



Impact of Housing Insecurity on Public Health in the Eastern Zone of Nova Scotia: First-Year Nursing Students' Perspective

By Femke Heijmans¹, Sofia LeGrow¹, Olivia Ringwald¹, Caroline Thomson¹, Emma Thomson¹, Kelly Thomson¹, & Khaldoun Aldiabat² RN, Ph.D, Rankin School of Nursing-St. Francis Xavier University, Antigonish, Nova Scotia, Canada.

¹This work is based on the first six authors' work in an undergraduate-level first-year Bachelor of Science in Nursing course, N208: *Foundation of the Canadian Health System*. It was completed in March 2026. The first six authors are listed in alphabetical order, and each contributed equally.

²Dr. Khaldoun Aldiabat, Associate Professor of Nursing, was their supervisor and contributed to the writing and editing of this publication.

Corresponding Author: Dr. Khaldoun Aldiabat. Email: kaldiaba@stfx.ca

ABSTRACT

Housing insecurity is a critical social determinant of health that contributes to health inequities, increased healthcare utilization, and broader societal disparities. This paper examines the impact of housing insecurity on public health in Nova Scotia's Eastern Zone from the perspective of first-year nursing students. Drawing on current literature, regional reports, and community insights, the discussion explores the prevalence, determinants, and health consequences of homelessness and inadequate housing. The paper highlights the implications for healthcare systems and nursing practice, and evaluates policy initiatives, community-based interventions, and healthcare strategies to mitigate housing-related health disparities. Emphasis is placed on cross-sectoral collaboration, rural-specific solutions, and advocacy to promote equitable access to safe and affordable housing. Addressing housing insecurity through coordinated efforts of nursing and related disciplines is essential to improving population health and advancing health equity in Nova Scotia.

Keywords: Social Determinants of Health, Nova Scotia, Eastern Zone, Public Health, Housing Insecurity

Housing insecurity affects a growing number of Canadians every year, exacerbated by rising housing costs, limited affordable rental units, and competing economic pressures (Service-

Based Homelessness Count Report, 2021). This issue has become particularly visible in Nova Scotia, where the number of people experiencing homelessness has increased significantly. Since 2019, chronic homelessness in Nova Scotia has risen by approximately 700%, reflecting the severity of housing insecurity in the province (Jervis & Martin, 2025). These issues contribute to major health disparities and place increasing pressure on the healthcare system and providers. This paper examines the impact of housing insecurity on health and communities in Nova Scotia, particularly in the Eastern Zone, from the perspective of first-year nursing students, and the implications of this growing challenge for nursing practice, healthcare delivery, and cross-sectoral approaches to addressing it. The Eastern Nova Scotia Zone encompasses rural and underserved communities of Antigonish, Guysborough, and Cape Breton Island. To guide readers, the paper is organized into the following sections, which will discuss the housing insecurity and homelessness within the Eastern Zone, examining their significance as public health concerns and their implications for healthcare systems and nursing practice. It further evaluates current interventions, best practices, and policy-driven strategies to mitigate housing-related health disparities.

HOUSING INSECURITY AND HOMELESSNESS IN THE EASTERN ZONE CONTEXT

Like the rest of Nova Scotia and Canada, housing insecurity and homelessness in the Eastern zone of Nova Scotia have become an increasingly significant issue, reflecting broader structural challenges. A recent service-based count has identified that homelessness in the Eastern zone of Nova Scotia has grown significantly since 2021 (Service-Based Homelessness Count Report, 2021). In 2024, it was reported that 719 people aged 16 and older and 174 children in full-time or part-time care were experiencing housing instability in the Eastern Zone of Nova Scotia, for a total of 893 people without appropriate housing (Leviton-Reid et al., 2024). Research indicates that within this region, homelessness is often hidden, with many individuals staying with friends or family rather than living in shelters or on the street (Service-Based Homelessness Count Report, 2021). This type of provisionally accommodated homelessness may not be accurately captured in current reporting on homelessness. Similar patterns are identified in Western Nova Scotia, where service-based counts underestimate homelessness because individuals must be connected to services to be included, leaving many “hidden” cases uncounted (Sweatman, 2025).

Homelessness in the Eastern Zone is primarily associated with the ongoing rising cost of housing, low incomes, and shortages of affordable housing units (Service-Based Homelessness Count Report, 2021). Individuals experiencing homelessness report not only the limited availability of appropriate housing but also the increasing cost (Service-Based Homelessness Count Report, 2021). These structural drivers are consistent with findings from Western Nova Scotia, where a lack of affordable housing, insufficient income, and unmet basic needs—such as access to adequate heating—were commonly reported among those experiencing homelessness

(Sweatman, 2025). Specifically, in Antigonish as a university town, many houses are occupied by St. Francis Xavier University students, leaving fewer options for others. Economic factors, as well as the social determinants of health, significantly shape housing instability. The greater portion of people who experience homelessness are challenged with mental health, substance use, and family conflict, making obtaining appropriate housing more difficult (CBRM Housing Needs Assessment, 2025). Supporting this, research in Nova Scotia found that family conflict (19.4%), intimate partner violence (15.2%), and mental health challenges were among the leading causes of housing loss, highlighting the interconnected nature of homelessness and social vulnerability (Sweatman, 2025). Vulnerable populations such as Indigenous people, African Nova Scotians, and 2SLGBTQIA+ individuals are also disproportionately represented among those experiencing homelessness, which highlights broader social inequalities in the Cape Breton region (CBRM Housing Needs Assessment, 2025).

The rural geography of the Eastern Zone also presents challenges related to housing insecurity. With limited shelter infrastructure, limited transportation options, geographic isolation, and uneven access to social supports, it can be very difficult for individuals to obtain assistance in rural areas (Leviten-Reid et al., 2024). These barriers mirror findings in Western Nova Scotia, where transportation limitations and the need for decentralized, community-based services were identified as key obstacles to accessing housing and supports (Sweatman, 2025). The limited availability of emergency housing and shelter options in rural areas is attributable to insufficient resources, funding, and support from town councils (Service-Based Homelessness Count Report, 2021). In the Eastern Zone, Antigonish and Guysborough do not offer any emergency housing services. Similarly, communities in Western Nova Scotia reported that service providers are often stretched beyond capacity and face staffing shortages due to precarious funding, further limiting service availability (Sweatman, 2025). In turn, those providing support can find it challenging to accurately identify the whole picture of everyone's situation, highlighting the complexities of homelessness.

Furthermore, social dynamics in rural areas can make it more complex to find housing and navigate landlord-tenant relationships (Buck-McFadyen, 2022). For example, tenants in rural areas are especially reluctant to lodge complaints against landlords for inadequate maintenance (Phipps et al., 2021). Reports emphasize the need to expand affordable and supportive housing and to improve coordination among services (Leviten-Reid et al., 2024). Findings from Western Nova Scotia further underscore the importance of prevention-focused strategies, including stabilizing incomes, expanding mental health and addiction supports, and increasing the supply of affordable housing, defined as housing that costs less than 30% of household income (Sweatman, 2025). A tailored approach to local services, adapted to the rural context, is critical for enabling individuals experiencing housing insecurity to remain connected to social support from friends, relatives, and communities (Buck-McFadyen, 2022). Housing insecurity is a significant health issue that impacts health and well-being, as well as the healthcare system.

IMPACT OF HOUSING INSECURITY AS A PUBLIC HEALTH ISSUE

Health Impact

Lack of secure housing is a significant public health issue in Canada, as it contributes to significant health inequities and worsens both physical and mental health. Individuals facing housing instability have higher rates of morbidity and mortality from acute and chronic diseases (Lashley, 2024). Housing instability is also closely connected to higher rates of infectious disease, cardiovascular disease, diabetes, and psychiatric conditions (Draper et al., 2024). The impact of housing insecurity and inadequacy extends beyond homelessness and includes individuals living in precarious conditions, such as moldy environments and poorly insulated homes, which have been linked to poor health outcomes (Vásquez-Vera et al., 2019). These health disparities are often more difficult to manage due to barriers to care, including limited access to telehealth and family physicians, particularly in urban and rural Nova Scotia, which contribute to higher rates of hospitalizations (Draper et al., 2024). For example, individuals experiencing diabetes and homelessness experience significantly higher rates of hospitalization for chronic kidney disease and related conditions, including volume overload, hyperkalemia, and heart failure (Weins et al., 2025). Stress caused by eviction can lead to many physical health challenges, including poor mental health, suicidal ideation, increased risk of drug use, and educational challenges (Jervis & Martin, 2025).

Health disparities are further exacerbated when housing insecurity intersects with gaps in healthcare. This was especially evident during the COVID-19 pandemic, when the virus spread more widely among homeless populations (Doll et al., 2022). These populations were put at greater risk due to a lack of internet access with public library closures and added difficulty finding food, safe living arrangements, employment, and safe drug/alcohol supply (Doll et al., 2022). Economic and social pressures left many individuals with limited support options, resulting in estrangement from family and friends (Doll et al., 2022). Furthermore, the far-reaching consequences of the COVID-19 pandemic contributed to a substantial increase in housing instability, with homeless populations reportedly doubling during this period in Nova Scotia, which strains the healthcare system.

Healthcare System Strain and Relevance to Nursing Practice

Housing insecurity places considerable strain on Canadian healthcare, with nearly 30000 hospitalizations a year involving people experiencing homelessness, a number that is likely underestimated due to stigma and underreporting (Canadian Institute for Health Information [CIHI], 2024). Hospitalization stays are typically longer, increasing costs and heightening pressure on hospital bed capacity (CIHI, 2024). These numbers also do not include hospitalizations related to unsafe housing. Health disparities related to housing insecurity create significant strain on social and health community resources, further highlighting the need for more interventions and practices to assist those experiencing homelessness.

Nurses play an integral role in serving the community, especially when treating patients experiencing homelessness. A vital component of their role involves understanding medical and psychosocial problems as well as understanding the context and impact of homelessness (McWilliams et al., 2022). Nurses also serve as a resource for patients by providing information about health conditions, educating them, or referring them to local organizations. Furthermore, nurses must be able to recognize barriers to accessing care that their patients may face, such as a lack of health insurance, poverty, mistrust of providers, lack of transportation to and from appointments, lack of safe environments for recovery from illness, and inability to obtain and store necessary medications (Carmichael et al., 2023). McWilliams et al. (2022) found that nurses' attributes were the most influential factor in patients' access to care. The study found that respect, developing trust, and adopting a trauma-informed approach are critical when engaging with patients experiencing homelessness. McWilliams et al. suggest that once a therapeutic relationship is established, the nurse's skills and knowledge are vital factors in the patient's care. Carmichael et al. (2023) concurred with McWilliams et al. (2022) and concluded that homelessness is widely acknowledged as a critical social determinant of health, placing patients experiencing homelessness at heightened risk of inequitable access to care. To address these disparities, systemic reforms are necessary to improve access to mainstream primary health care. Such efforts should be complemented by investments in in-reach initiatives and the development of tailored, person-centred health services.

CURRENT INTERVENTIONS, BEST PRACTICES, AND RECOMMENDATIONS

This section examines the multifaceted landscape of current interventions, best practices, and evidence-based recommendations for addressing complex societal and health-related challenges. It highlights policy-based interventions and their role in shaping equitable and sustainable outcomes. Furthermore, it sheds light on the contributions of local community services and healthcare systems in delivering accessible and culturally responsive support. The discussion culminates in a synthesis of strategic approaches that integrate cross-sector collaboration and informed decision-making. Collectively, these perspectives provide a comprehensive framework for advancing effective and resilient interventions.

Policy-Based Intervention

Housing insecurity can be most effectively addressed with a coordinated, cross-sectoral approach. At the macro level, government housing policies and programs should be examined. In their commentary on the market-based housing policies used in Nova Scotia, Jervis and Martin (2025) explored current approaches, such as rent subsidies and government incentives, to generate “affordable housing”. They argue that these approaches may worsen homelessness by reinforcing profit-driven housing markets. Alternatives like public housing should be explored (Sweatman, 2025). Many reports discuss the effectiveness of rent cap policies introduced in 2020 and show that a loophole allows landlords to use fixed-term leases to avoid complying with the rent cap (Jervis & Martin, 2025; Mughees, n.d). Moving forward, closing loopholes in fixed-term

leases could remove one barrier to housing security for Nova Scotia tenants. As one case study suggests, implementing a proactive system for rental housing inspections could also be beneficial, particularly in rural areas where tenants may be afraid of the consequences of lodging complaints in a complaint-based system (Phipps et al., 2021).

Local Community Services Intervention

Rural communities like the Eastern Zone of Nova Scotia could also benefit from expanded transportation and local services. Transportation increases the amount of housing available to individuals, and local social services enable them to remain in their community, strengthening the social support available from relatives and friends (Buck & McFadyen, 2022). One of the most relevant interventions for the communities of Antigonish, Guysborough, and the surrounding areas is a resource called A Roof Over Your Head. This is a local organization that raises awareness of homelessness and supports people in need of safe, accessible, and affordable housing. People in need of housing can reach out to this organization to receive nonjudgmental assistance from a housing support worker who creates a personalized action plan tailored to the person's needs ("A Roof Over Your Head", 2026). Within the last year, A Roof Over Your Head helped around 700 people, whether through rent supplements, assistance with paperwork for legal issues, or information on resources that can address housing insecurity and the effects of homelessness. Access to services such as housing support workers or liaisons can help tenants secure housing and maintain positive relationships with landlords, which can be more difficult in rural areas (Buck & McFadyen, 2022; Government of Nova Scotia, 2021). Expanding local and governmental services and addressing the gap in local emergency or transitional housing options are integral to the approach to housing insecurity in the Eastern Zone.

Healthcare System Intervention

The healthcare system is also uniquely positioned to support those facing housing insecurity through relationship-building, screening, and connecting patients with community resources and educational supports (Carmichael, 2023). Paramount in providing this support is the therapeutic relationship that nurses and other healthcare providers build with patients. A trusting and supportive relationship may be a key factor for patients achieving housing stability and dealing with crisis (Draper et al., 2024). By providing education and training for primary healthcare workers on the structural issues that lead to housing insecurity, "victim blaming" can be reduced, fostering supportive relationships (Vásquez-Vera et al., 2019). The primary care setting also provides an opportunity to administer screenings that can help identify patients most at risk of housing insecurity (Vold et al., 2019; Russolillo, 2025). Russolillo (2025) notes gaps in current coding standards, noting that those at imminent risk of homelessness are not captured in reporting. By accurately screening the risk of homelessness, primary health workers can connect these patients with social resources, and primary prevention can be a larger focus. One study also emphasized the value of non-clinical prescribing. For example, primary care providers refer patients to community gardens, volunteering, or artistic activities, linking these to stronger social support systems essential for housing security (Vásquez-Vera et al., 2019).

Intervention Strategy

It is important to note that these interventions and recommendations require strong collaboration between sectors and communities. Effective policy change requires working with the government, healthcare, and social service sectors, as well as engaging those with lived experiences (Buck & McFadyen, 2022; Vásquez-Vera et al., 2019). There is also a need to improve research methods and data analysis to better inform the actions needed to address housing insecurity in Canada and the Eastern Zone. Research can be improved by interviewing more front-line workers or by considering research methods that better capture the experiences of people experiencing homelessness (Draper et al., 2024; Lashley, 2024). Data insights can be improved by linking existing cross-sectoral databases with health, housing, and social services information (Russolillo, 2025).

CONCLUSION

Housing insecurity remains a significant public health concern, contributing to poor health outcomes, increased healthcare utilization, and social inequities. Individuals experiencing housing insecurity face complex and interconnected challenges, including mental and physical health concerns, as well as barriers to accessing care. These challenges place increased strain on hospitals, healthcare providers, and community services. In Nova Scotia's Eastern zone, limited infrastructure and resources contribute to the heightened pressure on the healthcare system. Nurses play a vital role in addressing these challenges through compassionate care, advocacy, health education, and the development of therapeutic relationships. Recognizing the effects of the social determinants of health is essential in providing effective and equitable care. Canada has declared housing as a basic human right, but it is not treated as such; affordable housing options and support for this issue fall short, especially in the Eastern Zone of Nova Scotia and small communities. Addressing housing insecurity in the Eastern Zone requires a coordinated, cross-sectoral approach, with local supports that enable people to remain in rural communities where they can access the social support systems essential to health.

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