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Brief on Housing Policy

Submitted to the Government of Saskatchewan

Task Force on Housing Affordability

May 15, 2008

Community Health Services (Saskatoon) Association Ltd.
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Health and the housing crisis

Secure housing is essential for well being. Almost every problem in the daily lives of people facing difficulties and disadvantages is more tractable if home is a secure, affordable, and healthy place. Almost every problem, from the challenges of unemployment and single parenthood, to the trials of mental illness or addiction, is exacerbated when the basic physical and psychic need for shelter is insecure.

We are a community-based cooperative health care provider. Our focus is on the way in which the current crisis in affordable housing affects the health of individuals and families. Our starting point is the World Health Organization (WHO) *Charter for Health Promotion*, which recognizes shelter as a basic prerequisite for health. But this proposition should not be interpreted narrowly. It is important to remember that lack of secure housing affects all aspects of the lives of those who are denied it. Housing is closely linked to education, employment, and community stability as well as health. These factors interact and reinforce one another. What is becoming increasingly clear is that secure housing is an essential part of any effective program that addresses the issues facing disadvantaged citizens. Housing is a key determinant of the outcome of urban social redevelopment programs.

It is not our purpose here to document the current housing problem in Saskatchewan. But there can be no doubt that the housing situation for disadvantaged citizens has become a crisis. In August, 2007, Cheryl Loadman, President of our Association, responded to what we believed to be an inadequate response from the Provincial government to the growing problem with this observation:

We see the effects of inadequate housing on our clients everyday. Shelter is a basic human need. Both physical well being and mental health are affected by the safety and security of accessible and affordable accommodation. People in this community, be they social assistance recipients, seniors or students, are having to redirect their living expenses including food money because of the current housing crisis.

Eight months have done little to change this situation. The City of Saskatoon has estimated a short fall of affordable housing of 3,500 units, and the Food Bank estimated that 25% of its clients would need emergency housing last winter.

The problem is not just one of homelessness, of people living on the street, though that does happen all too frequently in Saskatoon. At *The Social determinants of Health Across the Life-*

span Conference (Toronto, 2002), the focus was appropriately placed on “housing insecurity” and the “core need” for “secure housing”:

Housing insecurity can be determined by various indicators, including the number of people who sleep in the streets, use temporary shelters, live in substandard dwellings, and who spend more than 30% of their income on housing. Canada Mortgage and Housing Corporation (CMHC) uses the term ‘core need’ to track the number of households unable to access adequate rental accommodation in their community. The term measures affordability, suitability of accommodation and adequacy. Increasing evidence shows that households with core housing needs face one or more of the following issues:

- *Affordability.* They spend more than 30% of their gross income on housing.
- *Suitability.* They live in overcrowded conditions, i.e., household size and composition exceeds their actual home space requirements.
- *Adequacy.* Their homes lack full bathroom facilities, or require significant repairs.

A recent study by Professor Ryan Williams of the University of Saskatchewan found that 12% of Aboriginal people and 5% of other residents of Saskatoon live in housing in need of major repair to make it healthy and safe. More than 50% of Aboriginal households in Saskatoon pay more than 30% of income for housing. Many pay more than 50%. In fact, the ways in which people cope with the housing shortage may hide part of the problem, particularly in the Aboriginal community, with its strong tradition of extended family. When we asked clients at our Westside Clinic to share their experiences, we were told of homeless people shunted from one agency to another on a winter’s night, ending up seeking warmth in a hospital emergency department waiting room. But we also told of single mothers, unable to find accommodation for their children that meet Family Services requirements, who stayed off the streets by moving into already crowded apartments with relatives, or by giving up employment in the City to return to substandard and crowded housing on the Reserve. Williams found that Aboriginal people in Saskatoon are nine times as likely as others to be living in overcrowded conditions.

Nor does the fact that the Saskatchewan economy is growing, even booming for some, alleviate the problem. In fact, the housing crisis is in part a product of the boom. Although unemployment rates have fallen, and wages have increased, economic activity and population growth have driven up rents, and driven down vacancy rates. Private sector investment in affordable accommodation has lagged; apparently, a higher return on investment can be had from construction of up-scale homes and gentrification of existing rental housing by condominium conversion. Many clients of the Westside Clinic report that their housing problems became acute at the time when condo conversions began in west side neighbourhoods. Rent, even when adequate accommodations can be found, is increasingly difficult to afford. Seniors on fixed incomes and people with disabilities, many of whom rely on Social Assistance, are most affected. Condo conversion in the downtown area has been particularly hard on seniors, who are often forced into neighbourhoods where shopping and health care are less accessible.

The housing problems of disadvantaged citizens are not new, but the housing shortage has made

them worse. Landlords who are inclined to discriminate against Aboriginals and visible minorities are more likely to do so when vacancy rates drop below 1%. Waiting lists for secure accommodation in public housing and Saskatchewan Native Housing units have grown to thousands. There are even fewer choices for people with special needs than in the past. One of the saddest stories we heard was told by a woman suffering from a mental illness whose cat has become an important source of stability in her life. Even armed with a letter from her doctor describing the cat as “therapeutic companion,” she is no longer able to find accommodation that would accept her cat. The insecurity created by this experience led to hospitalization.

The housing crisis also underlines lack of adequate coordination between housing, health, education, and social services. The efforts of health care providers are too often undermined by compartmentalization and lack of coordination, but even more often by inadequate resources to facilitate effective collaboration. Too often, it is housing insecurity that most obviously undermines the work of health care providers, educators, and social workers. We were told of recovering addicts who have been forced to take addicts as roommates, exposing them to a lifestyle and insecurity almost calculated to trigger a relapse. We learned of children forced to move three or four times during the school year in pursuit of shelter. Educators suggest that every time a student changes school, a month of learning is lost.

The way in which housing insecurity can undermine the best efforts of the health care system is graphically illustrated by the story we heard from a young woman who had received an organ transplant. Here was what should have been an example of the success of our universal medicare program. Here was a woman who had received literally hundreds of thousands of dollars of life-saving health care. But since leaving the hospital she has been at risk. She has been unable to find secure accommodation, and has moved between substandard housing and sharing crowded quarters with family and friends. For a time, she returned to her Reserve, but housing is crowded there, and she was far from the specialized health care she still required on a regular basis. Our society can provide her with health care, but seems unable to make available the secure housing necessary to protect her health.

Housing insecurity perhaps has its most direct and obvious impact on the health of people with mental illness. We heard too many stories of people whose ability to cope with the stresses of daily life has been compromised, and who are placed at risk of remission by housing insecurity.

As participants in *The Social Determinants of Health Across the Life-span Conference* observed:

The health sector has an obligation to address the health and long-term care needs of individuals and families who are homeless or live in inadequate housing. This is particularly important for Canadians with mental health, substance abuse and chronic health problems. More importantly, the sector needs to convince political systems to consider the social determinants of health in general and housing in particular as essential components of the policy making process.

The human costs of failure to come to grips with the housing crisis are immense. The part of this cost that can be measured in dollars will be passed on to taxpayers. In our discussions with people facing the grim reality of the housing crisis, we were told of a wide range of problems,

but almost all of them pointed to failing or inadequate programs and the failure of policy makers to recognize that secure housing is a foundation for community development and renewal. We were told of issues beyond the control of the individuals caught in them, problems that made coping with daily trials so difficult that even the strongest and most determined could hardly avoid depression and despair. That so many people we talked with are strong enough not to give up is remarkable; that many are not is hardly surprising.

The impact of insecure housing on health

It is only recently that researchers and policy-makers have focused on housing as an important determinant of health. But the importance of secure housing in a healthy lifestyle has long been obvious to health care workers and social workers. One study found that “in the United States, being homeless can shorten life expectancy by 20 years.” But people living on the streets are not the only ones at risk. Inadequate housing contributes to health problems in a numerous ways. Some of the risk factors are clear and obvious.

Nutrition. We were told time and again of the hard choice too many families have to make between paying the rent and buying food. Although the failure of social assistance rates to keep up with rent increases in Saskatoon has exacerbated this problem in our city, it is almost always an issue when affordable housing is in short supply. *The Social Determinants of Health Across the Life-span Conference* reported that

When rents are unaffordable, it is difficult to cover other necessities such as food, thereby contributing directly to food insecurity. When families spend more than 50% of income on housing, it significantly reduces amounts that can be spent on recreation, food, and other social determinants of health.

Crowding that makes food preparation and meal planning difficult no doubt adds to the problem, as does the shortage of full-service grocery stores in core neighbourhoods. The effect on nutrition, particularly of children, is obvious. The housing crisis makes it difficult to escape the pitfalls of “Kraft dinner and fast food” cuisine.

Safety. We were told of substandard housing conditions that pose immediate threats to tenants: Mold-infested basements, defective toilets that frequently back up, stairs in need of repair.

Infectious diseases. The Westside Clinic has noted that as housing problems have become more acute, there appears to be an increased incidence of infectious diseases associated with crowding, unsanitary conditions, and inadequate shelter. Lice, bedbugs, MRSA, and TB are all associated with inadequate housing in Saskatoon. Once again, this mirrors experience elsewhere. *The Social Determinants of Health Across the Life-span Conference* was told that

For those who experienced overcrowded housing conditions in childhood to age 11, there was an increased likelihood of experiencing infectious disease. In adulthood, overcrowding is linked to an increased likelihood of respiratory disease.

A recent study for the Saskatoon Health Region found that vaccination rates are much lower in core neighbourhoods than elsewhere. While Saskatchewan has an excellent system for tracking childhood immunization, this system is vulnerable when children change schools and addresses frequently. Frequent moves also reduce continuity in health care.

Mental health and addiction. The way in which the housing crisis undermines health care is perhaps clearest when the plight of people with mental health problems is considered. Secure and stable living conditions can make the difference between recovery or relapse for people struggling with mental health problems or addictions. Time and again, we heard variations on a recurring theme: Dislocation and insecurity contributing to an acute episode. A typical story was that of a man whose apartment was slated to be “condo-ized.” His anxiety level rose and his ability to cope fell as his search for alternative accommodation failed. Social Services, apparently unable to find a placement for him, suggested he move in with his family which in fact refused to take him. Time and again, we heard of recovering addicts who were forced back into the drug culture because they could find no other accommodation.

The effect of the housing crisis on mental health is both pernicious and pervasive, affecting everyone it touches. It has been observed that “living in substandard housing and poor neighbourhoods affected children directly and indirectly, since increased stress is related to their parents’ financial and psychosocial distress.” We were told by social workers that they believe crowding and stress are contributing to spouse and elder abuse.

These impacts on health reinforce one another and combine with other environmental factors. The result, as a recent British study concluded, is that housing plays “a significant and independent role in health outcomes,” affecting the general health of people. The study found that “greater housing deprivation showed a dose response relationship to severe/moderate ill health at age 33.” Thus, for example, other studies have shown that

People who used hostels, bed and breakfast accommodation, day centres and soup runs were more likely than the general population to have musculoskeletal and chronic breathing problems, headaches and seizures.

A Recent Toronto study found that

homeless people had a much higher risk than the general population for many chronic conditions, including respiratory diseases, arthritis, rheumatism, high blood pressure, asthma, epilepsy and diabetes.

The way ahead: Perspectives on solutions

The housing problem in Saskatchewan has been growing for a long time, but has now become a crisis. Ironically, it is the booming provincial economy that has pushed the problem into crisis. Increased rents, redevelopment, and gentrification have all contributed to the growing problem.

Unfortunately, neither government through social assistance and other programs, nor the private sector through investment in affordable housing, have responded to the magnitude of the crisis. Circumstances have changed so quickly that policy makers have been taken by surprise, but the time has now come for real action. We owe it to those who have not been able to benefit from the economic boom to address the problem the boom itself created for them. In addition, there can be very little doubt that failure to act will generate greater social costs in the long run than ignoring the issues will save in the short run.

Although the magnitude of the problem, and its deep social and economic roots, may seem discouraging, there are solutions. What is required is the will to implement effective programs, and the money to do so. With the right programs, the cost is manageable. In 1999, the Toronto Disaster Relief Committee developed “the One Per Cent Solution to end the housing and homelessness crisis.” The TDRC argues that if all governments increased their spending on housing by 1% of overall spending, the homelessness crisis could be eliminated in five years.

Professor Williams is optimistic, despite the grim picture he has painted of Aboriginal housing in Saskatchewan. He points to successes, particularly projects initiated by the Saskatchewan Native Housing Authority. These successful programs have been limited only by lack of sufficient funding to meet the growing need.

Recommendations:

In our opinion, an effective secure and affordable housing strategy will include two essential elements:

1. *An adequate supply of affordable housing.* As the American social activist Sen. Patrick Moynihan famously observed, “what the poor need is money.” The first, and absolutely essential, requirement of an effective housing program is investment in affordable housing. Since the Federal government largely abandoned funding social housing in the 1990s, there has been a consistent shortfall in construction of affordable housing. In 2001, the Federal and Provincial governments committed to building more social housing, and the province of Saskatchewan has modestly increased funding. But performance has fallen far short of the promise, and the need.

The rudiments of a basic strategy to increase the supply of affordable housing have been outlined by the Federation of Canadian Municipalities (2000):

A healthy housing sector should have four components: rental housing; ownership housing; social housing with mixed incomes; and support for people with special needs to enable them to live independently. The FCM team devised a framework for a National Affordable Housing Strategy to promote affordable, new and existing housing. The strategy consists of the following programs:

- A flexible capital grant program: a locally designed and administered program of housing initiatives financed by federal or joint federal/provincial/territorial capital fund.

- A private rental program to stimulate private rental production.
- Investment pools of money to create affordable housing by attracting new funding for the development, acquisition or rehabilitation of affordable housing.
- Provincially administered income supplement programs to assist tenants who cannot afford private market rents. The program would complement capital grants to reach those most in need.

Although the FCM program appropriately includes private investment in affordable housing, the hard fact is that, as *The Social Determinants of Health Across the Life-span Conference* reported,

There is no motivation for the private sector to provide affordable housing to Canadians with low incomes who are likely to be lifelong renters. . . . The private market cannot be expected to meet the needs of citizens who cannot afford to purchase private goods and services.

Significant public investment is an unavoidable necessity.

2. *Integration of housing and other programs.* As we interviewed health care workers and clients, it became increasingly clear to us that housing is a key determinant of the outcome of urban social redevelopment programs. Secure housing is an essential part of any effective program that addresses the issues facing disadvantaged citizens. Without secure housing, even otherwise well designed health, education, employment, and rehabilitation programs are apt to fail. Housing is a key to successful programs in other areas.

We are impressed by the Portland, Oregon secure housing program that is serving as a model for a new initiative in Victoria, British Columbia. The Portland program takes “housing first” as its starting point. The priority is to find secure housing for families and individuals in need. Other services, such as health care and rehabilitation, are provided in conjunction with housing.

The successful Saskatchewan Native Housing programs discussed by Professor Williams are also based on the notion of integrated services. Secure housing is combined with education, employment, and rehabilitation programs.

These models contrast with what often happens in practice in Saskatchewan at present. As the experience of our clients shows, health, social services, rehabilitation, and education programs all too often end up undermining each other — and it is all too often housing problems that generate the conflict.

While there is no magic bullet that will completely solve the housing crisis, let alone the deep socioeconomic ills that underlie it, there is much that can be done to reduce the human cost and

suffering the crisis is generating. The approaches outlined here are practical, workable alternatives to the present policy drift that seems to have paralyzed all levels of government. They are components of programs that have proved successful elsewhere. What is required is not more study or more pilot projects. What is needed is the will to fund and implement programs that will make a real difference.

Community Health Services (Saskatoon) Association Ltd. a membership based co-operative, established in 1962, provides primary health care services to approximately 20,000 residents of Saskatoon and surrounding communities. Our multi-disciplinary, salaried, primary health care team of 175 works from three sites: the Saskatoon Community Clinic on 2nd Avenue, Community Clinic – Westside on 20th Street and the Delisle Health Centre.

We put people in charge of their own health care through our community governance model, by involving clients in program planning and evaluation, through health and social policy advocacy and by offering services that are responsive to the needs of the community.

This Brief on Housing Policy was written by members of the Association for submission to the Government of Saskatchewan's Task Force on Housing Affordability (2008). It was developed in consultation with clients and staff. Community Clinic health care professionals involved in the consultation included: physicians, nurse practitioners, primary care nurses, mental health counselors, social workers, seniors counselors, Aboriginal health workers and Administrative personnel at our 2nd Avenue and Westside Clinic locations.

Visit www.saskatooncommunityclinic.ca for more information about the mission, values and services offered by the Association.

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Did You Know?

- Community Health Services (Saskatoon) Association was founded in 1962 by pro-Medicare doctors and citizens. The Association sponsors the Saskatoon Community Clinic. It is one of five similar Associations in Saskatchewan united under the Community Health Co-operative Federation.

- The Community Health Services (Saskatoon) Association has approximately 4,500 member households representing close to 10,000 adult members. Most members live in Saskatoon and the surrounding rural areas.

- Close to one hundred and sixty staff are employed by the Association. They work out of four sites located at 2nd Avenue, 1st Avenue and 20th Street West. The Clinic also provides physician and laboratory services to the Delisle Primary Health Centre.

- The Clinic's annual operating budget is approximately \$10 million, the majority of which comes from Saskatchewan Health. Additional funds are received from other government sources, fee-for-service and member fees. Some Clinic programs are also funded through donations received through the Saskatoon Community Clinic Foundation.

- The Saskatoon Community Clinic Foundation, founded in 1968, is a registered charity established to provide funds for health research, equipment, the provision of programs at the Community Clinic and support for new and innovative projects.

Vision

Healthy individuals in a healthy community.

Our vision is a world where communities, families and individuals experience optimal conditions for health through all stages of life, actively pursue and manage their own health, and are supported by a publicly administered health care system offering high quality primary health services provided by an integrated and innovative health care team.

Mission

Excellence in co-operative primary health care. We:

- Enhance health and well-being through leadership and excellence in people-centred primary health care.
- Ensure access to the health services people need by creating effective and co-operative partnerships between members of the community, interdisciplinary health service providers, and other health-promoting organizations.
- Engage people in deciding about their care and in planning and evaluating community health services.
- Advocate for publicly-funded health care and for the conditions that lead to optimal individual, community and population health.

Values

We believe:

- People who use our health services should help decide what our services will be and how our services will be offered to the community.
- People's health needs are best met by an active partnership between the people who use health services and people who offer them.
- Co-operative community clinics, run by the people from the community, are an ideal way to provide health services.
- Health care services people need should be: universal; accessible; comprehensive; portable; and publicly administered.
- When health care providers work together as a team, our users benefit.
- People have a responsibility and a right to support and control their own health. Our role is to support them to act on their responsibility and right.
- Social and economic factors such as racism and poverty can profoundly compromise the health of the people we serve. We will act socially and politically to eliminate the negative effects of these factors on people's health.
- People should have equal opportunity to achieve health and well-being. They should also have equal opportunity to receive health services according to their needs.
- We must make responsible use of the public and member funds provided to support our services by ensuring they are used effectively, economically and efficiently.
- We need to dedicate ourselves to ensuring our services are accessible to all individuals and groups in need of them in our community.