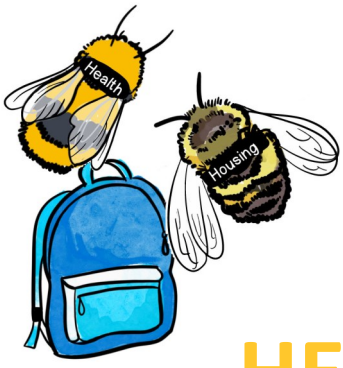

Population & Public Health

HEALTH & HOUSING PROGRAM PLAN: Working Together

Access to health services for people with housing insecurity

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EXECUTIVE SUMMARY

The Population & Public Health (P&PH), Health & Housing (H&H) Program Plan, has been developed in alignment with IH's refreshed Strategic Priorities 2024-2027. It includes input from various internal and external partners, as well as people with lived and living experience. The H&H Program Plan is supported by the H&H Work Plan which details the actions, indicators, and timeline for implementation of plan.

Four priorities have been identified in the H&H Program plan to guide the program's work over the next three years:

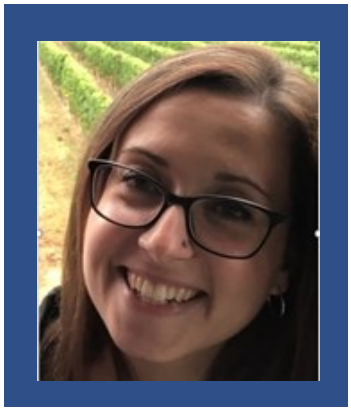
- Surveillance and Information
- Addressing Stigma and Discrimination
- Ensuring Equity and Access to Healthcare
- Facilitating Knowledge Translation through Strong Community Partnerships

While acknowledging the continuum of housing as a social determinant of health, spanning from secure housing to homelessness, the current focus of the H&H Program Plan centers primarily around healthcare enhancements for individuals experiencing homelessness, temporary or unstable housing.

Grounded in values of equity, collaboration, empowerment, and evidence, and rooted in a population health approach, the plan aims to outline a clear pathway toward achieving equitable healthcare access for individuals experiencing housing insecurity. Through communication of this program plan and the accompanying work plan, the organization and its partners will better understand the purpose and goals of the H&H Program.

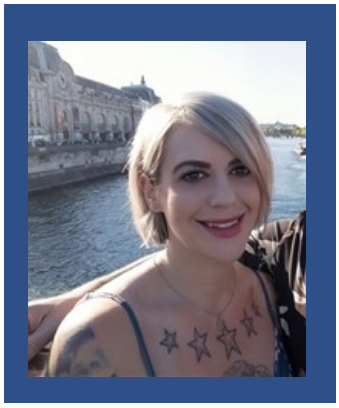
Corinne Dolman

Manager, Housing & Outreach



Sam Kulai

Lead, Health & Housing



Dani Moretto

Lead, Health & Housing

PURPOSE:

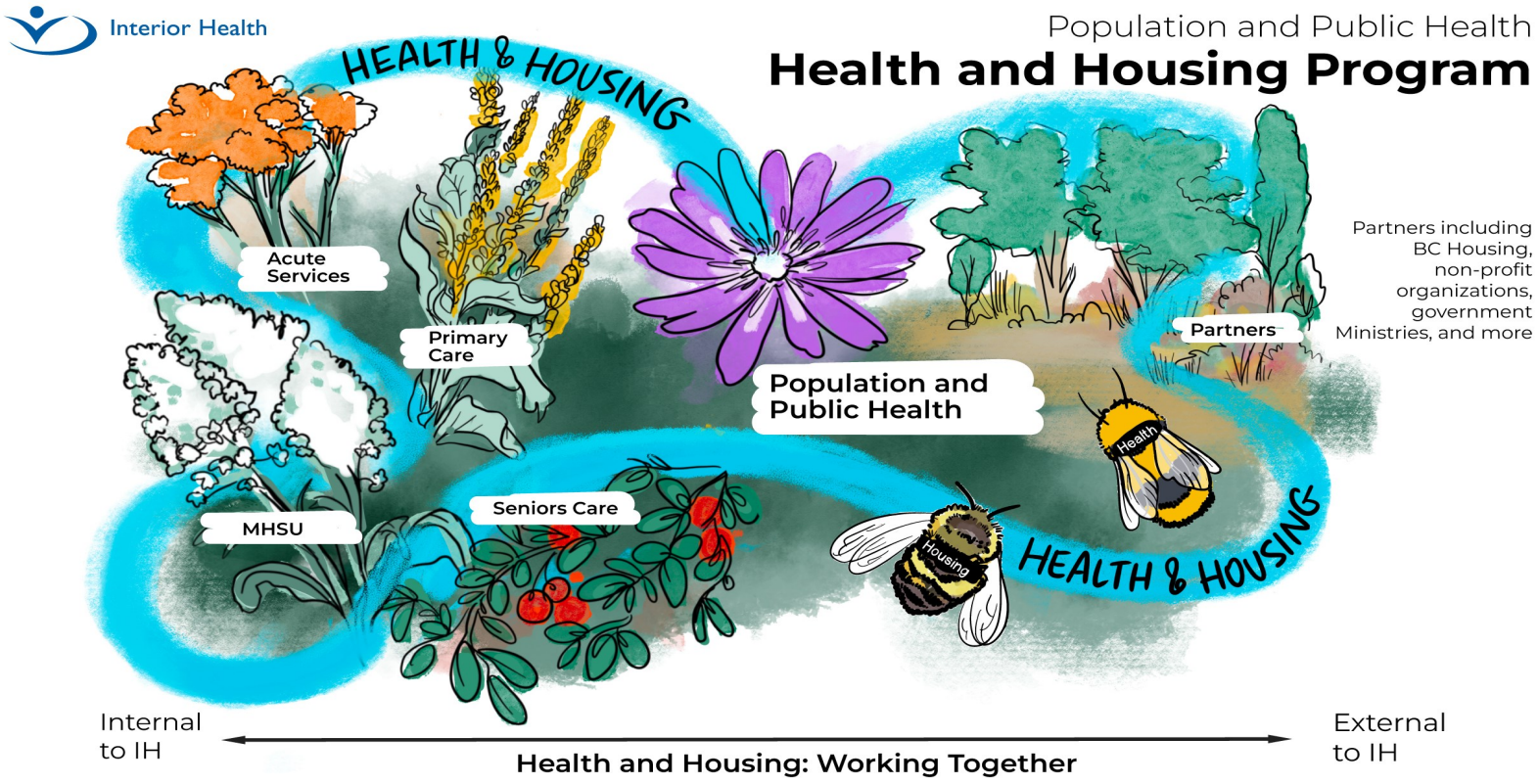
The purpose of the H&H Program is to foster equitable healthcare access and services for individuals utilizing shelters, facing housing insecurity or precarious housing situations, and those residing outdoors, by creating, supporting, and strengthening initiatives aimed at addressing their unique health needs.

Situated within the Community Prevention segment of P&PH, the H&H Program operates with a commitment to health promotion, striving to enhance the overall well-being of the diverse population of people who are insecurely housed. The program places a high priority on reducing health disparities by identifying gaps, tackling stigma, and championing innovative solutions to improve health outcomes.

Equitable Healthcare Access for People Experiencing Housing Insecurity.

Recognizing that individuals challenged with housing insecurity frequently rely on Interior Health's (IH's) spectrum of services, the H&H Program collaborates closely with various IH departments, including MHSU, Acute Care, Seniors Care, and Primary Care. Furthermore, it proactively engages with external partners such as non-profit operators and housing providers, BC Housing, and government Ministries. The program offers support and consultation to ensure alignment of programs and initiatives with IH's strategic priorities and the needs of those experiencing housing insecurity.

The role of the H&H Program is encapsulated in the following diagram, illustrating its placement within P&PH as well as its important work and interaction with external partners. Acting as a bridge between internal and external stakeholders, the H&H Program brings together diverse groups to support collaborative efforts to support people experiencing housing insecurity.



GUIDING PRINCIPLES:

We have established guiding principles that embody and uphold a population health approach, striving for equity and well-being among diverse populations. In addition to evidence-based practice, we firmly acknowledge that cross-partner collaboration and the inclusion of peer perspectives are indispensable in remaining responsive to existing needs.

By incorporating the following guiding principles into the program plan, we can ensure that the initiatives undertaken are grounded in values of equity, collaboration, empowerment, and evidence, thereby enhancing their potential to address housing insecurity and improve health outcomes for this vulnerable population.

Grounded in Values of Equity, Collaboration, Empowerment, and Evidence.

- **Equity and Inclusion:** Ensure that all program initiatives prioritize equitable access to healthcare and housing resources, addressing the needs of marginalized and underserved populations with respect and without discrimination or bias.
- **Clinical and Community Partnerships:** Develop, foster, and maintain collaboration among internal and community partners to leverage resources, expertise, and networks in addressing housing insecurity and improving health outcomes.
- **Empowerment and Participation:** Empower individuals experiencing housing insecurity to actively participate in decision-making processes, program design, and implementation, promoting their agency and dignity.
- **Evidence-Informed Practice:** Base program strategies and interventions on sound evidence, research, and best practices to maximize effectiveness and impact in addressing the complex challenges of housing insecurity and healthcare access.
- **Population Health Approach:** Adopt a population health approach aimed at enhancing equity by focusing on reducing disparities, fostering collaboration, and innovating solutions to support individuals facing housing insecurity.

Taking a Population Health Approach to Health and Housing.

BACKGROUND:

Housing is essential for well-being, yet within the Interior Health (IH) region, the incidence of homelessness and housing insecurity is on the rise. This complex issue stems from a multitude of interrelated factors, underscoring the need for comprehensive interventions.

Access to quality, suitable, and affordable housing is not merely a matter of shelter but a crucial determinant of overall health and community well-being. Individuals effected by housing insecurity often face heightened risks of infectious and chronic illnesses, alongside premature mortality. Since housing significantly influences health outcomes, Health Authorities have a role in addressing housing-related issues. By fostering collaboration and partnership, they can work towards solutions to these challenges.

In the autumn of 2022, a coalition of shelter providers, within the IH region, voiced concerns in an open letter regarding the lack of healthcare access for individuals residing in shelters. Responding to these concerns, IH initiated closer collaboration with the coalition to identify avenues for service enhancement.

Subsequently, in 2023, the provincial government unveiled 'Homes for People' and 'Belonging in BC,' outlining strategies to bolster housing accessibility and mitigate homelessness. These directives underscored the importance for local and provincial entities, including Health Authorities, Indigenous partners, non-profit organizations (NPO), and BC Housing, to unite efforts in aligning with provincial frameworks to effect meaningful change within communities.

CURRENT STATE:

The province of British Columbia is facing a widespread housing crisis, resulting in escalating rates of homelessness and housing insecurity.

Recent Point-In-Time (PiT) counts conducted across six communities within the IH region reveal a 56% increase in individuals sheltering outdoors compared to previous counts in 2021.

People are Sheltering Outdoors at an Increasing Rate.

Of particular concern is the rise in homelessness among seniors, representing the fastest-growing demographic of newly homeless individuals. The number of first-time homelessness cases continues to climb as well.

Housing providers often struggle to address the multifaceted healthcare needs of their clients. This can result in increased hospital admissions, emergency service utilization, and acute care facility strain.

IH specific data gathered to better understand how people with no fixed address are accessing healthcare can be found in Appendix B.

INDIGENOUS PEOPLES:

The Interior Region and the Traditional Territories of the Tŝilhqot'in, Secwépemc, Dãkelh Dené, St'át'imc, Syilx, Nlaka'pamux, and Ktunaxa Nations, are home to 54 First Nation Communities. There are also 15 Métis Chartered Communities within the Interior Region. The Indigenous population represents about nine per cent (63,855) of the region's total population. **Similar to other parts of the country, many Indigenous communities are disproportionately affected by housing insecurity within the Interior Region.**

The experiences of Indigenous peoples with homelessness in Canada are deeply rooted in the ongoing impacts of colonialism and systemic marginalization. Indigenous peoples disproportionately face homelessness due to intergenerational trauma, forced displacement from traditional lands, and discriminatory policies.

Addressing Indigenous homelessness requires a holistic approach that acknowledges historical injustices, respects Indigenous rights and sovereignty, and fosters community-led solutions. It requires recognition of important documents such as the Truth and Reconciliation Commission's (TRC) Calls to Action that emphasizes the need for culturally appropriate services and support systems. Implementation of the TRC's Calls to Action will help ensure Indigenous peoples are provided with the dignity, respect, and support they deserve on their journey towards healing and reconciliation.

The TRC Calls to Action includes urging governments to develop a national strategy in collaboration with Indigenous peoples to address homelessness, including adequate funding and culturally appropriate services. The document also highlights the importance of providing culturally sensitive health, mental health and addiction services to address the underlying trauma contributing to homelessness within Indigenous communities. The TRC emphasizes the importance of supporting Indigenous-led initiatives and community-driven solutions to combat homelessness and provide stable housing options.

By supporting the implementation of these Calls to Action, Interior Health and the Health and Housing Program can take significant strides towards addressing the root causes of Indigenous homelessness and poorer health outcomes when compared to non-Indigenous populations, and promote reconciliation and healing.

Building on the goal of the Interior Health Indigenous Health & Wellness Strategy (2022-2026) to improve health and wellness outcomes of all Indigenous Peoples in the Interior Region, the H&H Program commits to

- Enhancing the Indigenous patient voice in health and housing quality improvement work.
- Improving discharge planning and transitions in care from hospitals to shelters.
- Implementing specialized data collection methods to track the prevalence and specific health needs of Indigenous homeless populations.
- Ensuring that Indigenous Patient Navigator positions are developed within new service delivery models specific to supporting homeless populations.
- Exploring with Indigenous partners how the H&H Program can support the implementation of the health and housing related TRC Calls to Action, B.C. Declaration of Rights of Indigenous Peoples Act (DRIPA), and the In Plain Sight Recommendations.

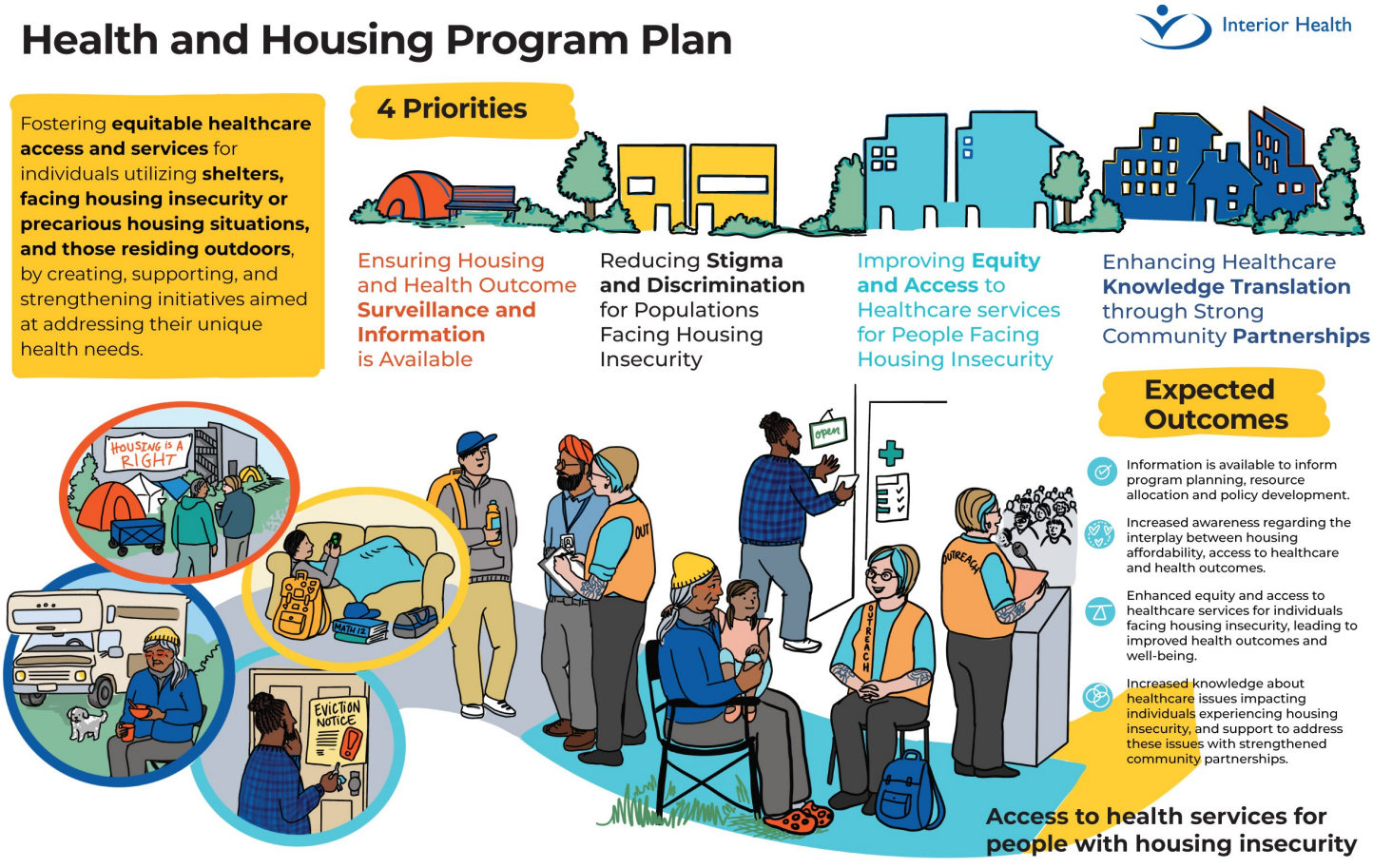
The H&H Program is committed to ongoing engagement and collaboration with First Nations in the Interior Region, FNHA, MNBC, Métis Chartered Communities, Friendship Centres, and other urban Indigenous organizations, to ensure successful implementation of its Program Plan and

PRIORITIES:

To guide the work of the H&H Program over the next three years, the following priorities, goals, objectives, and actions were developed. Each priority area, with identified actions, is detailed in the H&H Workplan document, including a timeline to achieve these. Some of the health and housing work underway by other programs in P&PH (Medical Health Officer (MHO), Healthy Community Development, Harm Reduction and Environmental Health) is also included in the Workplan to capture a more fulsome overview of the work.

The program's priorities evolved from a series of collaborative engagements with stakeholders across the health authority. Through rich conversations with partners such as IH Clinical Operations, MHSU and Seniors Transformation teams, BC Housing, and non-profit housing providers, as well as the gathering of insightful case examples, we gained valuable insights that informed our strategic focus areas. Active participation in health authority exchanges, alongside meetings with MHOs and peers, greatly shaped the direction and scope of our plan. Moreover, we consulted key ministry strategies, policies, and homelessness initiatives to ensure our approach is comprehensive and aligned with broader objectives.

These priorities will be communicated internally and externally, ensuring that the purpose and goals of the program are well understood by IH Leadership, IH Clinical Operations, and external partners. Endorsement from P&PH senior leadership will be sought for the Program Plan and Workplan. The clear priorities outlined in this plan, along with the detailed workplan and leadership support, will ensure the effective advancement of the initiatives laid out.



SURVEILLANCE AND INFORMATION

Ensuring Housing and Health Outcome Surveillance and Information is Available

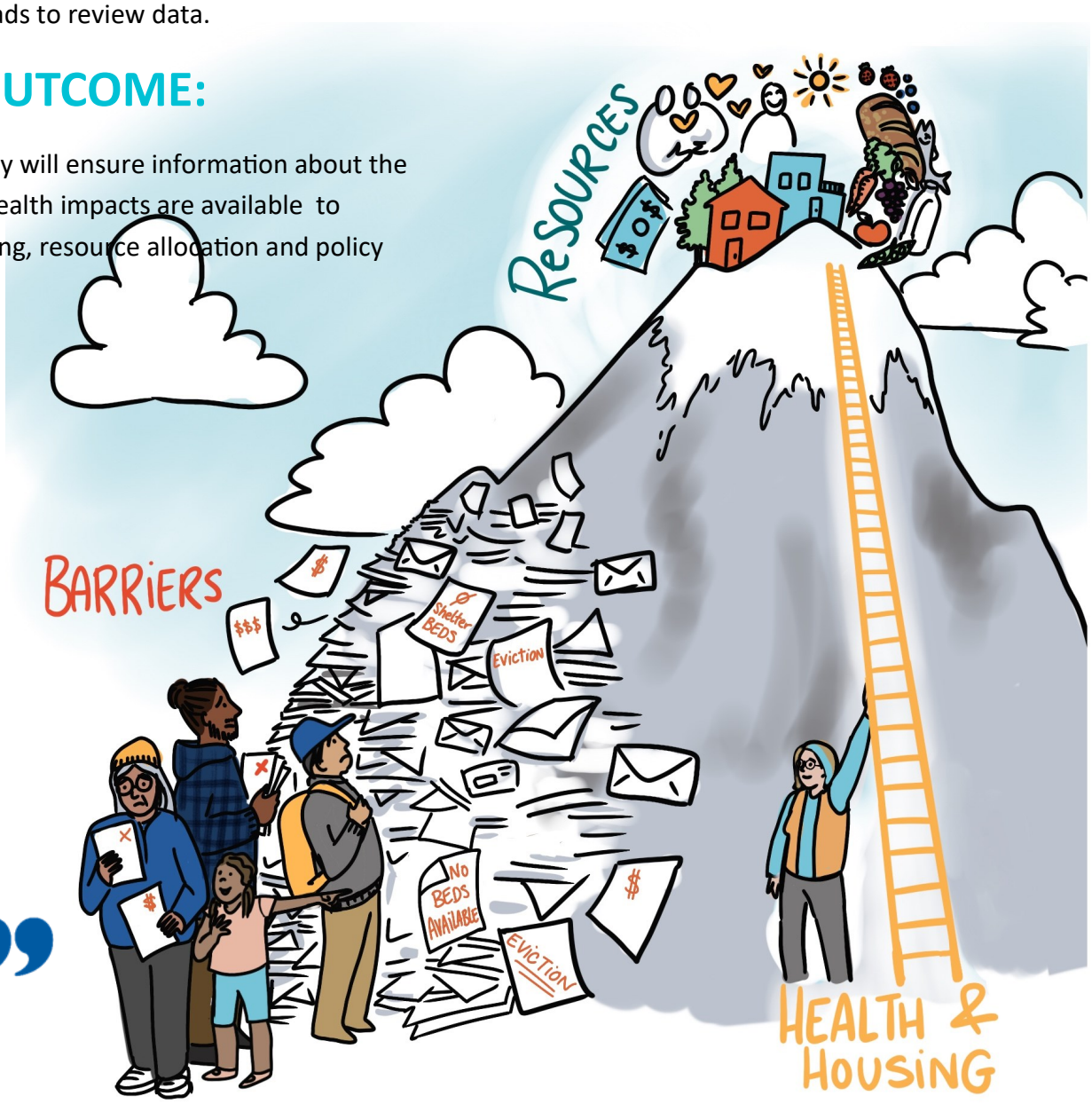
GOAL: To enhance surveillance and information systems to better understand and address housing insecurity and its impact on health within the IH region by:

- Determining and coordinating the necessary data, information and surveillance required to plan effectively including:
  - ◊ Conducting regular needs assessments to identify trends, disparities, and emerging issues related to housing insecurity and health outcomes.
  - ◊ Implement specialized data collection methods to track the prevalence and specific health needs of Indigenous homeless populations.
- Creating structures to share information and surveillance within the organization to address health and housing-related issues by:
  - ◊ Establishing recurring meeting series with Epidemiology, MHO, and Health and Housing Leads to review data.

EXPECTED OUTCOME:

Focusing on this priority will ensure information about the housing crisis and its health impacts are available to inform program planning, resource allocation and policy development efforts.

> A lot of people have lost faith in the system, there is inconsistencies in treatment and sometimes feels like it's a dead end and feels frustrating.
> —Peer



ADDRESSING STIGMA AND DISCRIMINATION

Reducing Stigma and Discrimination for Populations Facing Housing Insecurity

GOAL: To combat stigma associated with homelessness and reframe housing as a basic human right with homelessness as a consequence of social inequities and housing affordability challenges, rather than individual shortcomings, by:

- Highlighting the relationship between housing affordability, access to healthcare, and health outcomes by:
  - ◊ Conducting internal and external education sessions.
  - ◊ Initiating dialogues internally, among healthcare leaders, to advocate for access to healthcare services regardless of a person's housing status.
  - ◊ Promoting anti-stigma messages that challenge misconceptions about individuals experiencing housing insecurity.
- Highlighting the impacts of discrimination on access to adequate housing, including indigenous specific racism by:
  - ◊ Promoting education focused on Indigenous cultural awareness and the specific challenges faced by Indigenous homeless individuals.
- Ensuring healthcare services are informed by people with lived experience of homelessness or housing insecurity (Peers) by:
  - ◊ Engaging with Peers, including Indigenous Self Identifying Peers, to gather input on the H&H Program plan and its implementation.

EXPECTED OUTCOME:

Focusing on this priority will ensure there is increased awareness and understanding among internal and external partners, regarding the interplay between housing affordability, colonization, access to healthcare, and health outcomes.

> Stigma is still a barrier especially in hospitals.
> —Peer
>
> There needs to be more understanding and compassion towards people that are homeless.
> —Peer

EQUITY AND ACCESS

Improving Equity and Access to Healthcare services for People Facing Housing Insecurity.

GOAL:

To enhance access, flexibility, and continuity of care to meet the complex needs of individuals connecting to the healthcare system and experiencing housing insecurity by:

- Creating and implementing new models of care for health services that are difficult or impossible to access by people experiencing housing insecurity, including:
  - ◊ Expanding Integrated Health Outreach Teams (IHOT), as funding permits.
  - ◊ Implementing Flexible & Adaptable Home Support Teams (FAHST), in priority communities.
  - ◊ Increasing capacity at Long Term Care and Assisted Living sites to accommodate people with mental health and substance use challenges.
  - ◊ Establishing Supported Rent Supplement Programs (SRSP), in funded communities.
  - ◊ Ensuring that Indigenous Patient Navigator positions are developed within new service delivery models specific to supporting homeless populations.
- Ensuring seamless transitions and continuity of care for individuals moving between hospitals and temporary housing facilities by:
  - ◊ Establishing Memoranda of Understanding (MOU) between hospitals and temporary housing facilities in identified communities.

> Some people need more support to access and attend healthcare appointments.
> —Peer
>
> It is difficult to make appointments and keep to a schedule when unhoused.
> —Peer

EXPECTED OUTCOME:

Focusing on this priority will ensure enhanced equity and access to healthcare services for individuals facing housing insecurity, leading to improved health outcomes and well-being.

KNOWLEDGE TRANSLATION AND PARTNERSHIPS

Enhancing Healthcare Knowledge Translation through Strong Community Partnerships

GOAL:

To enhance knowledge and awareness about healthcare issues that impact individuals experiencing housing insecurity, and build partnerships, by:

- Identifying and creating relevant health related educational resources by:
  - ◊ Conducting a survey with housing providers to identify their health education needs.
  - ◊ Establishing partnerships with Indigenous organizations and Elders to co-develop resources that focus on addressing Indigenous homelessness.
  - ◊ Exploring with Indigenous partners how the H&H Program can support the implementation of the health and housing related TRC Calls to Action, B.C. DRIPA, and In Plain Sight Recommendations.
- Developing and distributing health related educational materials targeting individuals experiencing housing insecurity including:
  - ◊ Creating a healthcare resource guide for people residing in shelters and / or encampments.
- Identifying strategies to optimize health benefits and minimize health risks associated with outdoor sheltering (encampments) including:
  - ◊ Creating an Unsheltered Populations SharePoint for internal planners and partners to share resources.

EXPECTED OUTCOME:

Focusing on this priority will increase knowledge and awareness about healthcare issues that impact individuals experiencing housing insecurity and strengthen community and Indigenous partnerships.

> Having access to a shower would make a big difference.
>
> —Peer

APPENDIX A: GLOSSARY OF TERMS

Affordable (housing): Housing is considered affordable when 30 per cent or less of your household's gross income goes towards paying for your housing costs.

Health Equity: when everyone, regardless of sex, gender, income, health status, race or other socio-demographic characteristics, has the fair opportunity to reach their optimal health.

Homeless, at risk of homelessness: You are an individual or family that does not have a permanent address or residence.

Housing Continuum/ Spectrum: The wide range of housing options available in our communities, from temporary options such as emergency shelters for people who are homeless, to more permanent housing such as rental and homeownership.

Housing Insecurity: The lack of security in an individual's shelter that is the result of high housing costs relative to income, poor housing quality, unstable neighborhoods, overcrowding, and, may or may not include, homelessness.

Housing Provider: An organization, society, developer or other BC Housing partner that operates places to live for renters with low incomes.

Point In Time (PiT) - BC Housing, the Ministry of Housing, and the Homelessness Services Association of BC collaborated on the homeless counts in B.C. Homeless counts give important baseline information on the estimated number, key demographic and service provision needs of people experiencing homelessness. A Point in Time count (PiT count) provides a snapshot of people who are experiencing homelessness in a 24-hour period.

Social Determinant of Health - Social determinants of health are the conditions in which people are born, grow, live, work, and age that shape their overall health and well-being. These social, economic, and environmental factors significantly influence individuals' health outcomes and contribute to health inequities. Understanding and addressing social determinants of health is crucial for promoting health equity and improving population health.

APPENDIX B: HOMELESSNESS CASES AT IH HOSPITALS

Interior Health
Data & Analytics Services

TITLE: Homelessness Cases at IH Hospitals

REPORTING PERIOD: 2021/22 - 2023/24 P8 (November 9, 2023)

REQUESTOR: Leanne Cusack, Public Health Epidemiologist, Epidemiology & Surveillance Unit
Corinne Dolman, Manager, Housing & Outreach

PURPOSE: To provide data in support of understanding how people with no fixed address are accessing care.

FINDINGS & ANALYSIS:

Between Fiscal Year 2021/22 and 2023/24 P8 (November 9, 2023)

- There were 3,781 homelessness cases and 2,241 unique patients at IH hospitals.
- On average, 4 cases were identified as homeless.
- Of the 3,781 cases, 92% (3,481) were admitted from Emergency Department.
- Patients from Interior Health area accounted for 86% (3,252) of the cases.
- Almost 40% of the homelessness cases were by male between the ages of 18 and 44.
- 60% (2,280) of Interior Health area cases were from Central Okanagan, Kamloops and Vernon. The three areas had an average length of stay of 9.6 days, 12.4 days and 12.1 days respectively.
- Longer average length of stay has been shown in males compared with females except patients in 18-44 age group.
- 97% of the 3,781 cases were admitted to the large 8 hospitals and nearly 40% (1,503) were admitted to Kelowna General Hospital.
- Substance abuse with other state, substance abuse with residual/late onset/psychotic disorder, cellulitis and schizophrenia/schizoaffective disorder were the most common case mix groups for patients experiencing homelessness in all three reporting years.
- Case mix group of chronic obstructive pulmonary disease had the highest number of cases for patients age 65 and older.
- Cellulitis of lower limb and schizophrenia, unspecified were the most common most responsible diagnoses during the reporting period.

Note: To review the full report, contact Interior Health Data & Analytics Services.

ACKNOWLEDGEMENTS:

This Program Plan is the result of a collaborative effort across portfolios, teams and partners. Without the commitment, input and direction, from the following groups we could not have created such a comprehensive and collaborative framework:

Interior Health Peer Advisory Group
Housing Providers
Health and Housing Program, Housing Leads
Medical Health Officers

Recommended document citation :

Population and Public Health (2024). *Health and Housing: Working Together.* Interior Health. British Co-

DOCUMENTS REVIEWED:

The Truth and Reconciliation Commission of Canada, Calls to Action, 2015
B.C. Declaration on the Rights of Indigenous Peoples Act, 2019
In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care, 2020
Belonging in BC: A collaborative plan to prevent and reduce homelessness, 2023
Homes For People: A housing action plan to meet the challenges of today and deliver more homes for people, faster, 2023.
Homelessness Cases at IH Hospitals, 2021/22—2023/24.