Everything is Health, Episode 3:

Housing and Health, Part 2: Housing First

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Contents

1. Introduction

Maddie: Welcome to Everything is Health, a podcast where we summarize findings from research being done about health on the Downtown Eastside of Vancouver.

Nick: I'm Nick Ubels, a community engagement librarian at the University of British Columbia Learning Exchange and UBC Library.

Maddie: And I'm Maddie Elder, I'm a first-year medical student at UBC.

Nick: This podcast is produced on the unceded, ancestral, and traditional territory of the Musqueam, Squamish, and Tsleil-Waututh people.

Maddie: This is our second episode in our two-part series on homelessness and housing. Today we're going to be talking about housing first initiatives as a way to end homelessness and improve peoples' health.

Nick: In this episode we talk about residential schools. For anyone listening, support is available for survivors and families from the Indian Residential School Survivors Society at 1-800-721-0066 or via their 24/7 crisis line at 1-866-925-4419.

Maddie: We also talk briefly about suicide. If you're thinking about suicide, or are worried about a friend or loved one, the Canada Suicide Prevention Service is available 24/7 at 1-833-456-4566.

2. Definitions

Nick: In our last episode we kind of started to talk about the principle of housing first as a way of ending homelessness- what is it exactly?

Maddie: It's kind of what it sounds like- the idea is that you provide immediate access to permanent housing for homeless or vulnerably housed people. It's based on the idea that housing is a human right, and a prerequisite to health in some ways [1].

Nick: Oh, that sounds similar to what we were talking about in the last episode, about taking a rights-based approach to ending homelessness and responding to encampments.

Maddie: Totally.

Nick: So, you just give people homes to end homelessness?

Maddie: Yes, but not just homes. It's supposed to be housing first, not housing only.

Nick: Right.

Maddie: You also provide individualized supports rooted in harm reduction [2]. They're not mandatory, but they're there, and that's one of the main principles of housing first programs [3].

Nick: What are the other principles?

Maddie: Well, the first one is immediate access to housing with no housing readiness conditions, so you don't have to be abstinent, be in treatment, or anything really to deserve an adequate place to live. The second is consumer choice and self-determination, so having a say in where you live. In Vancouver that often means whether you want to live in or outside of the DTES. The third principle is recovery orientation, so helping you achieve your goals towards whatever recovery might mean to you. The fourth is the individualized and person-driven supports we were talking about, and the fifth is social and community integration [3]. Raincity Housing has a wonderful video series in which they talk through the principles in detail, and feature community and worker perspectives and experiences [4]. We'll link these in the episode description.

3. Effectiveness

Nick: So, there is research being done right now about housing first in Vancouver?

Maddie: Yeah, lots. There was this 2-year study finished in 2014, called the Cross-Site At Home/Chez Soi Project, and it is probably the biggest Housing First study ever conducted in Canada. It was run in 5 cities, including Vancouver [3]. They had over 2000 participants, and just over half were randomized to a housing first approach. These participants were provided with immediate access to permanent housing with community-based supports. This meant an apartment of their own, a rent supplement, and either assertive community treatment (ACT) or intensive case management (ICM) [3].

Nick: Could you explain the difference between ICM and ACT?

Maddie: So, they're both ways of providing wrap-around supports. The original idea of ACT was to build a 'hospital without walls' so you have direct, 24/7 access to a multi-disciplinary care team that's dedicated to your care, including a peer support worker. ICM is less intensive, and also less well-studied in housing first. You're assigned a case manager, who connects you with existing community services to meet your specific needs. They might also accompany you to appointments and meetings [3].

Nick: Okay, that makes sense. So you would get the right support for you, whether that's ACT or ICM. Coming back to the At Home Project – what was the impact of having this kind of support?

Maddie: Well, with regards to these wrap-around supports, they found they were really important, and that most participants engaged in support and treatment services throughout the study. In addition to meeting a need that was previously unmet, there was a general shift away from crisis services to community-based services [3].

Nick: Could you elaborate on that? What's the significance of that shift?

Maddie: I think it means that if, for example, before you were going to the emergency department when you were sick, now you have access to care earlier on in your community, let's say at a walk-in clinic, before it becomes an emergency. And this might mean that instead of getting hospitalized, you can be treated while living at home.

Nick: So, you actually get less sick because you get care earlier- kind of like a shift from our healthcare being reactive to proactive?

Maddie: Yeah!

Nick: That's interesting that these supports had such a profound impact. What did the At Home project find about its main goal- addressing homelessness?

Maddie: They found that the housing first model rapidly ends homelessness. Across Canada, housing first participants were twice as likely to be housed all of the time 6 months into the study [3].

Nick: And this study was run in Vancouver?

Maddie: It was run in five cities: Montreal, Winnipeg, Moncton, Toronto, and Vancouver [3].

Nick: Right, right.

Maddie: But if we just look at just the Vancouver branch of the study, called Vancouver at Home, in the last 6 months of it, housing first participants were housed almost 60% of the time, while people who didn't get housing first were only housed 26% of the time.

Nick: It almost feels weird to just be watching this control group and not seeking justice for them when we know that housing first is such an effective intervention.

Maddie: Yeah, I guess the point of a control group is to not intervene, but I know what you mean, it feels wrong on some level.

Nick: I know people often justify it by pointing out that people in the control group have access to everything they had before the study, so you're not doing any harm, and that randomized controlled trials like this have the potential to help a lot of people in the long term, but yeah it feels weird.

Maddie: Yeah, like if you can prove that something works well, you might be able to scale it up and affect more people. But this hinges on you doing something as a researcher with the knowledge you gain, other than advancing your own career.

Nick: Totally, which makes me think of knowledge translation as the responsibility of researchers and institutions that fund them.

Maddie: I agree. We learned in class that one of the principles of community-based participatory action research is action orientation- the idea that you're collaborating with communities with the goal of effecting change. And I think that a lot of researchers these days are trying to do community-based participatory action research, which is great.

Nick: I like the idea that they're teaching that, that action is a part of this kind of research. In this case hopefully that finding that housing first more than doubles the amount of time people spend housed, and that it improves housing quality. will lead to the adoption of housing first policies. But I guess it's only one study.

Maddie: Right, this is a tough crowd.

Nick: You know I'm here to hold your feet to the fire.

Maddie: There's also a study going on right now that the BC Housing Research Centre is running, looking at modular supportive housing. It's still ongoing, but in 2019 they reported that 94% of residents remained housed in their unit 6 months in [5].

Nick: Wow, that's amazing. And it really adds to the case that giving people housing, and these wraparound supports ends homelessness. Are there any other notable outcomes?

Maddie: In that 2019 interim report, 84% of people reported improvements in their well-being, 56% reported improvements in their physical health, 44% reported mental health improvements, 44% reported they had been admitted to hospital less often, and 39% reported improvements with self-described addiction issues, even though this was not the goal [6].

Nick: Okay, so it sounds like housing first is improving people's health, not just keeping them sheltered. Has this been measured outside of surveys and self-reporting?

4. Health Outcomes

Maddie: The 2014 Vancouver at Home study kind of did this by looking at how housing first impacted people's use of health, social and justice system services. They found that housing first halves the number of emergency department visits per person, decreases criminal convictions, and increases use of community services while decreasing the use of emergency services. And at the same time, it's improving peoples' quality of life and community functioning, which is all similar to that 2019 BC Research Centre study on supportive housing [3, 6].

Nick: What do you mean by community functioning?

Maddie: Community functioning essentially describes your ability to do your daily activities as well as your mental and physical health.

Nick: So basically, how well you are able to go about your daily life. Like housing first empowers you to eventually live with some greater level of autonomy and independence.

Maddie: Yeah, exactly. And according to the National Low Income Housing Coalition, Housing first is particularly effective at doing this for those who are chronically homeless, have serious psychiatric disabilities, and those who have substance use disorders [7].

Nick: Like effective with housing or effective at improving people's health?

Maddie: Both, I think! A lot of the research being published right now about housing in the DTES are analyses of data collected through one of really 3 big cohort studies: Vancouver at Home, the Hotel Study, or the ACCESS database, which we'll talk about later. An example of this is this a 2017 study led by Stefanie Rezansoff, in which they analysed data from the Vancouver at Home study. They found that some models of housing first in Vancouver significantly improved people's ability to take their antipsychotic medication [8].

Nick: How was that measured?

Maddie: It's tricky, in this study they looked at the medication possession ratio (MPR), which is a measurement of how often you fill your prescriptions [8]. So not necessarily how often you're taking your medication exactly. Before the study, participants were filling their prescriptions less than half the time [8]. This fits with what researchers already knew, that people experiencing homelessness face a lot of barriers to taking antipsychotic medication they are prescribed.

Nick: Okay, so did MPR improve with housing first?

Maddie: Yeah it did, but only for one of the two housing first models they tried. In the one that worked, they placed people at sites scattered throughout the city, so everyone wasn't living in the same building. And they had assertive community treatment, that model that gives participants 24/7 access to a multidisciplinary care team. The median MPR in this group went way up to the point that most participants were suddenly able to adhere to their medication schedules. They think that this is at least partly because of the robust supports offered by ACT, not just the housing piece alone [8].

Nick: Okay, but why do we care if people are taking their medication? Isn't it really a personal decision?

Maddie: Totally. I mean from a prescriber's perspective I think they'd say it's important because not taking the medication you're prescribed and having your symptoms continue can lead to impaired functioning, self-neglect, and an overall decreased quality of life. But I think it's important to make the point here that in theory people aren't being pressured to take their medication any more than they were before. We've just removed barriers so people can do it if they want to.

5. Economics

Nick: Right, so we've been talking a lot about how important all these supports are, but isn't it expensive?

Maddie: You might think that, yeah.

Nick: I mean, *I* don't think that, but it's my job to ask!

Maddie: Ha-ha, fair enough. I do think this is an idea that holds a lot of people back from supporting housing first initiatives. But we need to remember that homelessness is expensive. The Vancouver at Home study made it really clear that implementing housing first in Vancouver is actually really economically sound. For high needs participants for example, they found that every $10 invested in housing first actually results in $8.55 saved, so the city was making money [9].

Nick: Wow, so where are these returns coming from?

Maddie: So, as I was saying, homelessness is really expensive in a socialized health care system. In the Vancouver at Home study, they found that we save money because people are being hospitalized less and having to use emergency shelters less often [9].

And this is really supported throughout the literature coming out of Vancouver. A 2022 report from the BC Housing Research Centre published results of a collection of

studies examining supportive housing in BC, which is provincially funded, designed for people experiencing homelessness and includes access to on-site supports. They found that supportive housing saves an average of $18,000 per person per year in BC, and that every dollar invested in supportive housing actually puts $4-5 back into the local economy through social and economic activities [10].

Nick: Wow, that's really good to know, but it does feel weird to be talking about money when peoples' lives are really on the line.

Maddie: Yeah, I totally agree. Even though it might be economical to house people, I think it's really also the only ethical option, which is what we should focus on.

6. Best Practices

Nick: I guess one question I do have, it's kind of a tangent, but we've been talking about housing first in a lot of really theoretical ways. What does it actually look like? How would someone go about starting a housing first program?

Maddie: Well, one of the main results of the 2014 At Home project was that for Housing First to work, it really matters how you do it. Housing stability, quality of life, and your ability to function were all better if you were in a housing first program that operated more closely to the housing first principles [3].

Nick: Okay, and we talked about those principles earlier right? Like not having any conditions for housing, having choice in where you live, having access to different kinds of supports.

Maddie: Yeah, and I think what a lot of that is getting at is how do you make a house feel like a home.

Nick: Is there any research being done on that idea beyond the At Home study?

Maddie: Yeah; Alina McKay, a PhD candidate in the School of Population and Public Health at UBC, published her thesis in 2021, entitled "Housing, Building, and Neighbourhood Influences on the Experience of Home for Long-Term Tenants of Vancouver's Downtown Eastside". In this study she interviewed 19 people who've been living in Housing First buildings for over 3 years, and tracked their daily activities to understand what people need to feel at home in a new house, specifically as part of housing first [11].

Nick: What did she find?

Maddie: Full disclosure, I did not read all 298 pages of her thesis, but she summarized each chapter of her thesis with beautiful infographics, which really helped me to understand her work. If you're listening, Alina, thank you!

Nick: That's so meta. Knowledge translation isn't just about making research accessible to community, it actually benefits all of us.

Maddie: Totally! So, she divided her findings into three categories: factors that affect the experience of home at the housing, building, and neighbourhood level [11].

Nick: That make sense.

Maddie: At the housing level, it seems to basically boil down to control. Having a space that is permanently yours, even, or especially, when you're facing personal challenges. A place where people can't just enter at any time, that's safe and clean, and where you can keep any pets you might have [11].

At the building level, a lot of it is about having positive relationships with building staff, and proper communication from management. This looks like being able to come and go without feeling watched, being consulted when there are big changes happening to your space, daily room checks if people aren't seen, and help mediating disputes [11].

At the neighborhood level, it amounts to autonomy and connection. Autonomy in having meaningful choice in what neighbourhood you want to live in, like in or outside of the DTES, flexible and autonomous forms of income generation, and food security. Connection in caring relationships with healthcare providers, connection with Indigenous culture, relationships with community members, and recognition in volunteer or peer work positions [11].

Nick: That's cool, and I feel like it really echoes a lot of the housing first principles we were talking about before. So, how do we get there?

Maddie: Well Alina wraps up her thesis with five intervention priorities [11].

Nick: Okay, let's hear them.

Maddie: Protect inclusive and adequate housing and services in the DTES, expand access to adequate housing and services outside the DTES, expand access to substance use treatment, provide harm reduction services within a healing environment, and support social connection and opportunities to connect with Indigenous culture.

Nick: Okay, so if we do all that then housing first is this miracle intervention that just works?

Maddie: It is amazingly effective, but there are some people it doesn't work for. In the Vancouver at Home study, 14% of the housing first participants had no stable housing during the last 6 months of the study. This is way fewer people than the 42% of participants in the treatment as usual group, but it's still a meaningful number [9].

Nick: Yeah, that's unfortunate. Do we know anything about who these people are?

Maddie: A study published in 2021 by a group of SFU researchers led by Milad Parpouchi, suggests that part of it might have to do with when you first experience homelessness. They looked at data from the Vancouver at Home study and concluded that experiencing homelessness in your childhood or youth (before 25) made you twice as likely to experience housing instability as an adult in this housing first program. This highlights the need to intervene in homelessness earlier in life [12].

Nick: How common is youth homelessness?

Maddie: According to the last homeless count that was done in Vancouver, in March of 2020, over 30% of people first became homeless as children, and nearly half had become homeless for the first time by age 25 [13].

7. Housing First for Youth

Nick: Do we have housing first programs for youth?

Maddie: Unfortunately, it's honestly still controversial, even though housing first models have been pretty readily adopted for adults [14].

Nick: It seems like youth would be the first group we'd want to support, or you know, provide these services to.

Maddie: Yeah, the mortality rate of kids who are unhoused is nearly 40x that of children who are housed. And beyond that, children living in poor quality housing conditions have a higher likelihood of experiencing adverse health outcomes in childhood but also throughout their lives [1].

Nick: Wow.

Maddie: Yeah, and it's a big issue. Young adults are one of the fastest growing homeless populations in Canada.

Nick: That's terrible.

Maddie: Yeah. There was a really powerful case study written by RainCity Housing in 2017 about the success of their queer & trans youth housing project [14].

Nick: Oh yeah, I've heard of RainCity.

Maddie: Yeah it's pretty big- it's a government-funded organization that provides a range of housing and support services in BC, based on the principles of housing first and radical harm reduction.

Nick: What did they say in their case study?

Maddie: They make the case that homophobia and transphobia create a precarious housing situation for two-spirit, queer, and trans youth [14]. Which is clear when you realize that LGBTQ2S individuals make up almost 40% of homeless youth, and have higher rates of depression, post-traumatic stress disorder (PTSD), and suicide compared to heterosexual youth experiencing homelessness [15, 16].

In the case study that RainCity housing put out they really argue for taking a housing first approach to youth homelessness. They explain that it is punitive to refuse housing because of how a youth is responding to the violence, oppression, trauma that they've experienced [14]. They operate according to Housing First principles in that they don't require youth to abstain from drugs or be in treatment for mental illness. And they note that many youths don't want to be or don't benefit from being in treatment, and that it's really difficult to change things in your life until you have safe housing, so it just makes sense to put that first [14].

Nick: Yeah, that seems like a natural extension of the argument for housing first in the adult population. It reminds me of the foundation of Maslow's Hierarchy of Needs.

Maddie: Totally, and a really interesting point they make, that I think relates to both youth and adult homelessness, is that we are not all one paycheck away from being homeless: friends, family, and social connections, protect us from becoming homeless in concrete ways. And they say that repeating this myth that we're all one paycheck away obscures privilege [14].

Nick: That's an interesting point. I've heard that phrase before. I feel like it's often meant to evoke empathy, but I can understand how it might also be damaging.

Maddie: Yeah, it's super common, and it was even the title of this position paper that some of my classmates in the UBC medicine political advocacy committee wrote this year. Which is an amazing paper, and we'll link it in the description (!!!).

Nick: Did they say anything else in the RainCity study particular to youth homelessness?

Maddie: Well, one thing that really stuck out to me is that 59% of the youth they work with are Indigenous, while Indigenous people make up only 5% of the population of B.C [14].

Nick: That means Indigenous youth are over-represented by a factor of 12, that's so much. We've talked about this before, about how these negative social determinants of health disproportionately affect Indigenous people in Canada.

Maddie: Exactly. And this aligns with work published in 2019 that was led by Brittany Bingham at SFU. They found that among people experiencing homelessness in Vancouver, Indigenous people experienced homelessness and substance use at a younger age [17]. This is consistent with intergenerational trauma, and spiritual and social isolation. One of the many factors here is exposure to the residential school system.

And this is where I think this podcast, and reading all this research, gets really personal for me. Because I have family who went to Indian day school, and residential school. My great grandmother Mabel was Tsimshian from Lax Kw'alaams in Northern BC, and she moved south to Vancouver after her first daughter was taken to residential school, to avoid the rest of her kids, and my grandfather, having to go. So, yeah, exposure to residential schools is something that hits home for me, and my family, and I feel like I'm on this lifelong journey of learning about that system and understanding my family's story.

Nick: Thank you for sharing that, Maddie. I'm sure it's not easy to discuss on the podcast, but hearing personal stories like your family's is so powerful.

Maddie: Thanks.

Nick: Honestly it's been great to spend this past month reading these papers at my own pace, and there's one I'm really actually excited to talk about, because I feel like seeing some of this knowledge in print in scientific articles is really exciting. A lot of it is knowledge that Indigenous people have, and are living, but seeing it validated in a system that has systematically ignored it for so long is really cool. Baby steps, you know?

Nick: Totally, I'm glad the process of making these podcasts has been good for you in that way. What's the one paper you wanted to talk about?

Maddie: Okay, so basically I want to explore one line of thought. The idea here is that residential school exposure in your family increases your likelihood of being involved with child

welfare. And from there, there's a really strong connection between being in the child welfare system and then experiencing homelessness. So, it's one of many ways of directly linking colonialism and homelessness.

Nick: Okay, I'm with you so far.

Maddie: A 2019 study led by Brittany Barker in Vancouver illustrates the first part of this. They investigated the relationship between someone's familial residential school system exposure and their involvement in the child welfare system, specifically among people who use drugs in Vancouver. They found that there's literally a generational effect: If your grandparent went to residential school, you're about 1.5x as likely to be in child welfare. If you have a parent who went to residential school, you're twice as likely to be involved with child welfare. The really interesting point they made was that for Indigenous people with no family exposure to residential schools, you're not at an increased risk of involvement with child welfare relative to non-Indigenous people [18].

Nick: Wow, that's powerful. And it's a clear example of locating the problem outside people. It's not being Indigenous that's a risk factor, it's exposure to colonialism, in this case through the residential school system.

Maddie: Exactly. And then the next part- there's this well-established connection between being in the child welfare system and then subsequently experiencing homelessness. For instance, in the 2020 homeless count in Metro Vancouver, more than a third of respondents were in the care of the ministry as children [13].

Nick: Okay, so that seems really clear. And is kind of another example of how, although this podcast isn't specifically about Indigenous health, it's really impossible to have any of these conversations about social determinants of health without talking about Indigenous health.

Maddie: Yeah exactly, if there's one thing I've learned so far in med school it's that health is really messy, everything is interconnected, and it's impossible to study medicine without bringing your whole self into it. Maddie: Thanks for listening to this episode of Everything is Health!

Nick: And again, support for survivors of residential schools and their families is available from the Indian Residential School Survivors Society at 1-800-721-0066 or via their 24/7 crisis line at 1-866-925-4419.

Nick: Please let us know if you have any questions or feedback! Send us an email at mrai.info@ubc.ca. We'd love to hear from you.

Maddie: We hope you'll tune in to our next episode. Until then, remember, everything is health…

Nick: …and sometimes, health is everything.

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