



Saskatoon
Community
Clinic

Housing Backgrounder

The Saskatoon Context

- Between 2005 and 2009, Saskatoon's population **increased 5% from 209,047 to 218,849**. During the same time period, the supply of purpose-built rental apartment units **declined 16% from 15,171 to 12,813**. (Source: Saskatchewan Health Covered Population, Saskatoon and CMHC Rental Market Report, Fall 2005-2009)
- Though up somewhat from its low of 0.6% in 2007, Saskatoon's rental vacancy rate is still near historic lows at 2.6% (Source: CMHC Rental Market Report, Fall 2010)
- Between 2005 and 2009, the average monthly rent for an apartment rose from \$536 to \$827—a 59% increase. The median purchase price of a home in this same period increased by 91% from \$136,286 to \$260,539. During this period, the median household income increased by only 36%. Growth in the cost of housing is outstripping growth in household income. (Source: CMHC Rental Market Report, Fall 2005-2009; City of Saskatoon Assessor's Office; and Generation5 SuperCensus estimates)
- In 2006, 9% of rented households were considered overcrowded, meaning they have an inadequate number of bedrooms for the number of residents. (Source: State of Saskatoon Housing Update Report 2006)
- 3,130 Saskatoon households are experiencing "Housing Vulnerability" (i.e. low-moderate income households spending 50% or more of household income on rent) and are "at risk" of homelessness. This is a greater number than the total existing number of housing units for low-income families listed above. (Source: Canada's hidden emergency. Toronto: Research Alliance for Canadian Homelessness, Housing, and Health; November 2010 using data from CMHC [census-based housing indicators and data, 2006])
- In May 2008, a homeless count conducted by the Community-University Institute for Social Research (CUISR) found 228 adults and 32 children as being homeless in Saskatoon. This count did not include the "hidden homeless" (estimated to number around 6,000) or the estimated 30,000 who are considered "at risk" of homelessness. (Source: Count of Saskatoon's Homeless Population: Research Findings, CUISR 2008 and City of Saskatoon estimates)

Actions You Can Take:

1. Write to the Mayor and your Ward Councilor asking City Council to officially affirm its endorsement of the Federation of Canadian Municipalities 2008 Recommendations for a National Action Plan on Housing and Homelessness and to hold a press conference asking the provincial and federal governments to act in accordance with the FCM's recommendations.
2. Write to the Premier and your MLA asking the provincial government to work with the federal government and municipalities in Saskatchewan to implement a "Housing First" program in Saskatchewan's cities and to undertake its responsibilities as outlined in the FCM's 2008 report and in the Wellesley Institute's 2010 report, Vision 2020: Toward a National Housing Plan.
3. Write to the Prime Minister and your MP asking the federal government to pass Bill C-304: A National Housing Strategy for Canada and to undertake its responsibilities as outlined in the FCM's 2008 report and in the Wellesley Institute's 2010 report, Vision 2020: Toward a National Housing Plan.
4. Support local housing groups such as Passion for Action Against Homelessness, local shelters and other low- and moderate-income housing providers.

Viable Solutions

The Saskatoon Community Clinic supports the Federation of Canadian Municipalities (FCM) 2008 National Action Plan on Housing and Homelessness. The following principles guide that plan:

- Build on our affordable housing legacies as a country that cares
- A housed population is a productive and secure population
- Housing is an essential component in the creation of health, well-functioning neighbourhoods/communities
- Housing is by nature multi-jurisdictional and requires the ongoing participation of all orders of government, together with the private and non-governmental organizational community sectors
- Resources and action are required in all communities to reach every Canadian family and individual
- Actions and funding must be long-term, predictable and sustained
- Housing assistance is effectively a form of income redistribution and should be funded through progressive income tax revenues, not through municipal property taxes

The Federation is proposing 10 year targets, with specific action plans to

1. Preserve and enhance existing housing assets;
2. Reduce homelessness and the number of people needing housing; and
3. To expand the supply of affordable housing necessary to meet existing and future needs.

A Solution for Homelessness

The Federation of Canadian Municipalities' goal is to end chronic homelessness in 10 years. They recommend a "housing first" model which stabilizes underlying health and social issues that contribute to chronic homelessness.

This model, has been adopted successfully in over 40 U.S. cities and at least three Canadian cities. It expands the availability of affordable housing by increasing coordination between those working with the homeless, such as health and social agencies, to ensure secure, decent and affordable housing is available for immediate placement when a family or individual enters an emergency shelter. Those agencies continue to work with the individual once housing is obtained so that the individual remains in the housing over the long-term.

Research from Toronto's implementation of the housing first model (called the Street to Homes program) found that after three years almost 90% of the over 1,800 people who used that program were still housed. 70% reported improvements in physical health, 57% in mental health, 63% in food quality, 69% in sleeping, 72% in personal safety, 60% decreased stress level (De Jong, 2008). The housing first model recognizes the centrality of housing to health and quality of life. Without housing first, investments in the treatment of health issues achieve lower outcomes and public spending on emergency services such as care in hospital emergency wards, psychiatric facilities, police and ambulance services is unnecessarily high. Secure, decent and affordable housing is at the centre of everything.

For more information about the solutions discussed here visit www.fcm.ca and www.wellesleyinstitute.com.

The Facts on Housing and Health

- It is 4-10 times more costly per day to deal with homelessness as an “emergency” than it is to provide secure, decent and affordable housing to those who are homeless (De Jong, 2008; FCM, 2008, Walker and Carter, 2010).
- Support services for mental and physical health and additions are generally ineffective for homeless people due to the overwhelming stress caused by being homeless. Providing “housing first” makes more financial sense, and has better health outcomes than “treatment first.”
- Poor state of housing repair, overcrowding, residential mobility for reasons not chosen by the household, rent and utilities higher than 30% of monthly income, and insecure housing tenure are predictors of poor physical and mental health (Dunn, 2000).
- When secure, decent and affordable, a “home” provides for continuity, privacy, control, space for self-expression, maintaining social networks and reproduction of personal and family values (Walker and Carter, 2010).
- The Canada Health Act was introduced “to protect, promote, and restore the physical and mental well-being of residents in Canada.” Without secure, decent and affordable housing, Canadian households are not realizing this basic standard of health (Canada Health Act, 1984; Research Alliance for Canadian Homelessness, Housing and Health, 2010).
- Research done in Vancouver, Toronto and Ottawa shows that the major disparity in physical and mental health outcomes is not between those who are homeless and those who are housed. The major disparity is between those who have secure, decent and affordable housing and those who are vulnerably housed or homeless (Research Alliance for Canadian Homelessness, Housing and Health, 2010).
- Canadian research done in 2009 showed that people without secure, decent and affordable housing had an average lifespan of 7-10 years shorter than the general population. The study found that poorly housed men have the same chance of living to age 75 as an average man in 1921 before antibiotics were available. It also found that poorly housed women are 6 times more likely to commit suicide (Hwang et al., 2009)



Write to our elected officials telling them we need more affordable housing now!

Federal	The Right Honourable Stephen Harper Prime Minister of Canada House of Commons Ottawa ON K1A 0A6 Harper.s@parl.gc.ca	The Honourable Leona Aglukkaq Minister of Health House of Commons Ottawa ON K1A 0A6 Aglukkaq.l@parl.gc.ca	The Honourable Diane Finley Minister of Human Resources and Skills Development House of Commons Ottawa ON K1A 0A6 Finley.d@parl.gc.ca
	The Honourable Brad Wall Premier of Saskatchewan 226 Legislative Building 2405 Legislative Drive Regina SK S4S 0B3 premier@gov.sk.ca	The Honourable Don McMorris Minister of Health Room 302, Legislative Building 2405 Legislative Drive Regina SK S4S 0B3 minister.he@gov.sk.ca	The Honourable June Draude Minister of Social Services Room 346, Legislative Building 2405 Legislative Drive Regina SK S4S 0B3 minister.ss@gov.sk.ca

Copy your letters to your local MP and MLA. Contact information is in blue pages of the phone book.



The Saskatoon Community Clinic thanks the City of Saskatoon, Planning and Development Branch for its contribution of data provided under “The Saskatoon Context” and the University of Saskatchewan, Regional and Urban Planning Program for the information provided under “A Solution for Homelessness” and “The Facts on Housing and Health.”



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