

Differences in Emergency Department Use for Supportive Housing Residents and Individuals Experiencing Homelessness (2019 – 2022)

Last Updated: September 2, 2025

Summary

- From 2019 to 2022, individuals living in supportive housing consistently accessed the emergency department at a lower rate than individuals identified as experiencing homelessness.
 - In 2022, individuals living in supportive housing accessed the emergency department 46.9% less than individuals who were identified as experiencing homelessness (45.1% less in 2021, 46.0% less in 2020, and 48.6% less in 2019).
 - In 2022 individuals living in supportive housing accessed emergency department services for non-urgent care 69.0% less than individuals identified as experiencing homelessness.

Background

- Supportive housing is subsidized housing with on-site supports for people who are experiencing or at-risk of homelessness.
- The [Preventing and Reducing Homelessness](#) research project (a [Data Innovation Program](#) project) is a cross-government research collaboration using linked administrative data to better understand homelessness in BC.
- This research involves the [Homelessness Cohort](#), which is made up of individuals on social assistance (the BC Employment and Assistance program) flagged as having No Fixed Address for 3+ months and/or people who accessed a BC Housing-funded Emergency Shelter.
- Recent analyses have explored the usage rates of crisis intervention services in BC, including the rates of emergency department use, by people who are residents of BC Housing-funded [Supportive Housing](#) facilities compared to individuals experiencing homelessness.

Key Findings

Emergency Department Visits per 1,000 people

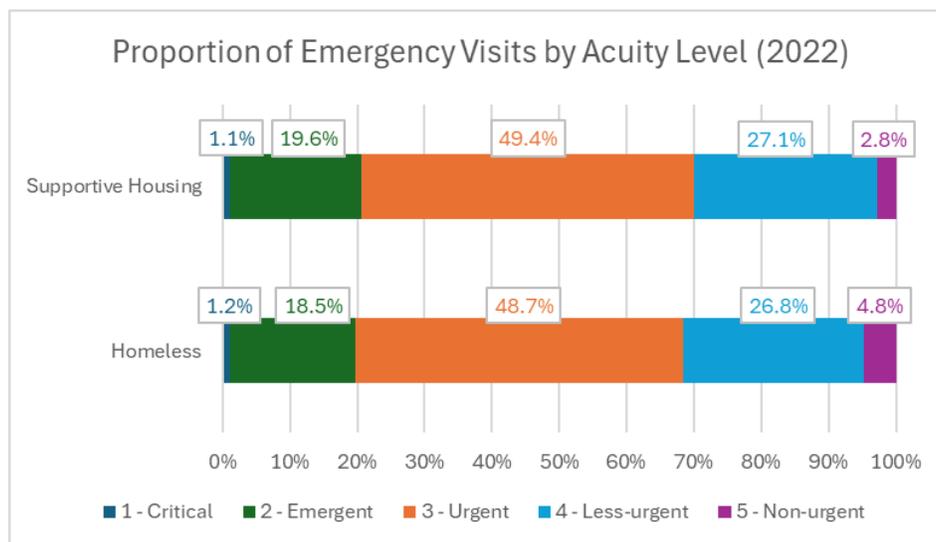
- In 2022, individuals living in supportive housing accessed the emergency department 46.9% less than that of individuals identified as experiencing homelessness, based on

the weighted average of monthly emergency department visits per 1,000 people. Similar results were observed in 2019, 2020, and 2021

Monthly emergency department visits per 1,000 people				
Population Group	2019	2020	2021	2022
Homeless Cohort	414	383	410	375
Supportive Housing	213	207	225	199
Supportive Housing vs Homeless Cohort	48.6% less	46.0% less	45.1% less	46.9% less

Use of Emergency Departments for Non-Urgent Issues

- The CTAS ([Canadian Triage and Acuity Scale](#)) is an emergency room triage system that assigns urgency from Level 1 (critical, e.g., cardiac arrest) to Level 5 (non-urgent, e.g., medication requests or dressing changes). This scale was used to assess the urgency of emergency room visits by people living in supportive housing and people identified as experiencing homelessness.
- In 2022, the population living in supportive housing used the emergency room less for non-urgent issues (2.8% of the 199 average monthly emergency department visits per 1,000 people) than individuals identified as experiencing homelessness (4.8% of the 375 average monthly emergency department visits per 1,000 people).



Methods

- Emergency department visits were identified from data in the National Ambulatory Care Reporting System ([NACRS](#)), the Hospital Discharge Abstracts Database ([DAD](#)), and the Medical Service Plan consolidated billing database ([MSP](#)).
- The figures reflect a weighted monthly average of visits, standardized per 1,000 service users.
- Further information on the Methods for these analyses is described in the separate [Crisis Intervention Services Methods document](#).

Limitations

These results reflect comparisons between different populations use of specific crisis intervention services captured in administrative data. They do not reflect evidence of a causal relationship between variables, as that would require a different methodology. The results may be impacted by a range of external variables and circumstances. These documents will be updated following any future analyses.