was given to how the presence of encampments is a symptom of affordability challenges and a failure to provide building blocks for community health and well-being.[121] The BC Centre for Disease Control's Public Health Toolkit for Encampment Responses was among the most detailed and instructive guidelines available on this issue.[120]

The BC Landscape: Partners in Housing

In BC, as in other jurisdictions, the public health sector is one of many partners concerned with housing issues. Housing is a multisectoral priority, with First Nations; Indigenous rightsholders; federal, provincial, and municipal governments; housing agencies; non-profits; the private sector; and others involved as partners. Among these partners, the public health sector has a unique role and contribution to ensure health impacts and health equity are considered when it comes to housing. This is foundational to the sector's core function of advancing healthy public policy. See Appendix C for a list of partners and agencies active in this work in BC.

Key Legislation

Public health legislation in BC is rarely specific to housing. Rather, public health's connection to housing is derived from the sector's purpose to monitor, protect, report, and advise on health. There are several key pieces of provincial health legislation that highlight this connection. There is also legislation that outlines on what basis certain professions within the public health sector collaborate with other partners (e.g., medical health officers and municipal government officials).

In addition, there are many acts and regulations related to housing more generally that include considerations for health. See Appendix D for a list of housing acts in BC and the ministries responsible for them.

This section highlights key legislation related to:

- Foundational obligations related to housing and the rights of Indigenous Peoples;
- Collaboration between the provincial health officer, ministers, and public officials;
- Collaboration between the public health sector and local governments; and
- Public health sector roles in responding to encampments.

This information summarizes legislation relevant to public health and housing in 2025 in BC and is not an exhaustive list of all acts and regulations that overlap with these areas. The interpretations of this legislation should not be relied upon for legal purposes. This section also references resolutions and direction related to foundational obligations to Indigenous Peoples.

See Appendix E for further details, including relevant sections of the acts and regulations listed in the following sections.

Foundational Obligations Related to Housing and the Rights of Indigenous Peoples

The *Declaration on the Rights of Indigenous Peoples Act* (DRIPA) mandates the BC government to bring provincial laws into alignment with the *United Nations Declaration on the Rights of Indigenous Peoples* including those that impact health and housing.[1,2]

In addition, in recent years BC First Nations organizations have issued several resolutions that aim to realize First Nations' rights to adequate, affordable, and culturally appropriate housing, highlighting foundational obligations related to DRIPA. In 2025, the British Columbia Assembly of First Nations Chiefs-in-Assembly passed the resolution Advancing First Nations' Right to Culturally Appropriate Housing and Infrastructure.[25] Among other things, the resolution calls for all levels of government to "respect and affirm First Nations' fundamental human right to housing and the importance of culturally appropriate housing that supports First Nations inherent rights, title, and self-determination."[25(p.4)] The resolution calls for municipalities to implement the *United Nations Declaration on the Rights of Indigenous People*, including by "co-developing working agreements and action plans with territorial rights holders to ensure alignment of municipal policy, bylaws and housing and homelessness initiatives with the UN Declaration."[25(p.5)] This is the latest resolution in a growing body of direction and recommendations from BC First Nations organizations to government on housing supports and programs for First Nations in the province. Following a First Nations Housing Forum, held in 2023 by the British Columbia Assembly of First Nations, the *What We Heard From the 2023 Housing Forum* report was published that highlights many priorities and next steps.[9] It includes the need for a "by-First Nations-for-First Nations approach to housing program and service delivery in BC"[9(p.24)] and how rights, funding, and collaboration must be prioritized to address the housing priorities of BC First Nations.

> First Nations must be supported by all levels of government through inter-ministerial collaboration towards advancing a path that is rooted in free, prior, and informed consent, and is sustainably funded for the long-term. This requires an intersectional funding approach from the Federal and Provincial governments to ensure that First Nations have the adequate and sustainable resources that provide housing solutions to meet the needs of all First Nations in BC, on and off reserve, so that no individual or community is left behind.[9(p.24)]

Healthy, Self-determining Nations and Communities

Connection to land is a foundational determinant of health for First Nations Peoples.[122]

For First Nations people in BC, homelessness is rooted in historic and ongoing land dispossession, and the purposeful dislocation and separation of First Nations people from their traditional territories. This disrupted First Nations people's connection to land, which along with self-determination, is central to First Nations health and wellness.[122]

Addressing the harms of homelessness experienced by First Nations people means directly engaging with the ongoing impacts, harms, and realities of settler colonialism. Connection to land and water is an important indicator of population health for First Nations people in BC, and is included as an indicator in the First Nations Population Health and Wellness Agenda, a 10-year reporting project to monitor the health and wellness of First Nations people in the province.[122]

Through the Canada-Métis Nation Housing sub-accord, Métis Nation British Columbia (MNBC) also holds a governance role in managing and delivering housing for Métis people in BC.[123] MNBC has set strategic priorities to address housing and health inequities experienced by Métis people in BC, including securing funding for its Facilities Master Plan & Critical Social Infrastructure Plan, which would aim to improve access to social housing and health and wellness spaces, and developing a Métis homelessness and poverty reduction strategy.[124] MNBC has several projects and programs underway to reduce Métis housing need in BC, including targeted supports for priority populations, such as seniors.[123]

Collaboration Between the Provincial Health Officer, Ministers, and Public Officials

The *Public Health Act* sets out the mandate and responsibilities of the provincial health officer.[125]

Public Health Act

Section 66 describes some of the duties of the provincial health officer. These duties include monitoring the health of the population, and advising, in an independent manner, the minister and public officials on public health issues, including on the need for legislation, policies, and practices regarding those issues. The provincial health officer must also report to the minister at least once each year on the health of people in BC and the extent to which government-established population health targets have been achieved. The reports may include recommendations. In addition, the provincial health officer can report to the public on any public health issue if the provincial health officer believes reporting will serve the public interest.[125]

Collaboration Between the Public Health Sector and Local Governments

The *Public Health Act* and *Community Charter* set out the responsibilities of health officials and local governments in relation to how these two sectors work together.[125,126]

Public Health Act

Section 73 describes the roles of medical health officers in reporting on local public health issues. Medical health officers have a duty to monitor and assess the health of the population and advise local governments on public health issues, including on bylaws, policies, and practices.[125]

Section 83 describes the roles of local governments, which include responding to health hazards and health impediments in their jurisdictions, liaising with regional health authorities, and requesting medical health officers to issue orders.[125]

Community Charter

Sections 7 and 8 provide the purposes of a municipality and a municipality's fundamental powers. Part of a municipality's purpose is to foster well-being, and municipalities have the authority to create bylaws and regulate in the areas of public health and safety.

The Public Health Bylaws Regulation under the *Community Charter* sets out the conditions under which local governments can make bylaws related to public health, including the requirement to consult with regional health boards or medical health officers before adopting such bylaws.[127]

Public Health Sector Roles in Responding to Encampments

Homelessness poses specific health and safety challenges, particularly in the context of encampments. Health officials are often asked to respond when an encampment develops, and the *Public Health Act* is the most relevant piece of legislation for public health officials to consider. Under the *Public Health Act*, health officers are responsible for identifying health hazards in encampments and issuing orders related to these hazards if needed.[128]

Public Health Act

The *Public Health Act* (Part 1) defines a "health hazard" as something that endangers public health or interferes with efforts to suppress an infectious or hazardous agent, and a "health impediment" as something that adversely affects health.

The Health Hazards Regulation prescribes certain health hazards, including "inadequate rental accommodation."

The Public Health Impediments Regulation prescribes the following as health impediments: vision loss or impairment, decay or impairment of the teeth or gums, and hearing loss or impairment.

The *Public Health Act* describes the roles of health officials (minister of health, environmental health officers, medical health officers, and the provincial health officer). Of note, the minister of health has the power, by order, to require a public body (including municipalities) to make a public health plan.

The *Public Health Act* also sets out the responsibilities of the provincial health officer to monitor the health of the population of BC and advise the minister of health and public officials on public health issues, including legislation, policies, and practices, and other issues that arise through the provincial health officer's duties.

While not specific to encampments, the *Food Safety Act* and *Drinking Water Protection Act* include general public health functions to address health hazards that could occur in encampments with respect to food and water.[128]

Similarly, the *Child, Family and Community Service Act*, while not specific to encampments, becomes relevant if children are present in the encampment.[120]

Insights From Health Authorities

The OPHO engaged with public health professionals working in health authorities in BC to gain insight into how the public health sector is contributing to housing and homelessness work in the province. Engagement sessions were held with medical health officers and other staff members from a range of positions at each of the five regional health authorities: Interior Health, Fraser Health, Vancouver Coastal Health, Island Health, and Northern Health, as well as the BC Centre for Disease Control and First Nations Health Authority.[f] Engagement sessions were held with approximately 25 individuals working in health authority public health departments, including medical health officers, executive directors, and program managers.

The main themes from those conversations are summarized in the rest of this section. The OPHO has included an additional theme of addressing Indigenous-specific racism and upholding First Nations, Métis, and Inuit rights, recognizing the foundational obligations to Indigenous Peoples that must be upheld in the public health sector's work on housing and homelessness.

Public health professionals who joined the engagement sessions are referred to as "participants" in this section.

- Addressing Indigenous-specific racism and upholding First Nations, Métis, and Inuit rights
- Data and public health intelligence
- Leadership and responsibility for housing issues
- Local-level solutions, convening, and coalitions
- Inter-agency collaboration and planning
- Health outcomes and health-care system impacts of homelessness
- Housing quality, quantity, and affordability
- An advocate for housing equity
- Housing types and attributes
- Emergency preparedness and climate impacts

[f] Engagements were also completed with partner ministries and agencies, BC Housing, Métis Nation British Columbia, and academic researchers.

Addressing Indigenous-specific Racism and Upholding First Nations, Métis, and Inuit Rights

Upholding First Nations, Métis, and Inuit rights is an overarching responsibility for public health in all aspects of its work, including housing and homelessness issues. As described earlier in this chapter, this responsibility is aligned with two principles of BC's Public Health Framework: Truth, Rights, and Reconciliation, and health equity and anti-racism. In part, this means acknowledging that land dispossession and assimilation policies of colonial governments, along with Indigenous-specific racism, are major root causes of homelessness and inadequate housing for Indigenous people in BC. These causes are not only historical but continue to operate in the present day.

For further examples, see the section Truth, Rights, and Reconciliation at the beginning of this report and the text boxes. The Disproportionate and Unique Impacts of Homelessness on First Nations, Métis, and Inuit People; and An Overview of First Nations and On-reserve Housing in Chapter 1. In addition, non-Indigenous people dominate in leadership positions in the public health sector, leading to Indigenous voices and perspectives being underrepresented in discussions and engagements.

Public health professionals can advance Truth, Rights, and Reconciliation in their work on housing and homelessness by always recognizing First Nations, Métis, and Inuit rights; naming settler colonialism and anti-Indigenous racism as root causes of homelessness for First Nations, Métis, and Inuit people; and championing direction from Indigenous voices on housing and homelessness issues.

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

Public health intelligence is the "ongoing collection, analysis, interpretation and mobilization of population health data with the intent to improve health and with a commitment to Indigenous data sovereignty."[22(p.61)] Participants described projects they are undertaking to collect data on people experiencing homelessness and housing vulnerability when they access health services, as a way of improving understanding of the population experiencing housing instability in their health region. Participants also described incorporating data gathering and reporting related to homelessness into their strategic plans.

Although there is a data cohort of people affected by homelessness in BC,[129] these data are not easily accessible by health authorities and they are not disaggregated by health authority boundaries—a function that would greatly support service planning in BC health regions.

Leadership and Responsibility for Housing Issues

"We hear a lot of confusion around whose mandate housing/homelessness is, from the city, from BC Housing, from health, from the province. It's not just public health's role that needs clarity, and we need to push for more collaboration between these partners."

– Medical health officer, Fraser Health

Public health legislation is rarely specific to housing. The role of the public health sector in housing and homelessness stems from its overall mandate to protect and promote health. Participants in the engagement sessions recognized that the public health sector is not solely responsible for provincial and regional planning, policy, and decision-making related to housing and homelessness. Participants described a need for greater accountability, coordination, and leadership on certain housing-related issues, particularly around responses to homelessness, both at the provincial and community level. Participants acknowledged that work is underway to implement *Belonging in BC,* the provincial government's plan to reduce homelessness, which was released in 2023.[130]

Local-level Solutions, Convening, and Coalitions

Some health authority representatives reported that aligned goals and positive working relationships with municipalities and other partners had led to new initiatives and housing options that successfully filled gaps in local services. In other cases, participants had experienced challenges working with local governments, including resistance and pushback to plans to implement needed housing options, and contrasting perspectives on what would benefit the people experiencing housing precarity and homelessness in a community.

Participants described how collaborating and partnering with municipalities can take multiple forms, depending on how familiar municipal officials and staff are with housing as a building block of health for individuals and communities. In some cases, public health teams may provide education on the connection between housing and health to inform municipal activities, and in others, teams could advise on tools and approaches to advance public health-oriented work occurring within the municipality.

Intersectoral Collaboration Examples

The Village in Duncan, BC

A collaboration between Cowichan Tribes, Island Health, the City of Duncan, the Province of BC, and local health providers enabled the launch of The Village, a community of tiny homes that provides safe indoor shelter, access to meals and skills training, and support for securing longer-term housing in Duncan.[131] The Village is intended as a temporary housing option to assist residents with moving into supportive housing and to help address encampments in the community.

City of Kelowna's Healthy Housing Strategy

Interior Health's collaboration with the City of Kelowna resulted in a healthy housing strategy.[132] Public health staff provided input on the housing "wheelhouse," which promotes equity and inclusion across emergency shelters, supportive housing, rental housing, and home ownership.

Inter-agency Collaboration and Planning

Health authorities are incorporating activities related to housing in their strategic planning. For example, participants described a strategic focus on coalition building to improve collaboration with partners, as well as advancing projects that look at the intersectional impacts of housing and homelessness on health.

Participants described taking part in and leading dialogues in regions and communities on a range of topics related to housing, aging in place, and poverty reduction. Several shared examples to highlight how health authorities work with local partners to increase understanding of the impact of housing on health and to improve access to health and housing services. These included writing letters to municipal governments, contributing to local consultations and needs assessments for housing developments, bringing a public health lens to community discussions around affordable housing, and advocating for improved services and access to housing options for people experiencing or at risk of homelessness. Participants stated that there is a need for a formal structure for collaboration between agencies and ministries to address housing and homelessness issues. Participants also stated that these efforts should include public health professionals with on-the-ground knowledge of community needs.

Health Outcomes and Health-care System Impacts of Homelessness

People experiencing homelessness often rely on emergency rooms to meet their primary care needs,[88] and their health-care needs are worsened due to a lack of appropriate housing options and the barriers to accessing health care.

Participants detailed the range of negative effects that result, including:

- Higher rates of hospital stays for people experiencing homelessness because their health conditions had deteriorated to the point where they require in-patient care;
- Increased pressure on emergency departments as they become a main point of health care access and are used as warming sites or as a safe place to be; and
- High costs associated with providing care in hospital compared to providing it via primary care and housing.

Participants identified several ongoing public health issues as disproportionately impacting people experiencing homelessness, including infectious disease transmission, the **toxic drug emergency**, and heat- and cold-related conditions.

Participants also highlighted the importance of housing options that enable people to age in place. Aging populations benefit from long-term housing stability, which prevents existing health conditions from worsening and thereby also protects health-care system capacity.

Housing Quality, Quantity, and Affordability

"Our role in public health is to frame the importance of all different considerations across the housing continuum, as people will move between different parts of that continuum."

– Public health physician, BC Centre for Disease Control

Participants identified a tension between the need to improve housing availability and supply while also ensuring housing is of high quality. Participants noted the importance of considering factors that contribute to positive health—such as access to green space, public transit, and services—when building new housing.

Public health teams can bring a health promotion lens to housing development and work with municipalities and building developers to ensure new housing supports positive health and well-being.

Housing Quality, Quantity, and Affordability Example

The First Nations Health Authority provides public health guidance for new housing developments in First Nations communities, including offering public education on the link between housing and health to community members and leaders.[133]

An Advocate for Housing Equity

The public health sector's longstanding role and responsibility as an advocate for healthy public policy was consistently raised in relation to housing and homelessness issues.

Housing instability is a structural, systemic issue fundamentally tied to broader issues such as settler colonialism, Indigenous-specific racism, and housing affordability and commodification. It is recognized that the public health sector cannot solve housing and homelessness issues in BC on its own.

However, as shared by participants and others working on these issues, the public health sector has tools and expertise to improve population health as it relates to housing, address public health concerns related to housing and homelessness, and advocate for health and housing equity to decision makers who can change housing policy.

Housing Types and Attributes

Significant discussion occurred about available housing types, including informal or improvised housing arrangements (such as encampments), and what can be done to help people transition between housing options.

Participants shared that health authorities have been involved in a wide range of activities related to encampments. These include outreach teams offering health services and supports to people living in encampments, environmental and public health teams performing encampment inspections on request, and health authority leaders ensuring public health considerations and human rights are reflected in local encampment response activities.

Participants shared the challenges faced when responding to encampments, including balancing the risk of dismantling encampments due to threats to health and safety with the reality that people living in encampments often have no other option.

Public Health Orders in Encampments: Experiences of Medical Health Officers in BC

This is a summary of an internal report commissioned by the Office of the Provincial Health Officer in early 2023.

In BC, health officers (medical health officers [MHOs], environmental health officers, and the provincial health officer) have powers to issue orders regarding health hazards, including those in encampments. An order respecting health hazards is a written document issued by a health officer that states who must comply with the order, what must be done, the date or circumstances under which the order will expire, the health officer's contact information, and how the order may be reconsidered.

A report was developed to gather insights from MHOs who have explored the use of orders to address public health risks in encampments. The report included four case studies on encampments in communities around BC, as well as interviews with MHOs experienced in encampment response. Settings ranged from long-standing encampments in urban settings to informal gatherings in rural areas. The encampments studied occurred between 2016 and 2019. MHOs considered the use of orders for reasons that included a lack of access to clean water and food, waste management, exposure to extreme heat and cold, and infectious disease control.

In each case, MHOs were involved in multisectoral responses to encampments that included regional health authorities (MHOs, public health staff, and health care workers), municipal governments (elected officials and staff), BC Housing, law enforcement, and non-governmental organizations. In some cases, the diversity of partners involved meant that there were diverging interests and priorities, leading to challenging working relationships between partners.

Overall, MHOs reported significant challenges with developing and implementing orders. In some cases, the possibility of an order led to action from other partners involved in the encampment response and improved conditions for people in encampments. In other cases, municipal officials pushed back against the order. The tension between prioritizing certain health risks over others was also identified (e.g., removing heat sources from encampments to improve fire safety leading to increased risk of cold).

Ultimately, only one MHO issued an order, with mixed results. The order was intended to address a lack of access to clean water and sanitation, neither of which were effectively improved. The MHO noted some erosion in collaborative working relationships because of differing views among partners about the order.

Public Health Orders in Encampments: Experiences of Medical Health Officers in BC

(continued)

The MHOs shared the following suggestions and observations when considering responses to encampments:

- Clarify the supports available to MHOs dealing with encampments, including mechanisms for navigating municipal-regional-provincial partnerships, shared mandates for partners, and decision-making frameworks.
- Clarify the role of provincial agencies (i.e., BC Centre for Disease Control, OPHO, and other public health leadership tables) in supporting regional responses.
- Improve knowledge and understanding of the role of the MHO among municipal and regional multisectoral partners.
- See encampments as a downstream impact of structural issues and the failure to provide access to housing, as well as growing housing unaffordability.
- Recognize that political will is required within communities to work towards ongoing, sustainable solutions for encampments. While MHOs have the power to compel orders, the implementation and effectiveness of the order depends on cooperation and collaboration among multisectoral partners.

Emergency Preparedness and Climate Impacts

Engagement participants highlighted the disproportionate impacts of extreme weather, natural disasters, and emergencies on people experiencing homelessness and housing instability. Housing was an influential factor in mortality in the 2021 heat dome in BC.[134] In this event, deaths were more likely to occur to people living in poor quality housing or among those living in isolation or with pre-existing conditions, highlighting that housing quality is a key consideration in understanding health risks in these events. Participants also identified that ensuring access to temporary housing for people displaced by natural disasters and climate events is a priority, particularly in rural and remote regions.

Conclusion

The public health sector's broad mandate, core functions, and guiding framework and related priorities clearly demonstrate that the sector has a role to play in ensuring housing contributes positively to the health and well-being of people in BC. This role is underpinned by key principles, including Truth, Rights, and Reconciliation, and the need to uphold health equity and anti-racism.

The legislative landscape in BC in relation to health and housing also defines some aspects of the public health sector's role. DRIPA mandates the BC Government to bring provincial laws into alignment with the *United Nations Declaration on the Rights of Indigenous Peoples*, which includes rights related to Indigenous Peoples' access to health and housing services.

The *Public Health Act* outlines specific responsibilities and powers of health officers, including to monitor, assess, and report on the health of the population and public health issues. The *Public Health Act's* regulations also provide specific definitions of hazards that can relate to housing.

In addition to these specific responsibilities and powers, the *Public Health Act* provides significant scope for the sector to identify areas in which it can both lead and support efforts on housing issues in support of public health goals and priorities, as well as to participate in multisectoral work to address housing and homelessness in BC.

This scope is reflected in the range of activities that public health organizations in BC, Canada, and internationally are involved in with respect to health, housing, and homelessness. In the BC context, public health sector representatives described the wide range of projects and initiatives related to health, housing, and homelessness underway in the province, as well as opportunities and challenges related to the public health sector's involvement in multisectoral work on these issues.

The experiences shared by participants in engagements sessions reflect the fact that the role of the public health sector in health, housing, and homelessness is defined in some respects, and flexible in others. Fulfilling the sector's broad mandate to protect and promote health will require different strategies and direction, based on local health issues and needs.

The next chapter outlines areas of focus for the public health sector in BC that serve to address BC-specific issues and factors affecting population health as it relates to housing.

Key Messages

- There are implications for housing within all of the public health sector's core functions, as well as for the priorities outlined in BC's Public Health Framework.
- Public health sector roles, responsibilities, and approaches related to housing vary significantly between provinces and countries.
- The public health sector is involved in a broad range of projects and initiatives focused on housing and health in BC. At the same time, barriers impact the public health sector's work on housing and health, and there are opportunities for improvement.
- In BC, the *Declaration on the Rights of Indigenous Peoples Act* requires all provincial legislation to align with the *United Nations Declaration on the Rights of Indigenous Peoples.*
- The *Public Health Act, Health Hazards Act*, and the Public Health Bylaws Regulation of the *Community Charter* outline some specific powers and requirements of public health officials and officers, as well as municipalities.
- Within the broader context of foundational obligations to uphold First Nations, Métis, and Inuit rights, and commitments to anti-racism and health equity, the *Public Health Act* provides significant scope for the public health sector to champion, support, and contribute to the implementation of programs and initiatives that address Indigenous housing inequity, identified by Indigenous Peoples and organizations.
- Public health legislation is rarely specific to housing. The role of the public health sector in housing and homelessness stems from its overall mandate to protect and promote health.

Chapter 3
Clarifying Responsibilities and Strengthening Impact in Housing and Homelessness

This report highlights the significant opportunity and need for the public health sector to have a central role in addressing interconnected issues of health, housing, and homelessness.

To fulfil this role, it is essential to clarify the sector's responsibilities. Accordingly, this chapter outlines nine areas of responsibility for the public health sector in BC to inform its work on health, housing, and homelessness issues. These areas are based on foundational obligations to Indigenous Peoples, guidance documents, provincial legislation, consultations with public health professionals, BC's Public Health Framework, and input from partners.

These roles and responsibilities relate to both the core functions of public health and BC-specific factors. They address needs across the housing continuum and reflect both upstream and downstream activities to improve housing and health outcomes for people in BC.

The role of the public health sector begins with prevention and health promotion. Related activities range from highlighting the need for healthy public policies that ensure access to affordable, adequate, and suitable housing, to supporting people experiencing negative health and social outcomes due to housing instability.

Roles and responsibilities for the BC public health sector at the intersection of health, housing, and homelessness:

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

Upholding Indigenous Rights and Advancing Truth, Rights, and Reconciliation

It is imperative that the public health sector uphold the rights of Indigenous Peoples and actively advance Truth, Rights, and Reconciliation in its work on health, housing, and homelessness issues. This requirement is established by the explicit naming of health and housing as areas in which Indigenous Peoples have rights under the *United Nations Declaration on the Rights of Indigenous Peoples* (UNDRIP),[2] and BC legislation that requires provincial laws to be brought into alignment with UNDRIP.[1] These rights pertain to the use of land and traditional territories, development of health and housing programs and services, and improvement of economic and social conditions, among other areas, each with clear implications for the public health sector in its work on health and housing in BC.

Direction has been provided by Indigenous voices regarding specific services and models that must be available to address housing-related needs and disparities. In particular, *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* states the need for culturally safe and appropriate housing across a spectrum of types and approaches (e.g., shelters, transition homes, and new housing), for Indigenous women, girls, and 2SLGBTQQIA+ people.[4]

Furthermore, the public health sector has a responsibility to speak important truths that illuminate settler colonialism and anti-Indigenous racism as the root causes of health and housing disparities for Indigenous Peoples in BC, and to arrest the impact of these systems as it works to address health and housing inequities in the province.

Advocating for Healthy Public Policy and Improved Access to Services

When it comes to housing and homelessness, the public health sector has a powerful voice to advocate for equity-driven principles that can improve health outcomes. Recognizing that access to affordable, adequate, and suitable housing is a building block of health for individuals and communities, a major responsibility of the public health sector is advocating for healthy public policy related to housing and improving access to housing services. Advocacy for healthy public policy also extends beyond housing policy to include policy that impacts all the conditions in which people live—the many key building blocks for a healthy society. Advocating for healthy public policy occurs at multiple levels. It is central to collaborating with local and regional partners to create solutions for community-level issues. It also drives systemic improvements by articulating to decision makers the need for policies that consider and improve health and well-being.

Advocating for healthy public policy is a cornerstone of public health activities. This will remain a priority for the sector in work related to housing and homelessness issues while people continue to have limited access to affordable, adequate, and suitable housing in BC.[135]

Promoting Healthy Built Environments

Promoting healthy built environments involves examining the buildings and infrastructure that make up communities. The public health sector must be involved in ensuring housing and neighbourhood developments contribute to individual and community health, enable access to health-protecting services and amenities, and are resilient to climate change. For example, the public health sector has a role to play in informing building standards and design so that they strengthen housing's positive impact on health and well-being.

The future impacts of current efforts to address housing shortages and increase housing density must be considered. Public health teams are well-positioned to highlight that, while more housing is needed, new housing must be developed alongside greater access to health-supporting amenities, services, activities, and social connection.

Additional environmental and land-use factors must be considered to ensure housing is resilient and adaptive to climate impacts. These range from assessing the long-term, cumulative impacts of new housing and population density on land, air, and water (i.e., air quality, and clean water availability and access) to ensuring housing developments and the people who will live in them are not at heightened risk of issues such as flooding and slope instability.

Preventing Homelessness

Primary homelessness prevention refers to approaches that address the risk factors of homelessness, such as providing housing options for people transitioning out of services, supports for people fleeing domestic violence, and mental health and substance use services. It also includes supporting multisectoral action on housing affordability and accessibility, and working to ensure the availability of suitable housing. These measures help promote health and well-being, ensure people have access to homes, and reduce the risk factors of homelessness.

Recognizing the disproportionate impact of homelessness on First Nations, Métis, and Inuit people, it is also important that strategies to prevent homelessness uphold the rights of First Nations, Métis, and Inuit people and recognize unique factors related to the experiences and needs of these groups around housing and homelessness.

Homelessness prevention can also include practical steps like working with municipalities to preserve affordable rental units, reduce evictions, and provide perspectives on local bylaws that could impact health and homelessness.

Supporting the Needs of People Experiencing Homelessness

The public health sector has responsibilities to support the needs of people experiencing homelessness. As described throughout the report, due to ongoing land dispossession, settler colonialism and Indigenous-specific racist policies and practices, Indigenous people are disproportionately included in this group. Indigenous people are also underrepresented in the public health workforce. There is a lack of data to understand the number of Métis and Inuit people working in the public health sector. However 0.32 per cent of physicians and 1.54 per cent of nurses in BC identify as First Nations, while 3.7 per cent of the BC population is First Nations.[52,122] Given that public health professionals in BC are therefore disproportionately non-Indigenous, it is critical that they adopt unfamiliar, anti-racist approaches and look for First Nations, Métis, and Inuit guidance in terms of how to support the needs of Indigenous people who are currently experiencing homelessness.

In their 2025 resolution, British Columbia Assembly of First Nations Chiefs-in-Assembly called upon BC municipalities to implement the *United Nations Declaration on the Rights of Indigenous Peoples*, including by "repealing punitive bylaws and committing to working with First Nations as territorial rights holders on municipal responses to homeless encampments."[25(p.5)]

Public health professionals can effect change and improve health outcomes of people experiencing homelessness—as shown by the range of activities public health teams are involved in—to address the risk factors and health consequences of homelessness. Examples include developing toolkits for responding to encampments, providing health services to people living in encampments, and bringing cultural safety and a trauma-informed approach to encampment responses.[120] Another key responsibility of the public health sector is improving data collection, analysis, and dissemination, that upholds Indigenous data governance principles. This helps people in public health to better understand and communicate the factors that contribute to homelessness, as well as the scale and intersectional impacts of homelessness in BC.

Medical health officers have powers to address health risks in encampments and ensure people have access to basic necessities (e.g., clean water and sanitation) through the use of orders. The OPHO can provide information and support to medical health officers who are considering the use of orders to address specific public health concerns in encampments. Any orders issued by the provincial health officer and/or medical health officers must align with the *Declaration on the Rights of Indigenous Peoples Act* and must not contravene the local authority or jurisdiction of the Nations upon whose territories the encampments are situated. To be clear, this is not restricted to on-reserve lands, but rather the broader boundaries that encompass the Nations' territories.

Responding to Climate-related and Emergency Impacts on Housing and Homelessness

Climate events and emergencies present unique considerations related to housing, with housing quality and suitability greatly influencing the risk of harm during these events.

Extreme temperatures, both heat and cold, as well as climate events, are a particular concern for the public health sector and require distinct responses. The public health sector in BC has developed measures to reduce the impact of weather and climate events on people who are unstably housed. For example, the BC Centre for Disease Control released recommendations to reduce the impacts of cold weather on people experiencing homelessness.[18] In addition, recommendations to improve building cooling standards were issued following a review of deaths that occurred during the 2021 heat dome in BC,[136] in which deprivation and lower neighbourhood greenness were associated with higher risk of death.[134]

Subsequent to the 2021 heat dome, as well as the 2021 atmospheric river event in BC, Vancouver Coastal Health, Fraser Health, and Health Emergency Management BC partnered to develop a *Climate Change and Health Adaptation Framework*.[137] This framework outlines a range of considerations and actions for the public health teams in these health authorities who are focused on extreme weather and climate events, highlighting areas such as emergency preparedness and response, risk assessment, communications, and leadership and advocacy.

The public health sector has specific roles and capabilities that relate to environmental protection and emergency response, for example smoke forecasting and air quality assessment during wildfires.[138] Public health teams also hold unique skills and capacity to offer psychosocial responses related to the mental health impacts of emergencies and natural disasters.[139] Such events are highly destabilizing for individuals and communities, and can result in people being evacuated and displaced from their homes, the need for temporary housing solutions during crises, and even the destruction of people's homes.[140]

Inequities experienced by First Nations people because of colonization and anti-Indigenous racism, including housing inequity, are exacerbated by climate change.[141] First Nations people are also disproportionately impacted by climate-related emergencies and disasters, including by being more likely to be evacuated for longer periods during disasters.[142] Wildfires, floods, and drought have impacts on housing, health, and well-being. These events can damage ancestral lands and territories, destabilize food security and access to traditional foods, and affect drinking water.[143,144]

Indigenous Peoples have unique and ancient knowledge systems that are essential in mitigating the impacts of climate-related emergencies on their lands and communities.[144] Public health teams should seek to learn more about and collaborate with Indigenous perspectives, worldviews, and traditional knowledge to help prevent health harms due to climate-related and emergency events.

The First Nations Leadership Council released a *BC First Nations Climate Strategy and Action Plan* in 2022, which highlighted that "reconciliation in the climate context has not been at the forefront" of provincial and federal efforts to advance reconciliation with First Nations.[141(p.8)] This truth is repeated in the *Action Plan for Disaster Risk Reduction by First Nations in BC*, published by the British Columbia Assembly of First Nations.[145] To address these inequities, these two documents provide recommendations for working with First Nations on a range of priorities that relate to the housing impacts of climate change and emergencies, including developing culturally appropriate, energy-efficient and climate resilient housing, supporting food security, and providing enhanced programs for health emergency management following disasters.[141,145]

Public health teams also bring an awareness of the disproportionate and unique impacts of natural disasters on specific populations, such as people who use substances, for whom access to harm reduction services, health care, and substances can be disrupted.[146]

The increase in both housing instability and homelessness, and the regularity and risk of natural disasters and climate-related events in BC, present a need to consider and plan for health impacts that occur at the intersection of these challenges. Preparing for and responding to climate change and emergencies are further examples of scenarios that require multisectoral collaboration. The public health sector is a critical partner in these collective responses and must be forward-thinking and proactive as BC adapts to the effects of climate change and more frequent natural disasters and emergencies.

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 factors that lead to or protect against outcomes like homelessness. These data-related activities allow for informed decision-making, and support planning, implementation, evaluation, and improvement of practices within and outside the health-care system to achieve public health goals.[22] These activities are among the main areas of expertise and capacity that the public health sector offers the health-care system, government, and decision makers on a range of health and social issues, including housing and homelessness.

There are known challenges and barriers to collecting data on the characteristics and views of people experiencing homelessness. However, many groups and organizations are involved in research in this area, including provincial public health agencies, individual researchers, and academic groups. There are also local and provincial roles for public health teams to provide expertise in synthesizing data on housing and health. These should include looking at how housing quality and instability impact health for people who are housed, and working with researchers and organizations such as the Canada Mortgage and Housing Corporation, which collects provincial data on housing affordability, quality, and suitability.

There is an opportunity to integrate and coordinate research efforts among these partners to strengthen the data landscape in BC with respect to health, housing, and homelessness. Areas of focus should include improving the data systems for health and housing, including developing a better understanding of the health outcomes of housing instability and the individual and community impacts of housing interventions.

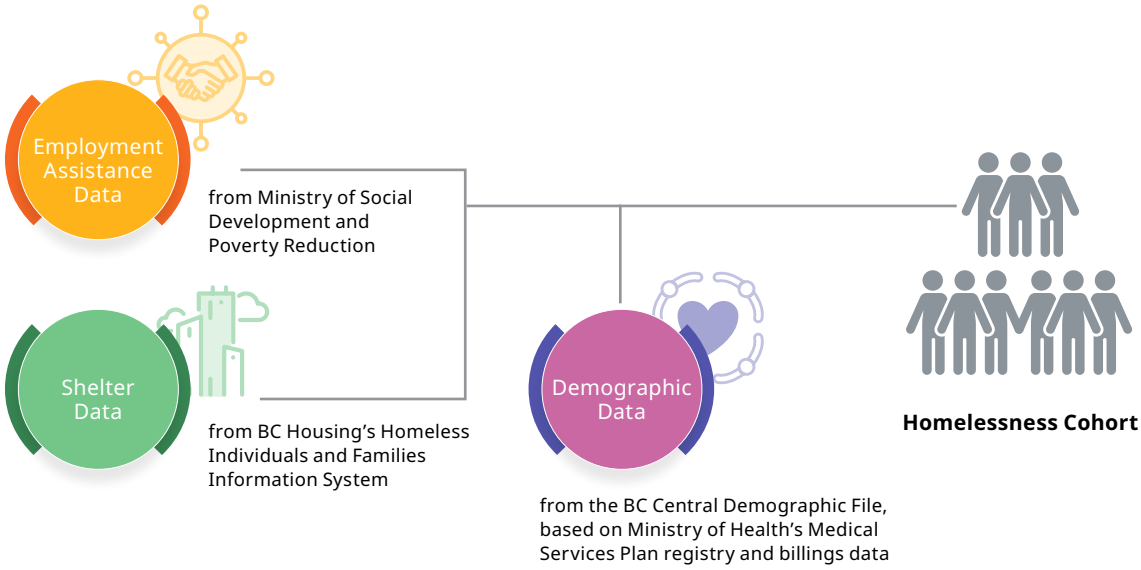
Priorities could include:

- Identifying or collecting data that speak to root causes of housing inequity and how systems of oppression contribute to housing inequity;
- Developing indicators on housing and health;
- Identifying questions and topics of interest for surveillance;
- Monitoring trends over time;
- Improving data quality in existing data sources;
- Improving monitoring of impacts of health and housing interventions over time; and
- Publicly reporting findings from data collection and monitoring of health outcomes related to housing and homelessness.

The Preventing and Reducing Homelessness Integrated Data Project

A partnership between BC Stats, BC Housing, the Ministry of Housing and Municipal Affairs, and the Ministry of Social Development and Poverty Reduction has developed a provincial homelessness cohort to better estimate and understand the extent and impacts of homelessness in BC. The cohort is a list of people experiencing homelessness that gets updated regularly. This cohort was created by combining several sets of data collected by government agencies when providing services. This includes data on shelter use from BC Housing, social assistance payments from the Ministry of Social Development and Poverty Reduction, and demographic information from the Medical Services Plan.[129] By combining these data, it is possible to estimate how many people are experiencing homelessness in the province and look at that information by categories like age and sex.

Administrative Data Sources Used to Create the Homelessness Cohort



Source: Adapted from Province of BC. *Preventing and reducing homelessness: an integrated data project*.[129]

For the purpose of this project, people are considered to be experiencing homelessness if they have:

- spent three consecutive months on social assistance with no fixed address;
- stayed one night in a BC Housing-affiliated shelter; or
- had both experiences.[129]

These data are limited in that they only capture a segment of people who could be experiencing homelessness in BC. However, they are useful for understanding trends in homelessness in the province and could be used to learn more about the impacts of homelessness on health.

First Nations, Métis, and Inuit Data Sovereignty

Data sovereignty refers to communities exercising their right to collect, use, and manage data that relates to their communities and according to their priorities and needs. First Nations, Métis, and Inuit communities each have their own priorities and perspectives when it comes to data.

For First Nations, the principles of ownership, control, access, and possession (OCAP®) are the basis of governance of data related to First Nations people. OCAP® supports First Nations self-determination and sovereignty by ensuring First Nations communities have jurisdiction with respect to data, research, and knowledge related to First Nations communities.[147]

For Métis people, data sovereignty priorities are reflected in the principles of ownership, control, access, and stewardship. Stewardship refers to the responsibility to use data for ethical purposes that safeguard and reflect the best interests of Métis people.[148]

The framework *Disaggregated Demographic Data Collection in British Columbia: The Grandmother Perspective* further highlights how data can be used to address systemic inequities and oppression, as well as the relationships that are present in disaggregated data.[149] It emphasizes the importance of data being used in ways that amplify the lived experience of First Nations people, and identifies system-level issues as the source of health disparities and inequities for First Nations people through disaggregated data.[149]

The First Nations Health Authority and the OPHO are partnering on the First Nations Population Health and Wellness Agenda, a series of reports on First Nations health and wellness. The First Nations Population Health and Wellness Agenda prioritizes First Nations perspectives and uses a holistic strengths-based approach. The baseline report includes data on off-reserve housing.[122]

First Nations, Métis, and Inuit Data Sovereignty (continued)

The Métis Public Health Surveillance program was established in 2022 as a partnership between Métis Nation British Columbia and the OPHO. The program aims to uphold Métis data governance standards and self-determination, as well as address a lack of available data specific to Métis people in BC.[150] As part of this partnership, Métis Nation British Columbia and the OPHO are reporting on Métis health outcomes and are working towards priorities to improve Métis health and wellness. The initial report released as part of the program *Taanishi Kiiya? Miiyayow Métis Santii Pi Miyooayaan Didaan BC (Métis Public Health Surveillance Program – Baseline Report)*[6] provides insight into the housing status of Métis people in BC and explores how housing contributes to health and social outcomes for Métis people. The report highlights how disaggregated data can be used to understand the experiences—and advance the health priorities of—Métis people in BC.

Through data sovereignty approaches, the public health sector supports First Nations, Métis, and Inuit self-determination, surfaces truth by identifying systemic factors as the source of health disparities experienced by Indigenous Peoples, and advances reconciliation by helping address these inequities.

Convening and Collaborating With Intersectoral Partners

In health promotion, coalitions of individuals, groups, agencies, and other organizations often come together and pool resources to collectively work towards shared goals.[151] For example, a coalition of First Nations leaders, Métis leaders, local government officials, health authority staff, non-profit agencies, and people with lived experience of housing instability might be created to advance strategies to expand access to supportive housing in a specific community.

Coalitions can bring together multiple groups with different perspectives. In this context, public health professionals have a responsibility to share their understanding of the health impacts of policies and decisions with various levels of government and non-health sector agencies.[22]

Public health teams can make significant contributions and impacts when they lead or are involved in coalitions related to housing and homelessness. The public health sector brings knowledge of how society and systems affect health, along with an awareness of the context and needs of local regions and communities. Public health professionals such as medical health officers can also provide an important bridge between First Nations, Indigenous rightsholders, community needs, organizational leadership, and elected officials. Learning about Indigenous rights and anti-racist approaches is ongoing and incomplete in the public health sector. Further work in this area will strengthen the public health sector's capacity to collaborate and support action that upholds Indigenous rights.

The ability to lead, collaborate, and be a health advocate are central responsibilities of the public health sector, as identified in the core competencies of public health physicians,[152] as well as the Core Competencies for Public Health in Canada.[153]

In addition, there is an opportunity for improved collaboration and coordination across ministries, Indigenous rightsholders and authorities, and provincial agencies with responsibilities related to housing. Public health professionals can bring significant expertise and capacity to the table in efforts to create a coordinated, cross-government approach to housing and homelessness issues.

Advising Municipalities on Public Health Issues

As well as working with municipal governments in coalitions, the public health sector has a formal legislated role to advise municipalities in certain scenarios.

The BC *Public Health Act* outlines how regional medical health officers are responsible for advising local governments on "public health issues, including health promotion and health protection" and "bylaws, policies and practices respecting those issues."[125] The Public Health Bylaws Regulation, under the *Community Charter*, sets out the processes that must be followed if a bylaw relates to public health, including consultation with the regional medical health officer.[127] In addition, local governments have responsibilities under the *Public Health Act,* including to report health hazards or health impediments to health officers, designate a local government liaison, and request a medical health officer to issue health orders related to health hazards.

The *Public Health Act* also sets out clear roles and responsibilities for public health officials in protecting public health in BC communities in terms of bylaws.[125] It creates a formal relationship between public health and municipalities, which provides an opportunity to engage local governments as they work on bylaws, zoning, and issues that relate to housing and development. Municipalities have significant tools and powers that influence the availability and accessibility of housing, and the public health sector has a responsibility to inform and advise local authorities on how to ensure housing is a building block of health for their residents and community.

Municipalities are also involved in responding to local challenges around homelessness, such as in identifying and implementing solutions for encampments. The legislated role of health officers highlights the public health sector's function to advise municipalities on these issues.

Conclusion

The roles and responsibilities outlined in this chapter are intended to provide guidance and inform the public health sector in its work at the intersection of health, housing, and homelessness in BC. Given the broad variety of potential work for the sector—spanning the full continuum of public health core functions—they do not capture every potential role for public health professionals to contribute to work on housing and homelessness issues. Different opportunities to be involved in addressing these issues will arise based on local context and factors.

Public health teams across the province are encouraged to consider how these areas could be applied in their regions and to pursue activities that improve health outcomes related to housing as they deem appropriate in their communities.

Key Messages

- This report provides nine areas of responsibility with respect to housing and homelessness for the public health sector in BC. These are:
  - Upholding Indigenous rights and advancing Truth, Rights, and Reconciliation
  - Advocating for healthy public policy and improved access to services
  - Promoting healthy built environments
  - Preventing homelessness
  - Supporting the needs of people experiencing homelessness
  - Responding to climate-related and emergency impacts on housing and homelessness
  - Generating and disseminating data-driven insights on how housing and homelessness affect health
  - Convening and collaborating with intersectoral partners
  - Advising municipalities on public health issues
- The public health sector has a broad range of opportunities to improve health outcomes in relation to housing and homelessness.
- Public health teams can be informed by these roles and responsibilities as they identify priorities and needs at the intersection of health and housing in the communities and regions they serve.

Chapter 4
Discussion

Affordable, adequate, and suitable housing is a building block of health for individuals and contributes to strong and supportive societies. It improves health and social outcomes.[154]

However, the reverse is also true. Housing that is of poor quality, unaffordable, and not suitable for those living in it has negative impacts on health. If housing is unaffordable, inadequate, or unsuitable, it becomes much harder for an individual to meet their basic needs.

Many people in BC do not have access to housing that meets their requirements and budget. This housing crisis is the result of a system in which housing has become commodified. Affordable, adequate, and suitable housing has become a privilege that is out of reach of many. People experiencing other forms of oppression, such as the impacts of settler colonialism and anti-Indigenous racism, are more deeply impacted.

The housing crisis has also led to a range of public health challenges, including rising levels of homelessness, concern for the health risks that result from a lack of housing, and a growing number of encampments in BC.

Housing instability and homelessness impact people and the health-care system. People experiencing homelessness who are exposed to the elements and unsafe conditions are more likely to develop new medical problems and experience the worsening of existing ones. A lack of access to primary care makes these issues more difficult to address early, which leads to increased reliance on emergency rooms at higher costs and with greater use of resources relative to the cost of providing housing and primary care.[89]

The risk of extreme temperatures and natural disasters affects health, and these effects are often shaped by housing and the built environment. The intersection of housing and other public health risks, such as the toxic drug emergency and impact of extreme weather events, highlights the complexity and connections of the challenges facing BC today.

High rates of people who are in core housing need related to affordability or who require additional services and supports in their housing show that there is also an urgent need to connect more people in the province to affordable and supportive housing, including seniors, families, and people who are exiting homelessness.

The public health sector has a responsibility to help address the needs of people experiencing the acute impacts of the housing crisis. It is also essential for the public health sector to act upstream to prevent people from experiencing these negative outcomes. Housing instability and homelessness are fundamentally tied to affordability and systems of oppression, including settler colonialism and anti-Indigenous racism. While the public health sector cannot solve these issues alone, it has important tools and expertise, as well as responsibilities to uphold, that will contribute to housing solutions for people in BC.

The public health sector must uphold Indigenous rights and honour Truth, Rights, and Reconciliation. Concrete actions towards these requirements include stating the truth that settler colonialism and anti-Indigenous racism are root causes of the overrepresentation of Indigenous people among people experiencing homelessness, as well as championing and supporting direction and solutions from Indigenous Peoples to address housing inequities.

The public health sector must also advocate for healthy public policy with respect to housing and to ensure health is a central consideration in housing planning, policies, and services. Housing is a multisectoral responsibility. Of the organizations and agencies involved in housing, the public health sector has expertise and knowledge of the benefits of affordable, adequate, and suitable housing on individual and population health. It is therefore the public health sector's role and responsibility to bring this information to multisectoral work with partners and other levels of government that will serve to improve access to housing in BC. Relatedly, the public health sector holds the function of assessing and reporting the burden of homelessness and housing instability on health and well-being and using this information to inform decision makers of housing policy.

There is an opportunity to increase awareness of the connection between housing and health among partners and agencies involved in housing and homelessness work. This includes providing education on the root causes of homelessness; including settler colonialism and land dispossession; sharing information on the wide-ranging health effects of a lack of access to affordable, adequate, and suitable housing; and communicating the benefits of integrating public health into housing policy and planning.

The Public Health Sector: A Partner in Addressing Housing and Homelessness Issues

This report outlined nine areas where the public health sector has roles and responsibilities to address provincial housing and homelessness issues in alignment with its core functions. These responsibilities include advocating for policies that ensure access to affordable, adequate, and suitable housing; supporting individuals who are experiencing homelessness; and driving for upstream solutions to prevent homelessness and housing instability. Although public health is one of many sectors involved in these issues, it can play a leadership role in collaborating with partners and advising governments to improve housing outcomes and health for all.

Roles and responsibilities for the public health sector include:

(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

Future Work: Advancing Data on Housing, Homelessness, and Health in BC

This report describes the limited data and lack of consistent, regular reporting on the connection between housing and health, and on the health impacts of homelessness in BC. To help close this gap, the OPHO commits to:

(1) Supporting the development of a set of indicators for housing and health.

(2) Publishing a report on the connection between housing and health, including the health impacts of homelessness and housing instability across the housing continuum, and exploring opportunities for data disaggregation to gain insight into intersectional impacts.

Conclusion

As described in this report, within its broad mandate and wide-ranging core functions, the public health sector is actively involved in projects and initiatives that address housing and homelessness issues and aim to improve health outcomes in BC. As they are working on these projects, public health teams around the province have encountered several challenges. These include a lack of robust, regularly reported data on the health impacts of homelessness and other ways housing affects mental and physical health; challenges in positively engaging communities around potential solutions; and the complexity of working effectively with partners who have differing priorities and concerns.

Despite these obstacles, concerted, ongoing effort to collaborate with partners and advocate for access to affordable, adequate, and suitable housing that meets the varying needs of people in BC is required to address the negative health and social impacts of the housing crisis in BC. This must be pursued at all levels, with the OPHO committed to supporting this work as it fulfils its role to monitor, report, and advise on the health of the population in BC.

In BC, the public health sector is one of many multisectoral partners involved in housing and homelessness issues. Greater collaboration should be a priority for all such partners. People in BC are best served by provincial housing agencies leading this collaboration, with active participation from key and valued partners, including Indigenous rightsholders and public health teams. This type of integrated collaborative approach is essential for partners to come together and to ensure that affordable, adequate, and suitable housing is a strong and supportive building block of health for people and communities throughout BC.

Appendix A Glossary

2SLGBTQQIA+ is an umbrella term and abbreviation that describes members of the queer community. It stands for Two-Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual/aromantic/agender. The plus sign (+) is used to be inclusive of people who identify as part of sexual and gender-diverse communities who use additional terminologies.[155]

Adequate housing is housing that does not require any major repairs, according to residents.[156] More broadly speaking, housing is considered adequate if it is safe, habitable, in good repair, affordable based on income, accessible to all, and culturally appropriate. It must also be close to employment opportunities and health and social services and provide protection against threats such as forced evictions and harassment.[157,158] "Adequate housing" has many definitions and can change depending on the needs of specific communities.

Affordable housing is housing that costs less than 30 per cent of before-tax household income. This includes rent and payments for electricity, fuel, water, and other municipal services for renters. For owners, it includes mortgage payments (principal and interest), property taxes, and condominium fees, as well as payments for electricity, fuel, water, and other municipal services.[156]

Building blocks of health is the idea that various aspects of life impact people's health and how long they live. Some of the most frequently discussed building blocks of health are stable employment and financial security, affordable and safe housing, education, supportive and accessible communities, and access to nature and green spaces.[28]

Core housing need occurs when a household does not meet one or more of the adequacy, suitability, or affordability standards (as defined by the Canada Mortgage and Housing Corporation) and if the household would need to spend 30 per cent or more of its before-tax income to access local housing that would meet these standards.[156]

Emergency shelter is short-term accommodation of 30 days or fewer for people who have no other housing options. Emergency shelters provide single or shared bedrooms or dorm-type sleeping arrangements with varying levels of support to individuals.[159]

Encampments are "temporary outdoor campsites on public property or privately owned land. These informal settlements result from a lack of accessible, affordable housing."[30(p.10)] Encampments often lack access to basic services such as clean water, sanitation, or heat.[30]

Equity is achieved when each person has the resources and opportunities they need, recognizing that each person has different circumstances and needs. Equity also means ensuring that everyone has access to the basic resources for health, including housing, income, social inclusion, education, and more.

Homelessness is when an individual, family, or community is without stable, safe, permanent, and appropriate housing, or the immediate prospect, means and ability of acquiring it.[31] Homelessness can occur because of systemic or societal barriers; a lack of affordable and appropriate housing; financial, mental, cognitive, behavioural or physical challenges; and/or racism and discrimination.[31]

Housing continuum is a "concept used to describe the broad range of housing options available to help a range of households in different tenures to access affordable and appropriate housing."[160] The Canada Mortgage and Housing Corporation's housing continuum includes homelessness, emergency shelters, transitional housing, supportive housing, community housing, affordable housing, and market housing.[23]

Housing instability occurs when housing is provisional or challenging to maintain. Being housing unstable can include having trouble paying rent, living in overcrowded conditions, moving frequently, staying with relatives, or spending the bulk of household income on housing.[87]

Indigenous homelessness: In 2012, the Aboriginal Standing Committee on Housing and Homelessness defined Aboriginal homelessness as:

> self-identifying Aboriginal persons (including First Nations, Métis and Inuit) of any age, situated as a single person or within a family who is lacking a permanent night time residence with appropriate cultural reconnection supports. This includes individuals "precariously housed" within institutional settings such as jails and prisons, and unstable, unsafe and/or inappropriate child intervention settings.[161(p.5)]

Jesse Thistle further defines Indigenous homelessness as:

> a human condition that describes First Nations, Métis and Inuit individuals, families or communities lacking stable, permanent, appropriate housing, or the immediate prospect, means or ability to acquire such housing. Unlike the common colonialist definition of homelessness, Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described and understood

> through a composite lens of Indigenous worldviews. These include: individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities. Importantly, Indigenous people experiencing these kinds of homelessness cannot culturally, spiritually, emotionally or physically reconnect with their Indigeneity or lost relationships.[162(p.6)]

Inequities are unjust differences in health and other outcomes experienced when people cannot meet their basic needs due to systemic barriers.

Made-vulnerable describes people or groups who are susceptible to harm due to systems of oppression.[34] See also: systems of oppression.

Public health is a combination of programs, services, and policies that protect and promote the health of the population. Public health includes the concept of acting "upstream": promoting health-supporting conditions that keep people from becoming sick or injured. Access to clean water, protection from weather, and access to nutritious food are examples of health-supporting conditions.

Public health sector is the term given to the broad network of organizations that work to prevent disease, and to protect and promote health.

Racism is the process by which systems and policies, actions, and attitudes create inequitable opportunities and outcomes for people based on race.

Settler colonialism is the process of white European societies taking control over Indigenous land and removing or eradicating Indigenous Peoples for the purpose of building an ethnically distinct national community.[163]

Social housing/community housing is housing owned by a not-for-profit organization, a co-op, or a government. Rents are subsidized (usually by the government) making it possible for people with lower incomes to find housing they can afford. Household income must be below certain limits in order for people to be eligible.[159]

Suitable housing is housing that has enough bedrooms for the size and make-up of resident households, according to National Occupancy Standard requirements.[164] This means one bedroom for each cohabiting adult couple; lone parent; unattached household member age 18 or older; same-sex pair of children under age 18; and each additional boy or girl in the family, unless there are two opposite sex children under 5 years of age, in which case they are expected to share a bedroom. A household of one individual can occupy a bachelor unit (i.e., a unit with no bedroom).[156]

Supportive housing is housing that provides a physical environment that is specifically designed to be safe, secure, enabling, and home-like, with support services such as social services, provision of meals, housekeeping, and social and recreational activities, in order to maximize residents' independence, privacy, and dignity.[160]

System of oppression refers to a set of beliefs and practices that confer unearned disadvantages to a group of people, while conferring unearned advantages to people not part of that group. Examples: settler colonialism, racism, sexism, ableism, and classism.

Transitional housing is housing intended to offer a supportive living environment for its residents, including offering them the experience, tools, knowledge, and opportunities for social and skill development to become more independent. It is considered an intermediate step between an emergency shelter and more permanent housing, and has limits on how long an individual or family can stay. Stays are typically between three months and three years.[160]

Toxic drug emergency is the period in BC beginning in 2012 when deaths due to the use of unregulated drugs began increasing dramatically, and which is characterized by increasing detection of illegally manufactured fentanyl-like drugs and other contaminants in deaths related to the use of unregulated drugs.[165] The provincial health officer declared this situation a public health emergency on April 14, 2016.[165]

Unsheltered is the situation of people living on the streets or in places not intended for human habitation. Unsheltered is a type of homelessness.

Appendix B
Data Sources

This appendix summarizes the data sources used in this report and describes some of the limitations of these data.

Point-in-Time Homeless Counts

Point-in-Time Homeless Counts (PiT Counts) use both enumeration and surveys to estimate the number of people experiencing homelessness in communities. PiT Counts are completed on a single night, giving a snapshot of homelessness in a community in a 24-hour period, including the estimated number of people experiencing homelessness, their demographic information, and service needs.[166,167] PiT Counts take place every three years; participation is voluntary, and not all communities in BC take part in PiT Counts. PiT Count data have several limitations:

- They only reflect conditions for one 24-hour period, which may or may not be consistent year-round.
- Survey participation is voluntary, so the count only provides data about people who choose to participate.
- The data only capture people who are visibly homeless in a shelter or unsheltered location in participating communities.[11] People who are not visibly homeless are not included in PiT Counts (i.e., people who are couch-surfing, staying with personal contacts, or at risk of homelessness).
- PiT Counts likely underreport homelessness of people from underrepresented communities including youth, seniors, Indigenous Peoples, racialized people, 2SLGBTQQIA+ people, and people with disAbilities.[11]

Comparing PiT Counts from different years has additional limitations, including changes in participating communities between survey periods. COVID-19 disrupted the 2020 PiT Count, leading to methodological differences for the 2020-2021 analysis compared to other years.[168]

More information: www.bchousing.org/research-centre/housing-data/homeless-counts

BC Coroners Service Report: *Deaths of Individuals Experiencing Homelessness in British Columbia, 2016-2023*

In 2025, the BC Coroners Service released an update to its previous analysis of deaths of people experiencing homelessness. The analysis included deaths that met criteria for reporting under the *Coroners Act*.[91,92] That is, deaths that were "unnatural, sudden and unexpected, unexplained or unattended."[93]

This analysis has some limitations that are important to note. First, the analysis included only deaths that met criteria for reporting by the BC Coroners Service, which is a subset of all deaths among people experiencing homelessness.

Further, there may be some underreporting due to challenges determining deceased individuals' housing status, which is based on a definition that includes unsheltered or sheltered homelessness.

- **Unsheltered**: A person living outdoors, in a make-shift shelter, a parked vehicle, a vacant home, or any other structure not intended for habitation.
- **Sheltered**: A person staying at an emergency shelter (overnight) or who is temporarily sheltered (suspected to be for less than 30 days) by friends or family, in a short-term shelter, safe house for youth, or transition house for women and children fleeing violence. Persons residing in short-term shelters, safe houses, or transition houses for an unknown length of time were also included.[91 (p.1)]

There may be some individuals experiencing homelessness who died and did not meet these definitions or were not identified in administrative data. For example, people with no permanent residence who were residing temporarily in hotels were not included in the analysis.[91]

More information: www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/250212_homeless_web_report_2016-2023.pdf

Canada Mortgage and Housing Corporation: Canadian Housing Survey

The Canada Mortgage and Housing Corporation publishes findings of the Canadian Housing Survey (CHS), a biennial survey conducted by Statistics Canada. The CHS aims to collect "information about housing needs and experiences from a sample of Canadian households."[169] The CHS is administered in all 10 provinces and collects information on housing affordability, dwelling characteristics and housing tenure, economic hardship, dwelling and neighbourhood satisfaction, housing discrimination, housing aspiration, neighbourhood issues and safety, forced moves, experience with subsidized housing, life satisfaction, community satisfaction, self-assessed health, experience with homelessness, and socio-demographic characteristics.[169]

Potential limitations of the CHS are that it excludes certain populations (including people living in "reserves and other Indigenous settlements"[169]) and that it is administered by electronic questionnaires and telephone interviews, which may be biased towards certain demographic groups.

More information:

- Canada Mortgage and Housing Corporation: Canadian Housing Survey Data Tables: www.cmhc-schl.gc.ca/professionals/housing-markets-data-and-research/housing-data/data-tables/canadian-housing-survey-2022
- Canada Mortgage and Housing Corporation: Core Housing Need: www03.cmhc-schl.gc.ca/hmip-pimh/en/TableMapChart/CoreHousingNeedMethodology
- Statistics Canada: Canadian Housing Survey: www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5269

Preventing and Reducing Homelessness: An Integrated Data Project

A provincial homelessness cohort has been developed in BC to better estimate and understand the population experiencing homelessness in the province. This cohort was created by combining several sets of data that are collected by government in the process of providing services. This includes data on shelter use from BC Housing, social assistance payments from the Ministry of Social Development and Poverty Reduction, and demographic information from the Medical Services Plan.[129] By combining these data, it is possible to estimate how many people are experiencing homelessness in the province and look at that information by categories like age and sex.

For the purposes of this project, people are considered to be experiencing homelessness if they have

- spent three months consecutively on social assistance with no fixed address;
- stayed one night in a BC Housing-affiliated shelter; or
- had both experiences.[129]

These data are limited in that they only capture a segment of people experiencing homelessness in BC. For example, the definition of homelessness would not include individuals experiencing homelessness who are not on social assistance and not staying in shelters.

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

Toronto Public Health: Deaths of People Experiencing Homelessness Dashboard

Toronto Public Health reports on deaths of people experiencing homelessness in the City of Toronto, with data updated twice a year. The target population includes people living in shelters, respite centres, or outdoors. Data sources include community reports, shelter deaths, Toronto Homeless Memorial, and the Office of the Chief Coroner for Ontario. Toronto Public Health manually analyzes these data sources to remove duplicates.

Toronto Public Health uses the Canadian Observatory on Homelessness definition of homelessness for its initiative:

> The situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability to acquire it. It is the result of systemic or societal barriers, a lack of affordable and suitable housing, the individual/household's financial, mental, cognitive, behavioural, or physical challenges and/or racism and discrimination[114]

View the Toronto Public Health dashboard: public.tableau.com/app/profile/tphseu/viz/DeathsofPeopleExperiencingHomelessness2_0/HomelessDeaths3_0

More information: www.toronto.ca/community-people/health-wellness-care/health-inspections-monitoring/monitoring-deaths-of-homeless-people/

Appendix C
Partners on Housing and Homelessness in BC

Over several years leading up to this report's publication, the BC government focused attention on addressing housing issues in the province, releasing a range of strategies and targets for housing as well as funding provincial and regional programs that aim to relieve housing pressures and reduce homelessness.

In addition to the provincial government, a range of provincial agencies are actively addressing housing and homelessness issues in BC, including for specific populations, such as First Nations and Métis people.

The collection of partners and organizations[g] involved in this work include:

BC Housing

A crown corporation responsible for developing, managing, and administering subsidized housing across the province. BC Housing's mission is to "provide access to safe, quality, accessible and affordable housing options."[170] BC Housing is funded by and reports to the Ministry of Housing and Municipal Affairs.

First Nations

First Nations governments have a multitude of responsibilities related to housing, including providing and managing housing on reserves, and working with provincial and federal agencies on housing priorities and agreements. In First Nations communities, First Nations are responsible for providing and managing housing, funded by the federal government.

[g] This is not an exhaustive list of the partners, agencies, and strategies supporting housing initiatives in BC. It is intended to provide an overview of agencies and actions underway to address housing and homelessness issues in the province.

First Nations Health Authority

The First Nations Health Authority (FNHA) is responsible for health governance and the delivery of health-care services in First Nations communities in BC. The FNHA offers health services for all First Nations people living in BC, which are in addition to those provided by five regional health authorities in BC. Its services include primary health care; children, youth, and maternal health; mental health and wellness; and other health promotion and disease prevention areas.[171] In addition, FNHA Environmental Public Health Services works with First Nations communities and other agencies to help address public health issues related to housing and health.

Métis Nation British Columbia

Métis Nation British Columbia (MNBC) represents registered Métis citizens in BC. In terms of housing, MNBC is responsible for the design, delivery, and administration of housing services for Métis people in BC through the Canada-Métis Nation Housing Sub-Accord and aims to reduce Métis core housing need in the province.[123] MNBC offers supports and services focused on housing that include the Ma Nîḵi Seniors Home Renovation Program,[172] Métis Rent Supplement Program,[173] and a range of housing development projects for Métis people. MNBC also reports on the health of Métis people in BC through the Métis Public Health Surveillance Program.[6]

Ministry of Health

The Ministry of Health is responsible for "ensuring that quality, appropriate, cost-effective and timely health services are available for all people in BC."[174] The Ministry of Health informs, funds, and administers programs that support people with health and housing needs, and it creates guiding frameworks for public health. Within the Ministry of Health, the Population and Public Health Division, in collaboration with the OPHO, is dedicated to improving the overall health and well-being of people in BC by promoting health, preventing disease and injury, protecting people from harm, and focusing on key groups such as Indigenous Peoples, women, and children.

Ministry of Housing and Municipal Affairs

This ministry is responsible for providing people in BC with "access to more affordable, safe and appropriate housing, and for supporting local governments and residents to build vibrant and healthy communities."[175]

The Ministry of Housing and Municipal Affairs leads several strategies and plans to address housing and homelessness issues in BC.

Belonging in BC (2023):

- *Belonging in BC: A Collaborative Plan to Prevent and Reduce Homelessness:* This plan describes how the BC Government will work with partners—including Indigenous partners, municipalities, non-profits, and people with lived experience of homelessness—to address homelessness.[130]
- *Integrated Support Framework*: The plan is supported by an integrated support framework, which aims to coordinate and streamline health and social supports to people experiencing housing instability or homelessness.[176]

Homes for People (2023): This plan aims to accelerate the delivery of new housing and address housing market issues, including affordability and security of tenure.[177]

Rapid Response to Homelessness partnership with BC Housing: This program funds modular supportive housing to provide both permanent and temporary units for people experiencing or at risk of homelessness.[178]

Municipal housing targets: These targets involve collaboration between municipalities and the provincial government to identify and meet local housing needs. Municipalities report on progress towards meeting housing targets.[179]

Ministry of Social Development and Poverty Reduction

This ministry is responsible for providing people in BC experiencing poverty with supports and services to improve their social and economic conditions. This ministry is also responsible for income assistance and disAbility assistance.

> The Ministry of Social Development and Poverty Reduction leads BC's 2024 Poverty Reduction Strategy, a roadmap to reduce overall poverty, child poverty, and seniors' poverty in BC. Housing is recognized as among the urgent and emerging issues related to poverty.[180]

Ministry of Indigenous Relations and Reconciliation

"Leads the B.C. Government in pursuing reconciliation with the First Nations and Indigenous peoples of British Columbia."[181] This ministry is tasked with building partnerships that create tangible benefits for First Nations, such as more affordable housing.

> The *Declaration on the Rights of Indigenous Peoples Act: Action Plan 2022-2027* includes actions to work with Indigenous Peoples to build more housing, both for on-reserve and off-reserve populations.[182]

Municipalities

Municipal governments have a variety of responsibilities related to housing. Local governments of all sizes can administer housing through zoning, housing action plans, and regional growth strategies. Municipal governments are required to report on and develop plans to meet local housing needs.[183]

Non-profit Agencies

Non-profit agencies include societies, charities, or organizations that operate for health, social, or other civic purposes. Non-profit agencies use their financial resources to support these activities and do not generate a profit. Non-profits are often contracted to provide and manage housing programs, including those that offer integrated health services.

Office of the Provincial Health Officer

"The Provincial Health Officer is the senior public health official for BC, and is responsible for monitoring the health of the population of BC and providing independent advice to the ministers and public officials on public health issues."[184]

Provincial Health Services Authority

A health authority that provides specialized health services across the province, including specialist hospitals, clinical programs, and emergency services, as well as leads and supports health-care system improvements.[185] The BC Centre for Disease Control is a public health program of the Provincial Health Services Authority.

Public Health Sector

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, the provincial health officer, and public health facilities such as immunization clinics.

Regional Health Authorities

BC has five regional health authorities that deliver health services in their geographic regions (Interior, Fraser, Vancouver Coastal, Island, and Northern). Regional health authorities include public health units and teams that respond to and work on housing and homelessness issues in their regions.

Appendix D
Housing Acts in BC by Ministry Responsible

This appendix lists provincial legislation that relates to housing, listed by ministry responsible. Some acts are connected to more than one ministry, with parts of the act relating to different government portfolios. This list is intended as a starting point for readers who want to further explore BC housing legislation. Please keep in mind that this is not an exhaustive list, legislation changes over time, and there are relevant regulations under many of the acts.

For more information and to view the acts, visit BC Laws: www.bclaws.gov.bc.ca/

Ministry of Housing and Municipal Affairs

The following list shows acts directly related to housing or homelessness and acts indirectly related to housing and homelessness that deal with land use.

- *Assistance to Shelter Act*
- *Building Act*
  - The BC Building Code is established under this act
- *Community Charter*
- *Fire Safety Act*
- *Homeowner Protection Act*
- *Housing Supply Act*
- *Islands Trust Act*
- *Land Title Act*
- *Local Government Act*
- *Local Services Act*
- *Manufactured Home Park Tenancy Act*
- *Ministry of Lands, Parks and Housing Act*
- *Municipal Replotting Act*
- *Municipalities Enabling and Validating Act*
- *Rent Distress Act*
- *Residential Tenancy Act*
- *Resort Associations Act*
- *Resort Municipality of Whistler Act*

- *shíshálh Nation Government District Enabling Act*
- *Short-Term Rental Accommodations Act*
- *Special Accounts Appropriation and Control Act*
- *Strata Property Act*
- *University Endowment Land Act*
- *Vancouver Charter*

Ministry of Finance

The acts listed below related to housing are connected to the Ministry of Finance. In addition to the acts shown here, there are acts related to taxing new housing, taxing the transfer of property, real estate services and marketing, and taxation by First Nations.

- *Assessment Act*
- *Home Owner Grant Act*
- *Land Title and Survey Authority Act*
- *Property Law Act*
- *Residential Property (Short-Term Holding) Profit Tax Act*

Ministry of Education and Child Care

The *School Act* addresses student and staff housing. It also addresses the duty of health authorities to assign a school medical officer.

- *School Act*

Appendix E Foundational Obligations and Health Legislation That Relates to Housing

This appendix is excerpts from BC health legislation that relate to housing. This information is provided as an accompaniment to the Key Legislation section in Chapter 2: Public Health and Housing in BC.

Foundational Obligations Related to Housing and the Rights of Indigenous Peoples

Declaration on the Rights of Indigenous Peoples Act

Annex

United Nations Declaration on the Rights of Indigenous Peoples

Article 21

(1) Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security.

(2) States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities.

Article 22

(1) Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities in the implementation of this Declaration.

(2) States shall take measures, in conjunction with indigenous peoples, to ensure that indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination.

Article 23

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

Collaboration Between Public Health Sector and Local and Provincial Governments

Public Health Act

Section 66

(1) The provincial health officer must monitor the health of the population of British Columbia and advise, in an independent manner, the minister and public officials

- (a) on public health issues, including health promotion and health protection,
- (b) on the need for legislation, policies and practices respecting those issues, and
- (c) on any matter arising from the exercise of the provincial health officer's powers or performance of the provincial health officer's duties under this or any other enactment.

(2) If the provincial health officer believes it would be in the public interest to make a report to the public on a matter described in subsection (1), the provincial health officer must make the report to the extent and in the manner that the provincial health officer believes will best serve the public interest.

(3) The provincial health officer must report to the minister at least once each year on

- (a) the health of the population of British Columbia, and
- (b) the extent to which population health targets established by the government, if any, have been achieved, and may include recommendations relevant to health promotion and health protection.

(4) The minister must lay each report received under subsection (3) before the Legislative Assembly as soon as it is reasonably practical.

Section 73

(2) A medical health officer must monitor the health of the population in the designated area and, for this purpose, may conduct an inspection under Division 1 *[Inspections]* of Part 4.

(3) A medical health officer must advise, in an independent manner, authorities and local governments within the designated area

(a) on public health issues, including health promotion and health protection,

(b) on bylaws, policies and practices respecting those issues, and

(c) on any matter arising from the exercise of the medical health officer's powers or performance of the medical health officer's duties under this or any other enactment.

Section 83

(1) A local government must do all of the following:

(a) if the local government becomes aware of a health hazard or health impediment within its jurisdiction, take an action required by a regulation made under section 120 (1) (a) [*regulations respecting local governments]*, or, if no regulation applies, either

(i) report the health hazard or health impediment to a health officer, or

(ii) take an action the local government has authority to take under this or another enactment to respond to the health hazard or health impediment;

(b) provide health officers with information the health officers require to exercise their powers and perform their duties under this Act;

(c) consider advice or other information provided to the local government by a health officer.

(2) A local government must

(a) designate one of its members, or an officer or employee of the local government, as the local government liaison for the purposes of this section, and

(b) send notice of the designation to the regional health board having authority over the geographic area in which the local government is located.

(3) A local government may

(a) request a medical health officer to issue an order, under this Act, in respect of a health hazard, and

(b) if the medical health officer refuses to issue the order or to issue the order as requested, request the provincial health officer to review the decision of the medical health officer.

(4) Following a review under subsection (3), the provincial health officer may

(a) refer the matter back to the medical health officer, with or without directions, or

(b) make any order that, in the opinion of the provincial health officer, is appropriate in the circumstances.

Community Charter

Section 7

The purposes of a municipality include

(a) providing for good government of its community,

(b) providing for services, laws and other matters for community benefit,

(c) providing for stewardship of the public assets of its community, and

(d) fostering the economic, social and environmental well-being of its community.

Excerpt from Section 8

(5) (3) A council may, by bylaw, regulate, prohibit and impose requirements in relation to the following:

[...]

(g) the health, safety or protection of persons or property in relation to matters referred to in section 63 *[Protection of persons and property]*;

(h) the protection and enhancement of the well-being of its community in relation to the matters referred to in section 64 *[Nuisances, disturbances and other objectionable situations]*;

(i) public health

[...]

Public Health Bylaws Regulation

Restrictions and Conditions on Public Health Bylaws

2 (1) For the purposes of section 9 (4) (a) of the Act, bylaws made by a council under section 8 (3) (i) *[public health]* of the Act in relation to the following matters are subject to the restrictions and conditions set out in subsection (2):

(a) the protection, promotion or preservation of the health of individuals;

(b) the maintenance of sanitary conditions in the municipality;

(c) the restriction, or potential restriction, of any individual's access to health services;

(d) any matter that may affect the personnel, financial or other resources of a regional health board, the Nisga'a Nation or the PHSA.

(2) Subject to subsection (3), for the purposes of section 9 (4) (b) of the Act, the following restrictions and conditions apply:

(a) a council may not adopt a bylaw in relation to a matter referred to only in subsection 1 (a) or (b) unless the bylaw or a copy of it is deposited with the minister;

(b) a council may not adopt a bylaw in relation to a matter referred to only in subsection 1 (c) or (d) unless the bylaw is approved by the minister;

(c) before adopting a bylaw in relation to matters referred to in subsection 1 (a), (b), (c) or (d), a council must consult with

(i) the regional health board, or

(i) the medical health officer

responsible for public health matters within the municipality.

(3) A bylaw in relation to a matter referred to in both

(a) subsection (1) (a) or (b), and

(b) subsection (1) (c) or (d) is subject to subsection 2 (b).

Public Health Responses to Homeless Encampments

Public Health Act

Definitions

"health hazard**"** means

(a) a condition, a thing or an activity that

(i) endangers, or is likely to endanger, public health, or

(ii) interferes, or is likely to interfere, with the suppression of infectious agents or hazardous agents, or

(b) a prescribed condition, thing or activity, including a prescribed condition, thing or activity that

(i) is associated with injury or illness, or

(ii) fails to meet a prescribed standard in relation to health, injury or illness;

"health impediment" means a prescribed condition, thing or activity

(a) the cumulative effects of which, over a period of time, are likely to adversely affect public health,

(b) that causes significant chronic disease or disability in the population,

(c) that interferes with or is inconsistent with the goals of public health initiatives respecting the prevention of injury or illness in the population, including chronic disease or disability, or

(d) that is associated with poor health within the population;

Health Hazards Regulation

Division 3 – General

Inadequate rental accommodation

7 (1) In this section:

"landlord", "rental unit", and "tenant" have the same meaning as in the *Residential Tenancy Act*;

"potable water" has the same meaning as in the *Drinking Water Protection Act*.

(2) A landlord must not rent a rental unit that is not connected to a water supply system unless the landlord can provide the tenant with a supply of potable water for domestic purposes.

(3) Unless permitted under an enactment, a landlord must not rent a rental unit that does not have

(a) at least 11 m^3 of airspace for each tenant, and

(b) a window that may be opened by tenants of the rental unit.

(4) A rental unit that does not meet the requirements of this section is prescribed as a health hazard.

Other Legislation Relevant to the Intersection of Health and Housing

The following acts are health legislation that relates to housing or residential accommodation such as long-term care.

- *Community Care and Assisted Living Act*
  - Section 11: Powers of medical health officers
  - Section 15: Duties of the medical health officer
- *Continuing Care Act*
- *Mental Health Act*

BC has extensive legislation related to housing and land use. The following are five acts to be aware of that shape the housing context for local governments:

- *Assistance to Shelter Act*
  - Under this act, police can use reasonable force to compel a person to go to a shelter when an extreme weather alert is in effect.
- *Building Act*
  - The BC Building Code is established under this act.
- *Housing Supply Act*
  - Under this act, the provincial government is setting housing targets for local governments.
- *Local Government Act*
  - Sections 585.1 to 585.41 of this act state local governments must prepare housing needs reports, assessing the number of units required to meet anticipated demand over the next five and twenty years. The Ministry of Housing and Municipal Affairs recommends that municipalities engage with vulnerable populations, non-profit housing and services providers, and health authorities in developing these reports.[186]
- *Residential Tenancy Act*
  - This act governs the relationship between landlords and tenants.

References

1. Declaration on the Rights of Indigenous Peoples Act [SBC 2019, c.44] (BC) [statute on the Internet]. Victoria: King's Printer [cited 2024 Jun 25]. Available from: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/19044.
2. Office of the High Commissioner for Human Rights. United Nations Declaration on the Rights of Indigenous Peoples. New York (NY): United Nations; 2007 [cited 2024 May 07]. Available from: https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf.
3. Province of BC. Distinctions-based approach primer. Victoria (BC): Province of BC; 2023 [cited 2025 Apr 10]. Available from: https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/distinctions_based_approach_primer.pdf.
4. National Inquiry into Missing and Murdered Indigenous Women and Girls. Reclaiming power and place: the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls. Ottawa (ON): The Inquiry; 2019 [cited 2024 Jun 25]. Available from: https://www.mmiwg-ffada.ca/final-report/.
5. Health Officers' Council of BC. Position on homelessness, equity, and health. Victoria (BC): The Council; 2023 [cited 2024 May 27]. Available from: https://www.healthofficerscouncil.net/wp-content/uploads/2023/06/HOC_HomelessnessPositionPaper_Apr18.pdf.
6. Métis Nation British Columbia, Office of the Provincial Health Officer. Taanishi kiiya? Miiyayow Métis saantii pi miyooayaan didaan BC: Métis public health surveillance program – baseline report, 2021. Victoria (BC): The Nation and The Office; 2021 [cited 2024 May 27]. Available from: https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/annual-reports/pho_metis_report_2021c_f3.pdf.
7. Indigenous Peoples Atlas of Canada. Scrip [Internet]. The Atlas; n.d. [cited 2025 Jun 16]. Available from: https://indigenouspeoplesatlasofcanada.ca/article/scrip/.
8. The Truth and Reconciliation Commission of Canada. Honouring the truth, reconciling for the future. Summary of the final report of the Truth and Reconciliation Commission of Canada. Ottawa (ON): The Commission; 2015 [cited 2025 Sep 19]. Available from: https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Executive_Summary_English_Web.pdf.
9. British Columbia Assembly of First Nations. What we heard from the 2023 housing forum. Vancouver (BC): The Assembly; 2024 [cited 2024 Oct 10]. Available from: https://www.bcafn.ca/sites/default/files/docs/reports-presentations/BCAFN%20Housing%20Forum%20What%20We%20Heard%20Report%203.7.2024.pdf.

10. British Columbia Assembly of First Nations. Action plan for First Nations homelessness on and off-reserve. Prince George (BC): The Assembly; 2020 [Available from: https://www.bcafn.ca/sites/default/files/uploads/resolutions/2020_08_SCA_ActionPlanforFirstNationsHomelesssnessOnandOffReserve.pdf.

11. Homelessness Services Association of BC, Caspersen J, D'Souza S, Lupick D. 2023 report on homeless counts in BC. Burnaby (BC): BC Housing; 2024 [cited 2024 Jun 25]. Available from: https://www.bchousing.org/sites/default/files/media/documents/2023-BC-Homeless-Counts.pdf.

12. Canada Mortgage and Housing Corporation. Core housing need data - by the numbers [Internet]. Ottawa (ON): The Corporation; 2025 [cited 2025 Nov 04]. Available from: https://www.cmhc-schl.gc.ca/professionals/housing-markets-data-and-research/housing-research/core-housing-need/core-housing-need-data-by-the-numbers.

13. Goldenberg SM, Buglioni N, Krüsi A, Frost E, Moreheart S, Braschel M, et al. Housing instability and evictions linked to elevated intimate partner and workplace violence among women sex workers in Vancouver, Canada: findings of a prospective, community-based cohort, 2010–2019. Am J Public Health. 2023;113:442-52. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC10003487/.

14. Ramphal B, Keen R, Okuzuno S, Ojogho D, Slopen N. Evictions and infant and child health outcomes: a systematic review. JAMA Netw Open. 2023;6(4). Available from: https://doi.org/10.1001/jamanetworkopen.2023.7612.

15. Bess KD, Miller AL, Mehdipanah R. The effects of housing insecurity on children's health: a scoping review. Health Promot Int. 2023;38(3). Available from: https://doi.org/10.1093/heapro/daac006.

16. Homelessness Services Association of BC, Caspersen J, D'Souza S. 2025 Point-in-Time Homeless Count in Greater Vancouver preliminary data report – July 2025. Vancouver (BC): Lu'ma Native Housing Society; 2025 [cited 2025 Sep 02]. Available from: https://hsa-bc.ca/_Library/2024_25_HC/2025_PiT_Homeless_Count_for_GV_Preliminary_Data_Report_250730.pdf.

17. Akhanemhe R, Petrokofsky C, Ismail S. Health impacts of cold exposure among people experiencing homelessness: a narrative systematic review on risks and risk-reduction approaches. Public Health. 2025;240:80-7. Available from: https://www.sciencedirect.com/science/article/pii/S0033350625000277?ref=pdf_download&fr=RR-2&rr=96b7f707ff284945.

18. BC Centre for Disease Control. Public health recommendations to reduce the impacts of exposure to winter weather on people experiencing homelessness in British Columbia. Vancouver (BC): The Centre; 2023 [cited 2025 Feb 02]. Available from: http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Health-Environment/Recommendations_Exposure_Winter_Weather_People_Experiencing_Homelessness.pdf.

19. BC Centre on Substance Use. More harm: decamping and displacing unhoused people [Internet]. Vancouver (BC): The Centre; 2023 [cited 2025 Aug 25]. Available from: https://www.bccsu.ca/blog/2023/04/13/more-harm-than-good-decamping-and-displacing-unhoused-people/.

20. Rolfe S, Garnham L, Godwin J, Anderson I, Seaman P, Donaldson C. Housing as a social determinant of health and wellbeing: developing an empirically-informed realist theoretical framework. BMC Public Health. 2020;20(1):1138. Available from: https://doi.org/10.1186/s12889-020-09224-0.

21. Office of the Provincial Health Officer. What is public health? [Internet]. Victoria (BC): The Office; n.d. [cited 2025 Mar 03]. Available from: https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/about-public-health/for-the-public#what-is-public-health.

22. BC Ministry of Health. British Columbia's population and public health framework: strengthening public health. Victoria (BC): The Ministry; 2024 [cited 2024 Oct 09]. Available from: https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/public-health/pph-framework/bc_population_and_public_health_framework.pdf.

23. Canada Mortgage and Housing Corporation. About affordable housing in Canada [Internet]. Ottawa (ON): The Corporation; 2018 [cited 2025 Sep 15]. Available from: https://www.cmhc-schl.gc.ca/professionals/industry-innovation-and-leadership/industry-expertise/affordable-housing/about-affordable-housing/affordable-housing-in-canada#:~:text=In%20Canada%2C%20housing%20is%20considered,a%20household's%20before-tax%20income.

24. National Housing Strategy Act [SC 2019, c.29, s. 313] [statute on the Internet]. Ottawa: Minister of Justice. [cited 2026 Jan 07]. Available from: https://laws-lois.justice.gc.ca/PDF/N-11.2.pdf.

25. British Columbia Assembly of First Nations. Advancing First Nations' right to culturally appropriate housing and infrastructure. Prince George (BC): The Assembly; 2025 [cited 2025 Nov 04]. Available from: https://www.bcafn.ca/sites/default/files/uploads/resolutions/2025_12_SCA_FINAL_ADVANCING%20FIRST%20NATIONS%27%20RIGHT%20TO%20CULTURALLY%20APPROPRIATE%20HOUSING%20AND%20INFRASTRUCTURE%20.pdf.

26. United Nations Human Rights Office of the High Commissioner. International covenant on economic, social and cultural rights. Geneva (CH): United Nations; 1966 [cited 2025 Apr 08]. Available from: https://www.ohchr.org/sites/default/files/cescr.pdf.

27. The National Right to Housing Network. Right to housing legislation in Canada [Internet]. Canada: The Network; n.d. [cited 2025 Apr 08]. Available from: https://housingrights.ca/right-to-housing-legislation-in-canada/.

28. Health Equals. What are the building blocks of health and wellbeing? UK: Health Equals; 2025 [cited 2025 Jul 17]. Available from: https://healthequals.org.uk/building-blocks-of-health/.

29. Canada Mortgage and Housing Corporation. Understanding core housing need [Internet]. Ottawa (ON): The Corporation; 2019 [cited 2025 Jul 12]. Available from: https://www.cmhc-schl.gc.ca/professionals/housing-markets-data-and-research/housing-research/core-housing-need.

30. Flynn A, Hermer J, Leblanc C, MacDonald SA, Schwan K, Van Wagner E. Overview of encampments across Canada. Ottawa (ON): The Office of the Federal Housing Advocate; 2022 [cited 2025 Jul 17]. Available from: https://homelesshub.ca/wp-content/uploads/2024/04/Overview-of-Encampments-Across-Canada_EN_1.pdf.

31. Gaetz S, Barr C, Friesen A, Harris B, Hill C, Kovacs-Burns K, et al. Canadian definition of homelessness. Toronto (ON): Canadian Observatory on Homelessness Press; 2012 [cited 2025 Mar 03]. Available from: https://www.homelesshub.ca/sites/default/files/COHhomelessdefinition.pdf.

32. Statistics Canada. Housing experiences in Canada: persons with disabilities [Internet]. Ottawa (ON): Government of Canada; 2022 [cited 2025 Apr 13]. Available from: https://www150.statcan.gc.ca/n1/pub/46-28-0001/2021001/article/00011-eng.htm.

33. Yuzwa KE, Bacchus-Misir F, Galeazzi-Stirling S, Cohen E, Athanasopoulos BA, Hitzig S, et al. Social and attitudinal barriers to the provision of accessible housing in Canada: a qualitative study. Disabil Health J. 2025;19(1). Available from: https://www.sciencedirect.com/science/article/pii/S1936657425001955.

34. National Collaborating Centre for Determinants of Health. Let's talk: language of health equity. Antigonish (NS): The Centre; 2023 [cited 2025 Nov 05]. Available from: https://nccdh.ca/images/uploads/NCCDH_Lets_Talk_Health_Equity_Language_Mar_30_EN.pdf.

35. Xuereb S, Craig A, Jones C. Understanding evictions in Canada through the Canadian Housing Survey. Vancouver (BC): University of British Columbia; 2021 [cited 2025 Feb 02]. Available from: https://scarp-hrg.sites.olt.ubc.ca/files/2022/02/understanding_evictions_in_canada_2021.pdf.

36. Statistics Canada. Families with young children: a sociodemographic profile [Internet]. Ottawa (ON): Government of Canada; 2024 [updated 2024 Oct 22; cited 2025 Apr 18]. Available from: https://www150.statcan.gc.ca/n1/daily-quotidien/241022/dq241022b-eng.htm.

37. Aslie K, Knowles T, Fitzgerald AS. Getting home project: overcoming barriers to housing after violence. Vancouver (BC): BC Society of Transition Houses; 2021 [cited 2025 Jul 12]. Available from: https://baseline.bchumanrights.ca/wp-content/uploads/2022/08/Getting-Home-Project-Overcoming-Barriers-to-Housing-after-Violence-Final-Report.pdf.

38. Rise Women's Legal Centre. "Should I have just stayed?" Improving family law remedies for survivors during BC's housing crisis. Vancouver (BC): The Centre; 2025 [cited 2026 Jan 07]. Available from: https://static1.squarespace.com/static/64220f300321233050a209ec/t/691cc77d305d7b2cadd5bb92/1763493761468/Rise+-+Housing+Research+Report+-+Executive+Summary+-+November+12%2C+2025.pdf.

39. BC Association of Aboriginal Friendship Centres, Battered Women's Support Services. The road to safety: Indigenous survivors in BC speak out against intimate partner violence during the COVID-19 pandemic. Victoria (BC): The Association; 2022 [cited 2025 Nov 05]. Available from: https://www.bwss.org/wp-content/uploads/Road-to-Safety-FINAL-web.pdf.

40. BC Coroners Service. Intimate partner violence 2004– 2014 YTD. Victoria (BC): Province of BC; 2014 [cited 2025 Nov 11]. Available from: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/intimate-partner-violence.pdf.

41. Government of Canada. Intimate partner violence [Internet]. Ottawa (ON): Government of Canada; 2025 [cited 2025 Nov 05]. Available from: https://www.canada.ca/en/women-gender-equality/gender-based-violence/intimate-partner-violence.html.

42. Schwan K, Versteegh A, Perri M, Caplan R, Baig K, Dej E, et al. The state of women's housing need & homelessness in Canada: key findings. Toronto (ON): Canadian Observatory on Homelessness Press; 2020 [cited 2025 Nov 05]. Available from: https://womenshomelessness.ca/wp-content/uploads/Key-Findings-State-of-Womens-Homelessness.pdf.

43. Yakubovich A, Maki K. Preventing gender-based homelessness in Canada during the COVID-19 pandemic and beyond: the need to account for violence against women. VAW. 2021;28(10):2587-99. Available from: https://journals.sagepub.com/doi/10.1177/10778012211034202.

44. BC Society of Transition Houses. 2023 24 hour census report: a one day snapshot of transition housing & supports programs in BC. Vancouver (BC): The Society; 2024 [cited 2025 Nov 05]. Available from: https://bcsth.ca/wp-content/uploads/2025/06/BCSTH-24-Hr-Census-Report-Final.pdf.

45. Sterling A, Camacho S, Nguyen J, Chang R. Housing challenges, barriers, and realities among 2SLGBTQI people in Canada: a literature review. Toronto (ON): Egale Canada; 2024 [cited 2025 Jul 10]. Available from: https://egale.ca/wp-content/uploads/2024/11/Housing-Among-2SLGBTQI-People-in-Canada_Literature-Review_V-01.pdf.

46. Homeless Hub. 2SLGBTQ+ [Internet]. Homeless Hub; 2024 [cited 2025 Jul 21]. Available from: https://homelesshub.ca/collection/population-groups/2slgbtq/.

47. Statistics Canada. Socioeconomic profile of the 2SLGBTQ+ population aged 15 years and older, 2019 to 2021 [Internet]. Ottawa (ON): Government of Canada; 2024 [cited 2025 Nov 05]. Available from: https://www150.statcan.gc.ca/n1/daily-quotidien/240125/dq240125b-eng.htm.

48. Mackenzie I. Seniors' housing in B.C. Affordable, appropriate, available. Victoria (BC): Office of the Seniors Advocate; 2015 [updated 2015; cited 2025 Jun 08]. Available from: https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2015/05/Seniors-Housing-in-B.C.-Affordable-Appropriate-Available.pdf.

49. Mackenzie I. BC seniors: falling further behind. Victoria (BC): Office of the Seniors Advocate; 2022 [cited 2025 Jun 08]. Available from: https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2022/10/OSA-BCFFB_FINAL.pdf.

50. Canadian Observatory on Homelessness. Racialized communities [Internet]. Toronto (ON): The Observatory; 2024 [cited 2024 Oct 15]. Available from: https://homelesshub.ca/collection/population-groups/racialized-communities/.

51. Gupta P. Race and security of housing: security of tenure in Canada. Ottawa (ON): The Office of the Federal Housing Advocate; 2022 [cited 2025 03]. Available from: https://publications.gc.ca/collections/collection_2023/ccdp-chrc/HR34-14-2023-eng.pdf.

52. Statistics Canada. Focus on geography series, 2021 census of population: British Columbia, province [Internet]. Ottawa (ON): Government of Canada; 2021 [cited 2025 Mar 14]. Available from: https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/page.cfm?lang=E&topic=10&dguid=2021A000259.

53. Panou D, Kotyk M, Bankole-Longe M, Lewis N. Lack of affordable housing for Black communities in Metro Vancouver [Internet]. Vancouver (BC): Homeless Hub; 2023 [cited 2025 Mar 14]. Available from: https://homelesshub.ca/blog/2023/lack-affordable-housing-black-communities-metro-vancouver/.

54. Thurston Z. Housing experiences in Canada: renters who are in poverty, seniors and recent immigrants, 2021 [Internet]. Ottawa (ON): Government of Canada; 2023 [cited 2025 Mar 14]. Available from: https://www150.statcan.gc.ca/n1/pub/46-28-0001/2021001/article/00025-eng.htm.

55. Preston V, Ray B. We need to focus on the problem of crowding, not density, in our cities [Internet]. Montreal (QC): Policy Options; 2021 [cited 2025 Nov 05]. Available from: https://policyoptions.irpp.org/2021/06/we-need-to-focus-on-the-problem-of-crowding-not-density-in-our-cities/.

56. Hiebert D. Immigrants and refugees in the housing markets of Montreal, Toronto and Vancouver, 2011. Can J Urban Res. 2011;26(2):52-78. Available from: https://cjur.uwinnipeg.ca/index.php/cjur/article/view/96/52.

57. Teixeira C, Drolet J. Settlement and housing experiences of recent immigrants in small- and mid-sized cities in the interior of British Columbia: a pathways to prosperity project: The Prosperity Project; 2016 [cited 2025 Nov 05]. Available from: https://p2pcanada.ca/files/2016/01/Settlement-and-Housing-Experiences-of-Recent-Immigrants.pdf.

58. Inn from the Cold. Learning about Indigenous homelessness [Internet]. Calgary (AB): Inn from the Cold; 2024 [cited 2024 Oct 10]. Available from: https://innfromthecold.org/indigenoushomelessness/.

59. Aboriginal Housing Management Association. BC Indigenous homelessness strategy. West Vancouver (BC): The Association; 2022 [cited 2025 Jul 10]. Available from: https://ahma-bc.org/wp-content/uploads/2024/09/2022-08-BC-Indigenous-Homelessness-Strategy-FINAL.pdf.

60. Indian Act [R.S.C., 1985, c. I-5] (Canada) [statute on the Internet]. (1985). Available from: https://laws-lois.justice.gc.ca/eng/acts/i-5/.

61. Hanna A. Systemic barriers for First Nations people: security of tenure in Canada. Ottawa (ON): The Office of the Federal Housing Advocate; 2022 [cited 2025 Jun 10]. Available from: https://homelesshub.ca/wp-content/uploads/2024/04/Hanna-systemic_barriers_for_First_Nations_people-security_of_tenure.pdf

62. Hanson E. Reserves [Internet]. Vancouver (BC): University of British Columbia; n.d. [cited 2025 Jun 16]. Available from: https://indigenousfoundations.arts.ubc.ca/reserves/.

63. Union of British Columbia Indian Chiefs. FNLC dismayed by lack of progress in improving First Nations housing and infrastructure [Internet]. Vancouver (BC): The Union; 2024 [cited 2025 Nov 05]. Available from: https://www.ubcic.bc.ca/fnlc_dismayed_by_lack_of_progress_in_improving_first_nations_housing_and_infrastructure.

64. Statistics Canada. Housing conditions among First Nations people, Métis and Inuit in Canada from the 2021 Census. Ottawa (ON): Government of Canada; 2022 [cited 2024 May 27]. Available from: https://www12.statcan.gc.ca/census-recensement/2021/as-sa/98-200-X/2021007/98-200-X2021007-eng.cfm.

65. Olsen S, Merkel G, Black K. The blueprint to address systemic racism in First Nations' housing [Internet]. Montreal (QC): Policy Options; 2021 [cited 2025 March 14]. Available from: https://policyoptions.irpp.org/magazines/april-2021/the-blueprint-for-systemic-racism-in-first-nations-housing/.

66. Canada Mortgage and Housing Corporation. Urban, rural and northern Indigenous housing strategy: what we heard report. Ottawa (ON): The Corporation; 2024 [cited 2025 Mar 14]. Available from: https://assets.cmhc-schl.gc.ca/sites/cmhc/professional/project-funding-and-mortgage-financing/funding-programs/indigenous/urban-rural-northern-indigenous-housing-strategy/what-we-heard-report.pdf

67. Canada Mortgage and Housing Corporation. Urban, rural and northern Indigenous housing strategy. Ottawa (ON): The Corporation; 2023 [cited 2025 Apr 13]. Available from: https://www.cmhc-schl.gc.ca/professionals/project-funding-and-mortgage-financing/funding-programs/indigenous/urban-rural-northern-indigenous-housing-strategy.

68. More and Better Housing Canada. Indigenous-led housing development [Internet]. Task Force for Housing & Climate; 2024 [cited 2025 Apr 14]. Available from: https://housingandclimate.ca/2024/04/29/indigenous/.

69. Lubik A, Kosatsky T. Is mitigating social isolation a planning priority for British Columbia (Canada) municipalities? Vancouver (BC): BC Centre for Disease Control; 2019 [cited 2025 Jul 15]. Available from: http://www.bccdc.ca/Our-Services-Site/Documents/Social_Isolation_Report_17Sept2019.pdf.

70. BC Centre for Disease Control. Healthy built environment linkages toolkit: making the links between design, planning and health. Vancouver (BC): Provincial Health Services Authority; 2018 [cited 2025 Apr 10]. Available from: http://www.bccdc.ca/pop-public-health/Documents/HBE_linkages_toolkit_2018-compressed.pdf.

71. Province of BC. Homes for people. Victoria (BC): Province of BC; 2023 [cited 2025 Feb 21]. Available from: https://news.gov.bc.ca/files/Homes_For_People.pdf.

72. Lee M, Hemingway A. Building equity: lessons for affordable housing in BC [Internet]. Ottawa (ON): Canadian Centre for Policy Alternatives; 2024 [cited 2025 04]. Available from: https://www.policyalternatives.ca/news-research/building-equity-2/#supply-and-demand-revisited.

73. Government of Canada. Solving the housing crisis: Canada's housing plan [Internet]. Ottawa (ON): Government of Canada; 2024 [cited 2025 Jul 23]. Available from: https://housing-infrastructure.canada.ca/housing-logement/housing-plan-report-rapport-plan-logement-eng.html.

74. Begin P. Housing and parliamentary action [Internet]. Ottawa (ON): Parliamentary Research Branch; 1999 [cited 2025 Apr 02]. Available from: https://publications.gc.ca/Collection-R/LoPBdP/modules/prb99-1-homelessness/housing-e.htm.

75. Zhu Y. New study reveals intensified housing inequality in Canada from 1981 to 2016 [Internet]. Vancouver (BC): The Conversation; 2021 [cited 2025 Apr 02]. Available from: https://theconversation.com/new-study-reveals-intensified-housing-inequality-in-canada-from-1981-to-2016-173633.

76. Canada Mortgage and Housing Corporation. British Columbia — housing standards (% of households in core housing need) [Internet]. The Corporation; 2025 [cited 2025 Mar 15]. Available from: https://www03.cmhc-schl.gc.ca/hmip-pimh/en/Profile?geoId=244008&t=5&a=9#Renters.

77. Statistics Canada. Census of population 2016 and 2021 [Internet]. Ottawa (ON): Government of Canada; 2025 [Available from: https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/dt-td/Index-eng.cfm?Lang=E&SUB=98P1007&SR=0&RPP=10&SORT=date.

78. Bank of Canada. Inflation calculator [Internet]. Ottawa (ON): Bank of Canada; n.d. [cited 2025 Dec 08]. Available from: https://www.bankofcanada.ca/rates/related/inflation-calculator/.

79. Canada Mortgage and Housing Corporation. British Columbia — average rent by bedroom type by metropolitan areas, census agglomerations and cities [Internet]. Ottawa (ON): The Corporation; 2025 [cited 2025 Dec 08]. Available from: https://www03.cmhc-schl.gc.ca/hmip-pimh/en/TableMapChart/Table?TableId=2.1.31.3&GeographyId=2410&GeographyTypeId=3&DisplayAs=Table&GeograghyName=Vancouver#TableMapChart/59/2/British%20Columbia.

80. Canada Mortgage and Housing Corporation. Canadian housing survey data tables [Internet]. Ottawa (ON): The Corporation; 2024 [cited 2025 Jul 12]. Available from: https://www.cmhc-schl.gc.ca/professionals/housing-markets-data-and-research/housing-data/data-tables/canadian-housing-survey-2022.

81. Statistics Canada. Asking rent prices, by rental unit type and number of bedrooms, experimental estimates [Internet]. Ottawa (ON): Government of Canada; 2025 [cited 2025 Sep 16]. Available from: https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=4610009201&cubeTimeFrame.startMonth=01&cubeTimeFrame.startYear=2021&cubeTimeFrame.endMonth=01&cubeTimeFrame.endYear=2024&referencePeriods=20210101%2C20240101.

82. Rentals.ca. July 2025 rentals.ca rent report [Internet]. Rentals.ca; 2025 [cited 2025 Jul 17]. Available from: https://rentals.ca/national-rent-report.

83. Canada Mortgage and Housing Corporation. Fall 2024 rental market report. Ottawa (ON): The Corporation; 2024 [cited 2025 Sep 15]. Available from: https://assets.cmhc-schl.gc.ca/sites/cmhc/professional/housing-markets-data-and-research/market-reports/rental-market-report/fall-2024/rental-market-report-fall-2024-en.pdf.

84. Canada Mortgage and Housing Corporation. 2025 mid-year rental market update [Internet]. Ottawa (ON): The Corporation; 2025 [cited 2025 Jul 17]. Available from: https://www.cmhc-schl.gc.ca/observer/2025/2025-mid-year-rental-market-update.

85. Statistics Canada. Nearly half of Canadians report that rising prices are greatly impacting their ability to meet day-to-day expenses [Internet]. Ottawa (ON): Government of Canada; 2024 [cited 2025 Feb 24]. Available from: https://www150.statcan.gc.ca/n1/daily-quotidien/240815/dq240815b-eng.htm.

86. World Health Organization. WHO housing and health guidelines. Geneva (CH): World Health Organization; 2018 [cited 2025 Feb 02]. Available from: https://iris.who.int/bitstream/handle/10665/276001/9789241550376-eng.pdf?sequence=1.

87. U.S. Department of Health and Human Services. Housing instability [Internet]. Washington (DC): The Department; n.d. [cited 2025 Jul 17]. Available from: https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/housing-instability.

88. De Prophetis E, Beck K, Ridgeway D, Chuang J, Richard L, Durbin A, et al. Trends in hospital coding for people experiencing homelessness in Canada, 2015–2020: a descriptive study. CMAJ Open. 2023;11(6):E1188-E96. Available from: https://www.cmajopen.ca/content/cmajo/11/6/E1188.full.pdf.

89. Canham S, Bosma L, Mauboules C, Custodio K, Good C, Lupick D, et al. Supporting partnerships between health and homelessness. Vancouver (BC): Simon Fraser University; 2019 [cited 2025 Feb 24]. Available from: https://hsa-bc.ca/_Library/Resource_Library/Supporting-Partnerships-Between-Health-and-Homelessness.pdf.

90. Eberle M, Kraus D, Pomeroy S, Hulchanski D. Homelessness — causes & effects: the costs of homelessness in British Columbia. Victoria (BC): Government of BC; 2001 [cited 2025 Jul 10]. Available from: https://homelesshub.ca/wp-content/uploads/2023/12/cs2mq5wn.pdf

91. BC Coroners Service. Deaths of individuals experiencing homelessness in British Columbia, 2016-2023. Burnaby (BC): BC Coroners Service; 2025 [cited 2025 Feb 28]. Available from: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/250212_homeless_web_report_2016-2023.pdf.

92. Province of BC. Coroners Act [SBC 2007, c.15] (BC) [statute on the Internet]. Victoria: King's Printer [cited 2024 Dec 08]. Available from: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/07015_01

93. Province of BC. BC Coroners Service [Internet]. Victoria (BC): Province of BC; 2024 [cited 2025 Jul 23]. Available from: https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service.

94. Yao A. Mortality during cold weather among population ever experiencing homelessness in BC [Internet]. Email to Office of the Provincial Health Officer 2025 Feb 21.

95. BC Coroners Service. Unregulated drug deaths - BC. Burnaby (BC): BC Coroners Service; 2025 [cited 2025 Apr 10]. Available from: https://app.powerbi.com/view?r=eyJrIjoiYjlkYTNmZjEtNzVjYi00NTMzLWE5NmEtMjU4NjEzYTMyNjVjIiwidCI6IjZmZGI1MjAwLTNkMGQtNGE4YS1iMDM2LWQzNjg1ZTM1OWFkYyJ9.

96. First Nations Health Authority. Housing is health care. Vancouver (BC): The Authority; 2024 [cited 2024 Oct 10]. Available from: https://www.fnha.ca/about/news-and-events/news/housing-is-health-care.

97. Congress of Aboriginal Peoples. Housing outcomes for rural and urban (off-reserve) Indigenous Peoples: a brief literature review. Ottawa (ON): The Congress; 2023 [cited 2025 Mar 14]. Available from: https://abo-peoples.org/wp-content/uploads/2024/05/Mini-Lit-review-housing-Outcomes-for-Rural-and-Urban-Off-Reserve-March-15-2023.pdf.

98. North Bay Indigenous Friendship Centre. Housing our community: a strategic approach to addressing Indigenous homelessness in North Bay. North Bay (ON): The Centre; 2021 [cited 2024 Jun 04]. Available from: https://nbifc.org/wp-content/uploads/2021/01/NBIFC-and-COALITION-POSITION-PAPER.pdf.

99. Australian Institute of Health and Welfare. Indigenous mental health, housing and homelessness. Canberra (AU): Government of Australia; 2022 [cited 2024 Jun 04]. Available from: https://www.aihw.gov.au/getmedia/972b5b31-e5cc-49a3-a939-697dd765b930/aihw-imh-mental-health-housing-and-homelessness-summary-paper.pdf.

100. DiGioia K, Black K, Wolfe M, Phillips K. Aligning public health interventions with older adult housing needs and challenges. Washington (DC): Trust for America's Health; 2021 [cited 2024 Jun 27]. Available from: https://www.tfah.org/wp-content/uploads/2021/07/2021_HousingPolicyBrief_fnl730.pdf.

101. ChangeLab Solutions. Preserving, protecting, and expanding affordable housing: a policy toolkit for public health [Internet]. Oakland (CA): ChangeLab Solutions; n.d. [cited 2024 May 30]. Available from: https://www.changelabsolutions.org/product/preserving-protecting-expanding-affordable-housing.

102. ChangeLab Solutions. The health and housing starter kit. Oakland (CA): ChangeLab Solutions; 2018 [cited 2024 May 30]. Available from: https://www.changelabsolutions.org/sites/default/files/HealthHousingStarterKit-CompleteGuide-FINAL-20180531-updated_20181130.pdf.

103. NHS England. A national framework for NHS – action on inclusion health. England (UK): NHS; 2023 [cited 2024 May 30]. Available from: https://www.england.nhs.uk/long-read/a-national-framework-for-nhs-action-on-inclusion-health/.

104. Keough B, Skinner V, Williams C. Preventing homelessness: adapting a public health model. Adelaide (AU): Toward Home; 2022 [cited 2024 May 30]. Available from: https://towardhome.org.au/wp-content/uploads/2022/07/Health-Housing-Homelessness-PAPER-3.pdf.

105. Kaleveld L, Seivwright A, Box E, Callis Z, Flatua P. Homelessness in Western Australia: A review of the research and statistical evidence. Perth (AU): Government of Western Australia, Department of Communities; 2018 [cited 2024 Jun 04]. Available from: https://www.wa.gov.au/system/files/2021-06/homelessness-in-wa-report.pdf.

106. Phipps E, Oickle D. Towards healthy homes for all: What the RentSafe findings mean for public health in Canada. Antigonish (NS): National Collaborating Centre for Determinants of Health; n.d. [cited 2024 June 02]. Available from: https://nccdh.ca/images/uploads/comments/NCCDH_RentSafeSummary_-_EN.pdf.

107. Alberta Health Services. Environmental public health program [Internet]. Alberta Health Services; n.d. [cited 2025 Jul 24]. Available from: https://www.albertahealthservices.ca/findhealth/service.aspx?id=1052203.

108. Saskatchewan Health Authority. Safe rental housing [Internet]. Saskatchewan Health Authority; 2025 [cited 2025 Mar 12]. Available from: https://www.saskhealthauthority.ca/your-health/conditions-diseases-services/safe-rental-housing.

109. Province of BC. Health Hazards Regulation [BC Reg. 216]; 2011 (BC) [statute on the Internet]. Victoria: King's Printer [cited 2025 Apr 02]. Available from: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/216_2011.

110. Centers of Excellence in Public Health and Homelessness. Public health and homelessness toolkit for state and local health departments. Atlanta (GA): CDC Foundation; 2023 [cited 2024 May 29]. Available from: https://stacks.cdc.gov/view/cdc/147122.

111. Government of Canada. Health inequalities data tool [Internet]. Ottawa (ON): Government of Canada; 2024 [cited 2025 Nov 06]. Available from: https://health-infobase.canada.ca/health-inequalities/data-tool/index.

112. Government of Canada. Housing inequalities in Canada [Internet]. Ottawa (ON): Government of Canada; 2022 [cited 2025 Nov 06]. Available from: https://www.canada.ca/en/public-health/services/publications/science-research-data/inequalities-housing-canada.html.

113. Government of Canada. Inequalities in health of racialized adults in Canada [Internet]. Ottawa (ON): Government of Canada; 2022 [cited 2025 Nov 06]. Available from: https://www.canada.ca/en/public-health/services/publications/science-research-data/inequalities-health-racialized-adults-18-plus-canada.html.

114. Toronto Public Health. Deaths of people experiencing homelessness [Internet]. Toronto (ON): City of Toronto; 2025 [cited 2025 Apr 28]. Available from: https://public.tableau.com/app/profile/tphseu/viz/DeathsofPeopleExperiencingHomelessness2_0/HomelessDeaths3_0.

115. Farna L, Schwan K. A national protocol for homeless encampments in Canada: UN Special Rapporteur on the Right to Housing; 2020 [cited 2025 Apr 18]. Available from: https://www.make-the-shift.org/wp-content/uploads/2020/04/A-National-Protocol-for-Homeless-Encampments-in-Canada.pdf.

116. Province of Quebec. Response to provincial scan of public health roles and responsibilities related to encampments [Internet]. Email to BC Ministry of Health Intergovernmental Relations 2024.

117. Province of Alberta. Response to provincial scan of public health roles and responsibilities related to encampments [Internet]. Email to BC Ministry of Health Intergovernmental Relations 2024.

118. Province of Saskatchewan. Response to provincial scan of public health roles and responsibilities related to encampments [Internet]. Email to BC Ministry of Health Intergovernmental Relations 2024.

119. National Collaborating Centre for Environmental Health. Environmental public health guidance for encampments during the COVID-19 pandemic. Vancouver (BC): The Centre; n.d. [cited 2024 May 28]. Available from: https://ncceh.ca/sites/default/files/Homeless%20encampment%20guidance%20document_July_EN_JY%20%282%29.pdf.

120. Tyler I, Lubik A, Yehia J, Hasselback P, Taki R, Ash R, et al. Public health toolkit for encampment responses. Vancouver (BC): BC Centre for Disease Control; 2019 [cited 2024 Jun 25]. Available from: http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Health-Environment/Public_health_toolkit_homeless_encampments.pdf.

121. Office of the Federal Housing Advocate. Upholding dignity and human rights: the Federal Housing Advocate's review of homeless encampments. Ottawa (ON): The Office; 2024 [cited 2024 May 29]. Available from: https://www.chrc-ccdp.gc.ca/sites/default/files/documents/final-report-federal-housing-advocate-s-review-of-encampments_0.pdf.

122. First Nations Health Authority, Office of the Provincial Health Officer. First Nations population health and wellness agenda. Victoria (BC): The Authority and The Office; 2022 [cited 2024 May 27]. Available from: https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/annual-reports/first-nations-population-health-wellness-agenda.pdf.

123. Métis Nation British Columbia. Housing & homelessness [Internet]. Surrey (BC): The Nation; n.d. [cited 2025 Jun 12]. Available from: https://www.mnbc.ca/work-programs/ministries/housing-homelessness.

124. Métis Nation British Columbia. KÂ ISI NÂTAMA ÔTA ATI NÎKÂN our way forward MNBC strategic plan 2023/24-2026/27. Surrey (BC): The Nation; 2023 [cited 2025 Jun 12]. Available from: https://www.mnbc.ca/sites/default/files/2023-10/MNBC%20Strat%20Plan_FINAL_DIGITAL_COPY_2023.pdf.

125. Province of BC. Public Health Act [SBC 2008, c. 28] (BC) [statute on the Internet]. Victoria: King's Printer [cited 2024 May 07]. Available from: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/08028_01.

126. Province of BC. Community Charter [SBC 2003, c. 26] (BC) [statute on the Internet]. Victoria: King's Printer [cited 2024 May 07]. Available from: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/03026_00.

127. Province of BC. Public Health Bylaws Regulation [BC Reg 42/2004] (BC) [statute on the Internet]. Victoria: King's Printer2004 [cited 2024 May 07]. Available from: https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/34_42_2004.

128. Dove N. Issuing public health orders in encampments: experiences of medical health officers in BC. Unpublished; 2023.

129. Province of BC. Preventing and reducing homelessness: an integrated data project [Internet]. Victoria (BC): Province of BC; 2024 [cited 2024 Oct 17]. Available from: https://www2.gov.bc.ca/gov/content/housing-tenancy/affordable-and-social-housing/homelessness/homelessness-cohort.

130. BC Ministry of Housing. Belonging in BC: a collaborative plan to prevent and reduce homelessness. Victoria (BC): Province of BC; 2023 [cited 2024 Feb 24]. Available from: https://news.gov.bc.ca/files/BelongingStrategy.pdf.

131. Ministry of Housing and Municipal Affairs. Funding extended to support people experiencing homelessness in Duncan [Internet]. Victoria (BC): Province of BC; 2024 [cited 2025 Sep 19]. Available from: https://news.gov.bc.ca/releases/2024HOUS0001-000001.

132. City of Kelowna. Healthy housing strategy. Kelowna (BC): City of Kelowna; 2018 [cited 2025 Jul 31]. Available from: https://www.kelowna.ca/sites/files/1/docs/logos/healthy_housing_strategy_final_reduced_size.pdf.

133. First Nations Health Authority. Environmental public health services. North Vancouver (BC): The Authority; 2016 [cited 2025 Apr 08]. Available from: https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Environmental-Public-Health-Services.PDF.

134. Henderson S, McLean K, Lee M, Kosatsky T. Analysis of community deaths during the catastrophic 2021 heat dome. Environ Epidemiol. 2022;19(1). Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC8835552/.

135. McBride S, Rideout K, Lysyshyn M, Brown C. Healthy public policy requires working within and beyond the health care system [Internet]. Canadian Centre for Policy Alternatives; 2023 [cited 2025 Jul 28]. Available from: https://www.policyalternatives.ca/news-research/healthy-public-policy-requires-working-within-and-beyond-the-health-care-system/.

136. BC Coroners Service. Extreme heat and human mortality: a review of heat-related deaths in B.C. in summer 2021. Burnaby (BC): BC Coroners Service; 2022 [cited 2025 Feb 02]. Available from: https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/extreme_heat_death_review_panel_report.pdf.

137. Vancouver Coastal Health and Fraser Health. Climate change and health adaptation framework. Vancouver (BC): Vancouver Coastal Health and Fraser Health; 2022 [cited 2025 Apr 08]. Available from: https://www.vch.ca/sites/default/files/import/documents/HealthADAPT-Climate-Change-and-Health-Adaptation-Framework.pdf.

138. The National Collaborating Centre for Methods and Tools, The National Collaborating Centre for Environmental Health. Rapid review: what is the effectiveness of public health interventions on reducing the direct and indirect health impacts of wildfires? [Internet]. Vancouver (BC): The Centres; 2023 [cited 2025 Feb 24]. Available from: https://ncceh.ca/resources/evidence-reviews/rapid-review-what-effectiveness-public-health-interventions-reducing.

139. Myre M, Glenn N. A guide to post-flooding community-level psychosocial response and recovery in Canada [Internet]. Vancouver (BC): National Collaborating Centre for Environmental Health; 2023 [cited 2025 Feb 24]. Available from: https://ncceh.ca/resources/evidence-reviews/guide-post-flooding-community-level-psychosocial-response-and-recovery.

140. Brend Y. 3 years and a record $239M in recovery funding later, Lytton still hasn't rebuilt [Internet]. CBC News; 2024 [cited 2025 03]. Available from: https://www.cbc.ca/news/canada/lytton-fire-recovery-funds-rebuild-3-years-later-1.7247999.

141. First Nations Leadership Council. BC First Nations climate strategy and action plan. BC: The Council; 2022 [cited 2025 Dec 02]. Available from: https://fnlcclimatestrategy.ca/wp-content/uploads/2023/04/FNCSAP_2022.pdf.

142. National Collaborating Centres for Public Health, Yumagulova L, Yellow Old Woman-Munro D, Dicken E. Health and social impacts of long-term evacuation due to natural disasters in First Nations communities: a summary of lessons for public health. Prince George (BC): The Centres; 2021 [cited 2025 Mar 10]. Available from: https://nccph.s3.amazonaws.com/uploads/2022/06/v2-Summary-Long-term-Evacuation-Recovery-Series-2021.pdf.

143. BC Centre for Disease Control. Food costs and climate change impact stories from remote communities in BC. Vancouver (BC): The Centre; 2024 [cited 2025 Nov 04]. Available from: https://www.bccdc.ca/Documents/Food_Costs_and_Climate_Change_Impact_Stories_Report_Final_June_2024.pdf.

144. Reed G, Fox S, Littlechild D, McGregor D, Lewis D, Popp J, et al. For our future: Indigenous resilience report. Ottawa (ON): Government of Canada; 2024 [cited 2025 Nov 04]. Available from: https://changingclimate.ca/site/assets/uploads/sites/7/2024/03/Indigenous-Resilience-Report_Final_EN.pdf.

145. First Nations Leadership Council. Action plan for disaster risk reduction by First Nations in BC 2023-2030. BC: The Council; 2023 [cited 2025 Nov 04]. Available from: https://www.bcafn.ca/sites/default/files/2023-11/Action%20Plan%20for%20Disaster%20Risk%20Reduction%20by%20First%20Nations%20in%20BC%202023%20-%202030%20-%20Online.pdf.

146. James K. Post-disaster emergency response: supporting people who use substances [Internet]. Vancouver (BC): National Collaborating Centre for Environmental Health; 2022 [cited 2025 Feb 24]. Available from: https://ncceh.ca/resources/blog/post-disaster-emergency-response-supporting-people-who-use-substances.

147. First Nations Information Governance Centre. The First Nations principles of OCAP® [Internet]. Ottawa (ON): The Centre; n.d. [cited 2024 Oct 15]. Available from: https://fnigc.ca/ocap-training/.

148. The Firelight Group, Institute for Circumpolar Health Research. Pathway for community dialogue on Indigenous health data governance. West Vancouver (BC): The Group and the Institute; 2022 [cited 2025 Jul 08]. Available from: https://cpcrn-rcrsp.ca/wp-content/uploads/2024/01/ICHR_Toolkit_IndigenousHealthDataGovernance.pdf.

149. BC's Office of the Human Rights Commissioner. Disaggregated demographic data collection in British Columbia: The grandmother perspective. Vancouver (BC): The Office; 2020 [cited 2024 Oct 15]. Available from: https://bchumanrights.ca/wp-content/uploads/2024/03/BCOHRC_Sept2020_Disaggregated-Data-Report_FINAL.pdf.

150. Province of BC. Provincial health officer annual reports [Internet]. Victoria (BC): Province of BC; 2022 [cited 2025 Jun 12]. Available from: https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/annual-reports/summary-description.

151. Nagorcka-Smith P, Bolton K, Dam J, Nichols M, Alston L, Johnstone M, et al. The impact of coalition characteristics on outcomes in community-based initiatives targeting the social determinants of health: a systematic review. BMC Public Health. 2022;22(1358). Available from: https://doi.org/10.1186/s12889-022-13678-9.

152. Royal College of Physicians and Surgeons of Canada. The CanMEDS framework [Internet]. Ottawa (ON): The College; n.d. [cited 2025 Aug 25]. Available from: https://www.royalcollege.ca/en/standards-and-accreditation/canmeds.

153. Public Health Agency of Canada. Core competencies for public health in Canada. Ottawa (ON): The Agency; 2008 [cited 2025 Aug 25]. Available from: https://www.canada.ca/content/dam/phac-aspc/documents/services/public-health-practice/skills-online/core-competencies-public-health-canada/cc-manual-eng090407.pdf.

154. Goering P, Veldhuizen S, Watson A, Adair C, et al. National at home/chez soi final report. Calgary (AB): Mental Health Commission of Canada; 2014 [cited 2025 Feb 18]. Available from: https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/mhcc_at_home_report_national_cross-site_eng_2_0.pdf.

155. Government of Canada. 2SLGBTQI+ terminology – glossary and common acronyms [Internet]. Ottawa (ON): Government of Canada; 2024 [cited 2025 Jul 23]. Available from: https://www.canada.ca/en/women-gender-equality/free-to-be-me/2slgbtqi-plus-glossary.html.

156. Canada Mortgage and Housing Corporation. Core housing need (census-based and NHS-based housing indicators and data) [Internet]. Ottawa (ON): The Corporation; 2025 [cited 2027 Jul 17]. Available from: https://www03.cmhc-schl.gc.ca/hmip-pimh/en/TableMapChart/CoreHousingNeedMethodology#:~:text=Acceptable%20housing%20and%20core%20housing,of%20before%2Dtax%20household%20income.

157. Bradley J, Dasta S, Ferris M, Jacobs V, Johnson J, Livingstone B, et al. Homes for all: evaluating the right to housing in Victoria. Victoria (BC): University of Victoria; 2024 [cited 2025 Aug 28]. Available from: https://www.ahomeforall.ca/wp-content/uploads/2024/05/Evaluating-Victorias-Housing-System.pdf.

158. United Nations Human Rights Office of the High Commissioner. The human right to adequate housing [Internet]. Geneva (CH): United Nations; n.d. [cited 2025 Jul 23]. Available from: https://www.ohchr.org/en/special-procedures/sr-housing/human-right-adequate-housing.

159. Province of BC. Housing glossary [Internet]. Victoria (BC): Province of BC; 2021 [cited 2025 Jul 23]. Available from: https://www2.gov.bc.ca/gov/content/housing-tenancy/affordable-and-social-housing/housing-glossary.

160. Canada Mortgage and Housing Corporation. The national housing strategy glossary of common terms [Internet]. Ottawa (ON): The Corporation; 2022 [cited 2025 Jul 23]. Available from: https://www.cmhc-schl.gc.ca/nhs/guidepage-strategy/glossary.

161. Aboriginal Standing Committee on Housing and Homelessness. Plan to end Aboriginal homelessness in Calgary. Calgary (AB): The Committee; 2012 [cited 2025 Nov 05]. Available from: https://www.aschh.ca/wp-content/uploads/2016/04/ASCHH-Aboriginal-Plan-Final.pdf.

162. Thistle J. Definition of Indigenous homelessness in Canada. Toronto (ON): Canadian Observatory on Homelessness Press; 2017 [cited 2025 Aug 28]. Available from: https://homelesshub.ca/sites/default/files/COHIndigenousHomelessnessDefinition.pdf.

163. Barker A, Battell Lowman E. Settler colonialism [Internet]. Global Social Theory; n.d. [cited 2025 Sep 19]. Available from: https://globalsocialtheory.org/concepts/settler-colonialism/.

164. Canada Mortgage and Housing Corporation. National occupancy standard [Internet]. Ottawa (ON): The Corporation; 2022 [cited 2025 Sep 19]. Available from: https://www.cmhc-schl.gc.ca/professionals/industry-innovation-and-leadership/industry-expertise/affordable-housing/provincial-territorial-agreements/investment-in-affordable-housing/national-occupancy-standard.

165. Office of the Provincial Health Officer. Alternatives to unregulated drugs: another step in saving lives. Victoria (BC): The Office; 2024 [cited 2025 Sep 15]. Available from: https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/special-reports/alternatives_to_unregulated_drugs.pdf.

166. Government of Canada. Point-in-Time counts of homelessness [Internet]. Ottawa (ON): Government of Canada; 2025 [cited 2025 Jul 23]. Available from: https://housing-infrastructure.canada.ca/homelessness-sans-abri/resources-ressources/point-in-time-denombrement-ponctuel-eng.html#h2.2.

167. BC Housing. Homeless counts [Internet]. Vancouver (BC): BC Housing; n.d. [cited 2025 Jul 02]. Available from: https://www.bchousing.org/research-centre/housing-data/homeless-counts.

168. Homelessness Services Association of BC. 2020/21 Report on homeless counts in B.C. Burnaby (BC): BC Housing; 2021 [cited 2025 Mar 14]. Available from: https://www.bchousing.org/publications/2020-21-BC-Homeless-Counts.pdf.

169. Government of Canada. Canadian Housing Survey [Internet]. Ottawa (ON): Government of Canada; 2024 [cited 2025 Jul 23]. Available from: https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5269.

170. BC Housing. Mission, vision, purpose & values [Internet]. Burnaby (BC): BC Housing; 2025 [cited 2025 Apr 02]. Available from: https://www.bchousing.org/about/mission-vision-purpose-values.

171. First Nations Health Authority. FNHA overview [Internet]. North Vancouver (BC): The Authority; 2024 [cited 2025 Apr 02]. Available from: https://www.fnha.ca/about/fnha-overview.

172. Métis Nation British Columbia. Ma Nîḵi seniors home renovation program [Internet]. Surrey (BC): The Nation; n.d. [cited 2025 Jun 12]. Available from: https://www.mnbc.ca/work-programs/programs-services/ma-niki.

173. Métis Nation British Columbia. Métis rent supplement program [Internet]. Surrey (BC): The Nation; n.d. [cited 2025 Jun 12]. Available from: https://www.mnbc.ca/work-programs/programs-services/metis-housing-rent-supplement-program.

174. Province of BC. Ministry of Health [Internet]. Victoria (BC): Province of BC; 2025 [cited 2025 Apr 02]. Available from: https://www2.gov.bc.ca/gov/content/governments/organizational-structure/ministries-organizations/ministries/health.

175. Province of BC. Ministry of Housing and Municipal Affairs [Internet]. Victoria (BC): Province of BC; 2025 [cited 2025 Apr 02]. Available from: https://www2.gov.bc.ca/gov/content/governments/organizational-structure/ministries-organizations/ministries/housing.

176. Province of BC. Belonging in BC: integrated support framework. Victoria (BC): Province of BC; 2023 [cited 2025 Apr 02]. Available from: https://www2.gov.bc.ca/assets/gov/housing-and-tenancy/social-housing/supportive-housing/isf_-_integrated_support_framework_report_web_fnl.pdf.

177. Province of BC. Homes for people, faster [Internet]. Victoria (BC): Province of BC; 2025 [cited 2025 Apr 02]. Available from: https://strongerbc.gov.bc.ca/housing/.

178. BC Housing. Rapid response to homelessness [Internet]. Burnaby (BC): BC Housing; 2025 [cited 2025 Apr 02]. Available from: https://www.bchousing.org/projects-partners/Building-BC/RRH#:~:text=Program%20Overview,or%20at%20risk%20of%20homelessness.

179. Province of BC. Housing targets [Internet]. Victoria (BC): Province of BC; 2025 [cited 2025 Apr 02]. Available from: https://www2.gov.bc.ca/gov/content/housing-tenancy/local-governments-and-housing/housing-targets.

180. Province of BC. Poverty reduction strategy. Victoria (BC): Province of BC; 2024 [cited 2025 Apr 02]. Available from: https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/initiatives-plans-strategies/poverty-reduction-strategy/2024-bc-poverty-reduction-strategy.pdf.

181. Province of BC. Ministry of Indigenous Relations and Reconciliation [Internet]. Victoria (BC): Province of BC; 2025 [cited 2025 Apr 02]. Available from: https://www2.gov.bc.ca/gov/content/governments/organizational-structure/ministries-organizations/ministries/indigenous-relations-reconciliation.

182. BC Ministry of Indigenous Relations and Reconciliation. Declaration on the rights of Indigenous Peoples act action plan 2022-2027. Victoria (BC): Province of BC; 2022 [cited 2024 May 07]. Available from: https://www2.gov.bc.ca/assets/gov/government/ministries-organizations/ministries/indigenous-relations-reconciliation/declaration_act_action_plan.pdf.

183. Province of BC. Housing needs reports [Internet]. Victoria (BC): Province of BC; 2025 [cited 2025 Apr 02]. Available from: https://www2.gov.bc.ca/gov/content/housing-tenancy/local-governments-and-housing/policy-and-planning-tools-for-housing/housing-needs-reports.

184. Office of the Provincial Health Officer. Office of the Provincial Health Officer [Internet]. Victoria (BC): Government of BC; 2025 [cited 2025 Apr 25]. Available from: https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer.

185. Provincial Health Services Authority. Our unique role [Internet]. Vancouver (BC): The Authority; 2025 [cited 2025 Apr 02]. Available from: http://www.phsa.ca/about/who-we-are/our-unique-role.

186. Ministry of Housing and Municipal Affairs. Local government housing initiatives [Internet]. Victoria (BC): Government of BC; 2025 [cited 2025 Mar 14]. Available from: https://www2.gov.bc.ca/assets/gov/housing-and-tenancy/tools-for-government/uploads/hnr_faqs.pdf.

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www.health.gov.bc.ca/pho/reports/special