

## Differences in Hospital Admission Rates for Supportive Housing Residents and Individuals Experiencing Homelessness (2019 – 2022)

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### Summary

- From 2019 to 2022, individuals living in supportive housing had consistently lower hospital admission rates than individuals identified as experiencing homelessness.
  - In 2022, individuals living in supportive housing had a 31.8 % lower rate of hospital admission than individuals identified as experiencing homelessness (33.3% less in 2021, 34.6% less in 2020, and 37.0% less in 2019).

### 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 rates of hospital admission, by people who are residents of BC Housing-funded [Supportive Housing](#) facilities compared to individuals experiencing homelessness.

### Key Findings

- In 2022, individuals living in supportive housing had a hospital admission rate that was 31.8% less than that of individuals identified as experiencing homelessness, based on the weighted average of monthly visits. Similar results were observed in 2019, 2020, and 2021.

Monthly hospital admissions per 1,000 people				
Population Group	2019	2020	2021	2022
Homeless Cohort	38.7	37.9	39.0	35.2
Supportive Housing	24.4	24.8	26.0	24.0
Supportive Housing vs Homeless Cohort	37.0% less	34.6% less	33.3% less	31.8% less

### Methods

- Hospital admissions were identified from data in 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.