



**Follow-up to Policy or Initiative Options
in the Health Disparity in Saskatoon Report**

**Recommendations for Action in our Community
Working Document**

prepared on behalf of the
Saskatoon Regional Intersectoral Committee (SRIC)

November 6 2009



Introduction

This is a landmark year in Saskatoon. We have seen tremendous growth in our community, in our economy, and in our housing market. We have also continued to experience tremendous disparity in health and well-being across our community. Saskatoon is not unique in this respect, as other reports released this year have highlighted similar concerns across Canada and internationally.

Momentum has been building over the past few years for creating a meaningful, inclusive and concrete local plan to impact our community's well-being. Business people, community based organizations, government, faith communities, researchers, and people living in poverty agree that we need to work together, across our differences to find sustainable solutions and build a vibrant community.

The Community-University Institute for Social Research (CUISR) has been facilitating quality of life and poverty reduction plan for the last few years. During 2008, and with the support of the United Way of Saskatoon and Area, a poverty working group was formed with representation from United Way, CUISR, Saskatoon Health Region, the Anti-Poverty Coalition, West Side Community Clinic, SOS, and citizens. This poverty working group organized a "design charrette" (an architectural term for an intense period of design activity) with the intent of taking action on collaborative strategies. Over 100 people came together for 2½ days, demonstrating organizational and personal passions and interests in this area.

Locally, the Health Disparity in Saskatoon Report: Analysis to Intervention (2008) urged for action based on what we can learn from our European counterparts. Through analysis of these policy or initiative options, the Saskatoon Regional Intersectoral Committee (SRIC) agreed upon three areas of focus for 2009 – 2010: poverty reduction, Aboriginal employment, and housing and homelessness.

The SRIC is comprised of regional directors of government departments and senior leaders from other organizations in Saskatoon and area. Our role is to bring together partners and be a catalyst for action. We are facilitating, with the support of a sub-committee, the development of a community action plan to reduce poverty in Saskatoon. Working together with a diverse set of organizations and individuals, we will determine where there is community support and agreement for

Quick Facts from the Saskatoon Health Status Report (2008)

17.7% of people in Saskatoon (more than 35,000) live below the Low Income Cut Off (LICO) point

27.4% of children live below the LICO compared to 17.7% of general population

Lone parent families are 2 times greater in the core neighbourhoods than in the rest of Saskatoon

66.2% have high school in core neighbourhoods compared to 84.9% in the rest of the health region

Housing prices increased 50% from 2006-2007

Rental units decreased from 31,000 to 29,000 between Sept 2006 and Sept 2007

Rental prices have increased ahead of people's ability to pay that includes not only people on Social Assistance but also low income seniors and the working poor.

Low-income residents in Saskatoon consume an extra \$179 million in annual healthcare costs than if they were middle income

Unemployment is more than twice as high in core neighborhoods - 4% in Saskatoon as a whole compared to 10.9% in the core neighbourhoods

selected policies and initiatives, and stimulate action on these policies and initiatives. The desired output from this process is to develop a collaborative action plan to reduce poverty in Saskatoon, supported by diverse sectors in our community.

This document (*Recommendations for Action in our Community*) is a synthesis of what

Quick Facts from the Ministry of Social Services (2009)
Social assistance recipients have decreased over the last 10 years (between 1995-96 and 2005-06): <ul style="list-style-type: none">• 31% overall• 40% decrease in short term cases• 21% decrease in long term cases over 10 year period from 1995-1996 to 2005-2006
Most new entrants to the system are off social assistance in six months
62% of people on social assistance are employable without a disability
Long term cases (on social assistance for greater than two years) are made up largely of those with disabilities (72%) with substantial barriers to employment related to disability or medical conditions
Chronic cases (those who cycle between being on and off assistance) make up a small percentage of social assistance users (20%)
Single moms are at greatest risk of becoming chronic users (over 25%) - especially young aboriginal women

we've heard from our community about the Health Disparity Report policy or initiative options, where there is support and agreement, where there are questions or concerns, and where there are gaps. This document also puts forward a starting place for action, based on where we have seen common ground. On November 24th, key organizations and leaders are invited to come together to discuss, validate, and resource our next steps. Our community has the ideas, and our community has the will. Now we need to execute these for tangible results.

The date of the November 24th gathering is especially significant as it will be 20 years ago on this day that members of our Canadian parliament voted unanimously to end child poverty by 2000. Despite some of our best efforts Saskatchewan has the second highest rate of child poverty in Canada.

We are at a tipping point in our community where we can make a difference together. Our tipping point is possible because we have more general public awareness about the issues, a strong cross-sector commitment to make a difference, a more focused effort and new resources in the health sector to deal with health inequities, and clear qualitative and quantitative data that demonstrates the link between poverty and community health.

Process

In January 2009, the SRIC assigned a sub-committee of its members to facilitate the development of a community action plan to reduce poverty. The Health Promotion Department (on behalf of the Saskatoon Health Region), CUISR, and the United Way designed and implemented a process that would build on the evidence-based options or initiatives presented in the Health Disparity Report, on the Charrette, and on the many other initiatives in our community. We searched for evidence locally and from other communities across Canada, and we led dialogue sessions with community stakeholders.

Since September 2009, we have been supported by a diverse advisory team (membership described in Appendix B), and three work groups. One work group led the analysis of the policy or initiative options, the second is planning the logistics and

facilitation for November 24th, and the third is building organizational readiness for the recommended actions presented in this document.

Evidence

To develop the action plan we drew from an evidence base that includes 1) evaluated practices (sometimes referred to as “best practices”), 2) provider experiences (including service providers, organizations, and other communities), and 3) lived experiences. A list of the print resources we used is found in Appendix D.

What is being done here and elsewhere

We wanted to keep bringing together the pieces that have connected this community conversation, and to move people along a leadership continuum on this issue. We explored what actions and initiatives are already in place to reduce poverty in our community, what dialogue has already taken place, and reviewed frameworks being used elsewhere.

The Health Disparity Report contains a largely European perspective and mostly evaluated practice; the poverty reduction plans from other areas (Canada, the US, Australia, Brazil) are descriptive and don't comment on whether the programs have been evaluated or not.

Design Charrette

The Charrette was a key event in our community related to these issues. The people who participated are those that live here and believe this topic is important, and we felt we needed to honour that process. The value of the Charrette was in building relationships and sharing, to develop ideas for action, and to find out where there is energy for action.

In addition to including the information collected at the event and in subsequent work as part of our data set, the Charrette also helped determine with whom we needed to meet in separate dialogue. We sought to provide additional support by widening and deepening the conversations that took place at the Charrette. Based on our sector analysis (see next paragraph) and those who participated in the Charrette, we identified where voices were quieter and we created further opportunities for dialogue.

Dialogue sessions with key audiences

Our sector analysis identified partners and participants, based on others' experience with these kinds of initiatives, important to our action planning process:

- Aboriginal formal and informal leaders
- Community based organizations
- Faith based organizations
- Interested community members
- Labour organizations
- Local business leaders
- People with lived experience with poverty
- Youth

Based on the review of participation in the Charrette, we identified the need for further dialogue with people with lived experience with poverty, Aboriginal formal and informal leaders, local business leaders, and youth.

“Let’s Talk About Our Path to Change” was a facilitated process that involved three gatherings equivalent to 1.5 days. Ten participants, all with lived experience with poverty, were provided a safe place to tell their stories and participate in a discussion around systems change.

Shirley Isbister from Central Urban Metis Federation Inc. (CUMFI) convened a dialogue with Aboriginal formal and informal leaders. We also tried to connect separately with Strengthening the Circle, CUMFI, Building Health Equity, FSIN, Saskatoon Tribal Council, Metis Nation of Saskatchewan, and the United Way Aboriginal Advisory Group. “Let’s Talk About Our Path to Change” (described in previous paragraph) included primarily Aboriginal participants, current and potential informal leaders.

We have met several times with Ted Cardwell, John Cross, and Fred Smith from the local business community. They are convening a dialogue with local business leaders to take place on November 16th.

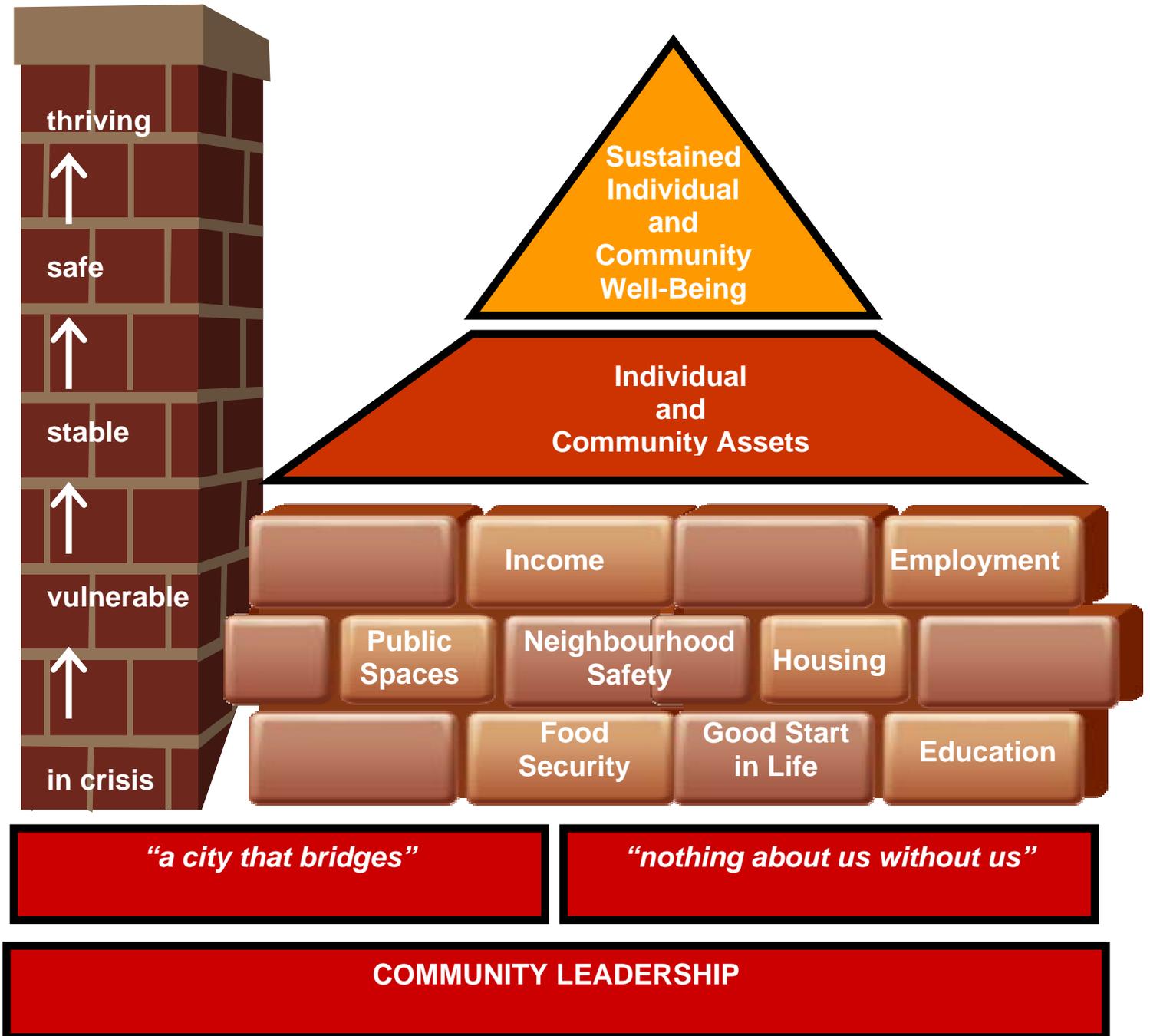
For the youth voice, YouthLaunch provided a summary of the discussions they have had with vulnerable youth and their experiences with poverty and social issues, and we are working with the school divisions to connect in with class-based discussions or assignments as part of the existing curriculum.

Additionally, we had requests to meet with community based organizations, organizations working on behalf of people with disabilities, and faith based organizations. In each of the dialogues, we summarized the evidence and posed key questions for deliberation, tailored to each audience. An example of the types of questions is included in Appendix C, along with a list of the participants in each of the dialogue sessions.

Analysis

Our analysis of the information described earlier provided us with a working model of what we’re trying to achieve in our community related to poverty action. The “house” on the next page is a symbol of the foundation upon which we need to build, the bricks that form our core, and the roof that is our pinnacle; the chimney represents the continuum that individuals and communities go through as they move towards thriving in a community that sustains well-being.

Working Model for Change



(based on concept presented in the Compendium document, Loewen, G. (2009))

Foundation

Our foundation for this work is community leadership and the structure upon which we need to build. Leading practice indicates that it is key to have commitment of individual leaders and financial resources to house, hold, report, and monitor outcomes. In Trevor Hancock's 2009 report to the Senate Sub-Committee on Population Health, he promotes Neil Bradford's idea of a new urban policy framework that recognizes the complexity of policy problems, that taps into local knowledge and resources, and is characterized by horizontal collaboration within cities and communities, and vertical collaboration across all levels of government. Hancock also refers to Sheri Torjman's work that shows it is essential in organizing for complexity to establish a multi-sectoral local decision-making process that taps into existing community strengths and capacities. She calls for leadership with a focus on building relationships, networks and trust, and developing shared vision and understanding.

The model for community leadership we recommend, based on our analysis, is found on page 25. It integrates the concepts of "a city that bridges" and "nothing about us without us". Both of these statements were made by Saskatoon community members, one as part of a United Way consultation and the other from the "Path to Change" group.

The evidence we reviewed (see page 3) supports the following ideas as part of a connected and cohesive community ("a city that bridges"):

- Re-orienting organizations and services to be responsive to community
- Celebrating and understanding differences
- Community awareness and response
- Community connections

The evidence we reviewed supports the following ideas as part of being inclusive ("nothing about us without us"):

- Community involvement in decision-making
 - People with lived experience
- Aboriginal self-governance
- Power, inclusion, voice

Bricks and Mortar

These are our building blocks and are closely aligned with what are sometimes called the determinants of health. We have included examples under each of the building blocks.

The evidence we reviewed supports the following as our building blocks, presented in no particular order:

- Income
 - income supports
 - transitioning off of social assistance to employment

- Employment
 - readiness for employment
 - accessibility of employment
- Public Spaces
 - safe recreational and public gathering spaces
 - local access to services
- Neighbourhood Safety
 - community awareness and interventions
 - regulations and crime prevention
- Housing
 - access to affordable and safe housing
 - crisis housing
- Food Security
 - nutrition policy
 - access to healthy food
- Good Start in Life
 - childcare
 - parent and family skills and support
- Education
 - access and availability of adult education and skills training
 - retention and quality of early education

Chimney and Roof

As individuals and communities move through the stages of change, from being in crisis all the way through to thriving, they accumulate assets. They are gaining skills, finances, support networks, etc. on their journey, ultimately taking them (and us) to a place of sustainability.

The World Health Organization Knowledge Network on Urban Settlements refers to “healthy urban governance” as the systems, institutions and processes that promote a higher level and fairer distribution of health in urban settings, and as a critical pathway for improving population health in cities. Key features of healthy urban governance are:

- Putting health equity and human development at the centre of government policies and actions in relation to urbanization
- Recognizing the critical and pivotal role of local governments in ensuring adequate basic services
- Building on and supporting community grassroots efforts of the urban poor to gain control over their circumstances and the resources they need to develop better living environments and primary health care services
- Developing mechanisms for bringing together private, public and civil society sectors, and defining roles and mechanisms for international and national actors to support local governance capacity
- Winning and using resources – aid, investment, loans – from upstream actors to ensure a balance between economic, social, political and cultural development and establishing governance support mechanisms that enable communities and local governments to partner in building healthier and safer human settlements in cities
- Appropriate feedback mechanisms for communities to report their satisfaction or dissatisfaction with the interventions are needed to promote community empowerment and ownership and ensure each community’s priorities and unique needs are considered
- Higher levels of government providing local governments with both the mandate and the means to improve health
- Participatory budgeting and other civic engagement processes as important means to engage the local community

Hancock, T. (2009)

The analysis of available evidence is also intended to produce an understanding of the common and differing perspectives of community partners and evidence in regards to the policy or initiative options presented in the Health Disparity Report. The analysis will help identify policy or initiative options that are seen as central to the action plan (supported by all and relevant to every sector or many sectors work and supported by the evidence and dialogue sessions), a set that are unique to the work of different sectors but are supported by everyone and reflected in the evidence, and a set that are disagreed upon by different audiences and/or are absent or controversial in the literature.

We compared the Health Disparity Report policy or initiative options to the other evidence from the literature and the perspectives of the dialogue sessions to see where there is commonality, uniqueness to sectors, and disagreement. We were looking for agreement on key policy or initiative options that everyone can commit to working on collaboratively, for options or initiatives that are particular to certain sectors and are supported by others, for options or initiatives that we need to refine further, and for options or initiatives that we agree to not include in the action plan for now (agreeing to disagree).

We developed criteria to apply to the information so that we could easily identify where there was strong agreement, where there was some agreement, where we needed to

get more information (because we didn't have enough information from the dialogue groups or because we didn't have an evaluation base), or where there was question or concern from our community or from other communities' experiences.

Criteria

- 1) Supported by the Health Disparity Report options or initiatives (because of the strong evaluation base)
- 2) Supported by Vibrant Communities and literature, and a recently published compendium of Canadian poverty reduction strategies and frameworks (because of their vast experience across different communities, and their theory base)
- 3) Supported by Saskatoon-based reports that include synthesis of the input (because of their representation of diverse and deep conversation across our community)
- 4) Supported by Charrette event and follow-up actions and the various dialogue sessions (because of their representation of perspectives of key local sectors)
- 5) Combinations of the above to arrive at a strong evaluation base with local or other community support

		Health Disparity Report	Vibrant Communities/Compendium	Local Synthesis Documents	Charrette Dialogue Sessions/Local Dialogue Sessions	# options
strong agreement	yellow	✓	✓	✓	✓	Or if HD report, either VC or local synthesis documents, plus most of the dialogue sessions agree 7
some agreement	purple	✓	✓	✓	no flags	Or if HD report, either VC or local synthesis documents, plus at least one of the dialogue sessions agreed 1 2
need for further evidence	green	✓			✓	7
	blue		✓	✓	✓	**
flags/ concerns	red				flags	5

What follows is a list of the Health Disparity Report policy or initiative options to which we have applied the criteria. Those in yellow indicate where there is strong agreement, those in purple indicate where there is some agreement, those in green indicate where we need to better understand the community’s perspective, those in blue are policies or initiatives brought forward by our community experience or the literature and not found in the Health Disparity Report, and those in red indicate where there are flags or concerns. There are some Health Disparity Report policy or initiative options that are not included in this list—those that did not elicit discussion in the other literature reviewed or in the dialogue groups. A complete list of the Health Disparity Report policy or initiative options can be found in Appendix A.

Areas of Agreement

		strong agreement						
Health Disparity Report Policy or Initiative Options		Vibrant Communities/ Compendium	Local Synthesis Documents	Charrette Dialogue Sessions	Dialogue session with orgs that support people with disabilities	Dialogue session with formal and informal Aboriginal leaders	Dialogue session with community based orgs	Dialogue sessions with people who have lived experience with poverty
Develop a Multi-Year, Targeted Plan to Reduce Poverty (#1)	Develop an effective plan to reduce poverty and health inequality for Saskatoon and Saskatchewan that includes a multi-year approach with concrete measurable targets, broad support and an evaluation plan.	✓	✓	✓	✓		✓	✓
Remove work earning clawbacks (#6)	Work earning supplements should be coupled with the removal of work earning clawbacks to transition return to work and promote voluntary withdrawal from social assistance	✓	✓	✓	✓	✓	✓	
Index Social Assistance Rates to Inflation (#7)	Social assistance rates should be increased as recommended in policy option #3 and then index future rates to inflation.	✓	✓	✓	✓	✓		
Increase Public Understanding of Social Determinants of Health (#10)	Enhance the understanding of the general public about the determinants of health and the economic costs of not proactively addressing poverty.	✓	✓	✓	✓	✓	✓	✓
Universal child care for low income parents (#16)	Child care should be provided to all low income parents at no direct cost in community schools in low income neighbourhoods. The pre-school and pre-kindergarten programs should be expanded in community schools in low income neighbourhoods and be provided at no direct cost to low income parents.	✓	✓		✓	✓		

Health Disparity Report Policy or Initiative Options		Vibrant Communities/ Compendium	Local Synthesis Documents	Charrette Dialogue Sessions	Dialogue session with orgs that support people with disabilities	Dialogue session with formal and informal Aboriginal leaders	Dialogue session with community based orgs	Dialogue sessions with people who have lived experience with poverty
Reserve Education Placements for Low Income Students (#18)	Learning institutions like SIAST should allocate 10% of their existing skills training vacancies to adults who have been on social assistance for more than one year to take the program at no cost. In addition, free child care (policy option #16) should be provided to those who choose to enter school in order to better their chances to re-enter the workforce in a skilled vocation. The skills training sessions should be adapted to include academic support and if required support from health services (i.e., mental health).	✓		✓	✓	✓	✓	
Setting Measurable Goals: More Work for Aboriginal People (#33)	Aboriginal representation in the workforce should increase to 15% of full time service jobs, 15% of management positions and 15% of professional workplaces within 10 years; or by 2017.	✓	✓			✓		

some agreement								
Change Lower Limit Tax Exemptions (#8)	Change the lower limit tax exemption for low income workers and offset the revenue loss by removing the lower limit tax exemption for higher income earners.	✓	✓	✓				
Increase Support for Parents on Leave (#11)	Increase the Employment Insurance rate for new parents on parental leave from 55% to 80% of employment income prior to leave.	✓	✓	✓				

Health Disparity Report Policy or Initiative Options		Vibrant Communities/ Compendium	Local Synthesis Documents	Charrette Dialogue Sessions	Dialogue session with orgs that support people with disabilities	Dialogue session with formal and informal Aboriginal leaders	Dialogue session with community based orgs	Dialogue sessions with people who have lived experience with poverty
Increase support for community schools (#15)	Provide health and social services to schools in low income neighbourhoods in order to prevent school drop-out, encourage academic achievement, increase graduation rates and improve health.	✓	✓					
Expand Affordable Housing Projects (#24)	The City of Saskatoon should continue to examine the benefits of development of a Land Trust, designating surplus city land to affordable housing projects, inclusionary zoning, improving the speed of approval process for affordable housing and a five year tax abatement for affordable housing projects/units.	✓		✓		✓		
Expand Not-for-Profit Housing Authorities (#26)	<p>The provincial government should consider purchasing 20 abandoned or neglected multifamily and apartment buildings in the heart of Saskatoon's six low income neighbourhoods, renovate them and transfer the title to not-for-profit housing authorities with the eventual goal of transferring title to home ownership.</p> <p>The provincial government should consider adopting this policy for at least four years to address chronic housing shortages.</p>	✓	✓			✓		

Health Disparity Report Policy or Initiative Options		Vibrant Communities/ Compendium	Local Synthesis Documents	Charrette Dialogue Sessions	Dialogue session with orgs that support people with disabilities	Dialogue session with formal and informal Aboriginal leaders	Dialogue session with community based orgs	Dialogue sessions with people who have lived experience with poverty
Support for Home Ownership (#27)	The provincial government should consider investing in a Saskatoon-based home ownership pilot program to convert 31 multi-units provincially owned affordable rental units to home ownership. A long-term rent-to-own program should be considered to increase the number of households in stable, safe, affordable housing.	✓				✓		
Develop a Long-term, Consolidated, Comprehensive, Interagency Social Housing System for Hard to House Individuals (#29)	Develop a long term, consolidated, comprehensive, interagency social housing system in Saskatoon and Saskatchewan for hard to house individuals; including those living with mental health problems and addictions.	✓			✓	✓		
Increase Monthly Shelter Allowances (#31)	The Saskatchewan government should consider increasing monthly shelter allowances for all households receiving income assistance to match the 2008 average monthly rental rate and also include the total monthly cost for utilities. In addition, shelter allowance rates should be reviewed bi-annually and compared to current average monthly shelter rates and brought up to market standards when necessary.	✓	✓	✓				
Renewed Federal Responsibility for Social Housing (#32)	The federal government needs to restore funding for social housing to the levels established prior to 1986.	✓	✓					

Health Disparity Report Policy or Initiative Options		Vibrant Communities/ Compendium	Local Synthesis Documents	Charrette Dialogue Sessions	Dialogue session with orgs that support people with disabilities	Dialogue session with formal and informal Aboriginal leaders	Dialogue session with community based orgs	Dialogue sessions with people who have lived experience with poverty
Comprehensive Return to Work Programs (#37)	Return to work programs should include a comprehensive combination of adapted skills training, job search, job placement, on the job experience and life skills training in order to increase chances of transitional return to work. Health services should augment the return to work process when required.	✓	✓					
More Health Resources in Low Income Neighbourhoods (#43)	The number of health resources in Saskatoon's low income neighbourhoods should be proportionate to the size of the population; and its disproportionate number of health disorders.	✓	✓	✓	✓			✓
Aboriginal Self Determination (#45)	Aboriginal people in Saskatchewan should be afforded more control over health, social, education and justice policies and funding that disproportionately affect Aboriginal people.					✓		

need for community-based evidence								
Ensure no Child Lives in Poverty (#3)	Parents with children who are on social assistance should have their shelter allowances and their adult allowances (i.e., food, clothing) doubled in order to raise children to the LICO.				✓			
Create a Child Poverty Protection Plan (#4)	Establish a Child Poverty Protection Plan to fund the reduction of poverty in children in Saskatchewan.					✓		

Health Disparity Report Policy or Initiative Options		Vibrant Communities/ Compendium	Local Synthesis Documents	Charrette Dialogue Sessions	Dialogue session with orgs that support people with disabilities	Dialogue session with formal and informal Aboriginal leaders	Dialogue session with community based orgs	Dialogue sessions with people who have lived experience with poverty
New Legislation to Eliminate Child Poverty (#5)	Establish a legislative requirement in Saskatchewan to eliminate child poverty.				✓			
Set a Measurable Goal to Reduce the Number of Children Not Attending School (#13)	We should set a goal to reduce the number of children not in school from 690 children under the age of 19 to no more than 100 children under the age of 19 by 2010.				✓	✓		
Change the Legal Drop Out Age (#21)	Increase the age that a youth can legally stop attending school from 16 years old to 18 years old; unless high school graduation has already been obtained.				✓			
Reserve 10% of new housing development for affordable housing (#25)	Any developer that purchases land from the City of Saskatoon should set aside 10% of the new development for affordable housing.					✓		
Create a Youth Homelessness Prevention Strategy (#28)	Develop and implement a permanent and comprehensive youth homelessness prevention strategy to eradicate youth homelessness in Saskatoon. In addition to the need for overall service coordination, the province of Saskatchewan should consider converting and targeting 125 affordable housing units to supportive housing for at risk and homeless youth.					✓		

need for evaluation-based evidence

Policy or Initiative Options (not included in the Health Disparity Report)	Vibrant Communities/ Compendium	Local Synthesis Documents	Charrette Dialogue Sessions	Dialogue session with orgs that support people with disabilities	Dialogue session with formal and informal Aboriginal leaders	Dialogue session with community based orgs	Dialogue sessions with people who have lived experience with poverty
Support reproductive health	✓						
Support early childhood development	✓	✓	✓				
Improve health coverage		✓					
Involve community in decision-making	✓	✓	✓	✓			
Pay attention to principles and approaches		✓					
Strengthen and support organizational services	✓	✓	✓	✓			✓
Provide neighbourhood amenities	✓	✓	✓				
Celebrate and understand our differences	✓	✓	✓				✓
Provide access to healthy food and nutrition supports	✓	✓	✓	✓			
Provide sensitivity training	✓		✓		✓		

Policy or Initiative Options (not included in the Health Disparity Report)	Vibrant Communities/ Compendium	Local Synthesis Documents	Charrette Dialogue Sessions	Dialogue session with orgs that support people with disabilities	Dialogue session with formal and informal Aboriginal leaders	Dialogue session with community based orgs	Dialogue sessions with people who have lived experience with poverty
Support adult learning and training	✓	✓	✓				
Provide equitable and holistic approaches to education	✓	✓	✓			✓	
Provide access to housing for those with disabilities	✓			✓			
Advocate on behalf of low income renters		✓		✓	✓		
Provide medical benefits for social assistance recipients		✓	✓				
Provide emergency loans and loan protection	✓	✓	✓				
Provide alternate sources of income		✓	✓	✓		✓	
Supplement employment income		✓					
Provide access to employment	✓	✓	✓				
Support parenting skill development	✓						
Provide tax assistance	✓		✓				
Build financial assets	✓	✓					

		flags/concerns							
Health Disparity Report Policy or Initiative Options		Vibrant Communities/ Compendium	Local Synthesis Documents	Charrette Dialogue Sessions	Dialogue session with orgs that support people with disabilities	Dialogue session with formal and informal Aboriginal leaders	Dialogue session with community based orgs	Dialogue sessions with people who have lived experience with poverty	
	Review Program Effectiveness of Social Services (#9)	The Ministry of Social Services should consider reviewing the effectiveness of its programs in order to accomplish its long term objectives.	✓	✓					
	Create a Single Resource for Those Unable to Work (#12)	Consolidate income assistance and disability providers into one resource with identical and equitable assistance rates for those unable to work.							
	Increase High School Graduation Rates (#14)	We should set a goal that 90% of Aboriginal children graduate from high school within 10 years (or by 2017) up from the current graduation rate of 48%.	✓						
	Redirect Funds from Ineffective to Effective Programs (#19)	Re-allocate funding from job search initiatives with limited success to adapted skills enhancement programs as part of a comprehensive return to work strategy.					✓		
	Ensure Federal Responsibility for “Registered Indians” (#46)	The federal government must assume its full constitutional responsibility for all “Registered Indians” under Section 91(24) of the Constitution Act, 1867. Jurisdiction and responsibility must go together.							

Recommendations

There are many current efforts in our community to address poverty and we have seen great interest in combining these efforts to arrive at a plan of action. These efforts, in combination with literature, provider experience, and lived experience, bring us to our recommendations for action.

Best practices in strategy development have shown that implementation success requires:

- Thoughtful and informed deliberations at the decision making levels of an organization.
- An understanding of the importance and commitment to ensuring leadership and accountability.
- A process for identifying collaborative initiatives and individual activities of the members.
- An internal infrastructure to support and coordinate urban health initiatives.
- Meaningful engagement and involvement of stakeholders.
- Mechanisms for monitoring and tracking progress towards goals.

The best solutions exist in the interaction of all sectors in our city. We have seen successes in other communities and cities in Canada applying cross-sectoral and collaborative approaches to dealing with complex problems. We need to unleash the capacity of the entire community to create deep and durable change.

In order to increase our chances of success with these recommendations for action, we will prepare individuals and organizations as much as possible. To develop this readiness, we are planning to meet with selected organizations (based on the actions we are recommending in this report), prior to November 24th.

The following recommendations for action are organized around the different policy or initiative options that had either strong agreement (yellow shading) or some agreement (purple). The actions currently included in these areas were arrived at through the analysis. There are also actions included, within the plan, to evaluate those policy or initiative options that are shaded green or blue.

We recommend that there be organizational sponsors for each of the options or initiatives, responsible for seeing that actions are defined and implemented. We will discuss organizational sponsorship at the November 24th gathering. We also recommend a three year plan; however, know that our plan needs to reflect a longer term vision.

Policy or initiative options for which there was strong or some agreement	Organizational Sponsor	Actions			Indicators at Y3
		Year 1	Year 2	Year 3	
Develop an effective plan to reduce poverty and health inequality for Saskatoon and Saskatchewan that includes a multi-year approach with concrete measurable targets, broad support and an evaluation plan.		Identify organizational sponsorship for the different options or initiatives			
		Develop actions to achieve selected options/initiatives			
		Send letter of support for selected options/initiatives to government and the media, including acknowledgement of progress to date			
		Implement a structure for sustainability	Implement a structure for sustainability	Explore incorporating independently	
		Continue to strengthen partnerships with Aboriginal leaders, and business leaders			
		Ensure inclusion of people who have lived experience with poverty, including those with disabilities			
		Connect with other communities working on similar strategies, and group organizing a provincial strategy			
		Analyze the cost/benefit of options/initiatives			

		Identify the right mix of options or initiatives from the yellow and purple shaded areas, in order to build on each other and consider the cost/benefit analysis			
		Set targets and measures Document progress made on policy options/initiatives Develop an evaluation plan	Monitor and report on measures Document progress made on policy options/initiatives Release local annual report card	Monitor and report on measures Document progress made on policy options/initiatives Release local annual report card	
		Evaluate evidence regarding options/initiatives not included in the Health Disparity Report	Analyze the cost/benefit of options/initiatives Phase in other policy options/initiatives Identify the right mix of options or initiatives from the yellow and purple shaded areas, in order to build on each other and consider the cost/benefit analysis		
Enhance the understanding of the general public about the determinants of health and the economic costs of not proactively addressing poverty.		Develop and implement a social media and marketing strategy	Implement and evaluate the social media and marketing strategy	Implement and evaluate the social media and marketing strategy	

The following policy or initiative options had strong or some agreement and are recommended for high consideration as part of strategy development for the other two SRIC priority working groups (Aboriginal employment, housing).

Aboriginal Employment: <ul style="list-style-type: none">• Aboriginal representation in the workforce should increase to 15% of full time service jobs, 15% of management positions and 15% of professional workplaces within 10 years; or by 2017.
Housing: <ul style="list-style-type: none">• The City of Saskatoon should continue to examine the benefits of development of a Land Trust, designating surplus city land to affordable housing projects, inclusionary zoning, improving the speed of approval process for affordable housing and a five year tax abatement for affordable housing projects/units.• The provincial government should consider purchasing 20 abandoned or neglected multifamily and apartment buildings in the heart of Saskatoon's six low income neighbourhoods, renovate them and transfer the title to not-for-profit housing authorities with the eventual goal of transferring title to home ownership.<p>The provincial government should consider adopting this policy for at least four years to address chronic housing shortages.</p>• The provincial government should consider investing in a Saskatoon-based home ownership pilot program to convert 31 multi-units provincially owned affordable rental units to home ownership.<p>A long-term rent-to-own program should be considered to increase the number of households in stable, safe, affordable housing.</p>• Develop a long term, consolidated, comprehensive, interagency social housing system in Saskatoon and Saskatchewan for hard to house individuals; including those living with mental health problems and addictions.• The federal government needs to restore funding for social housing to the levels established prior to 1986.

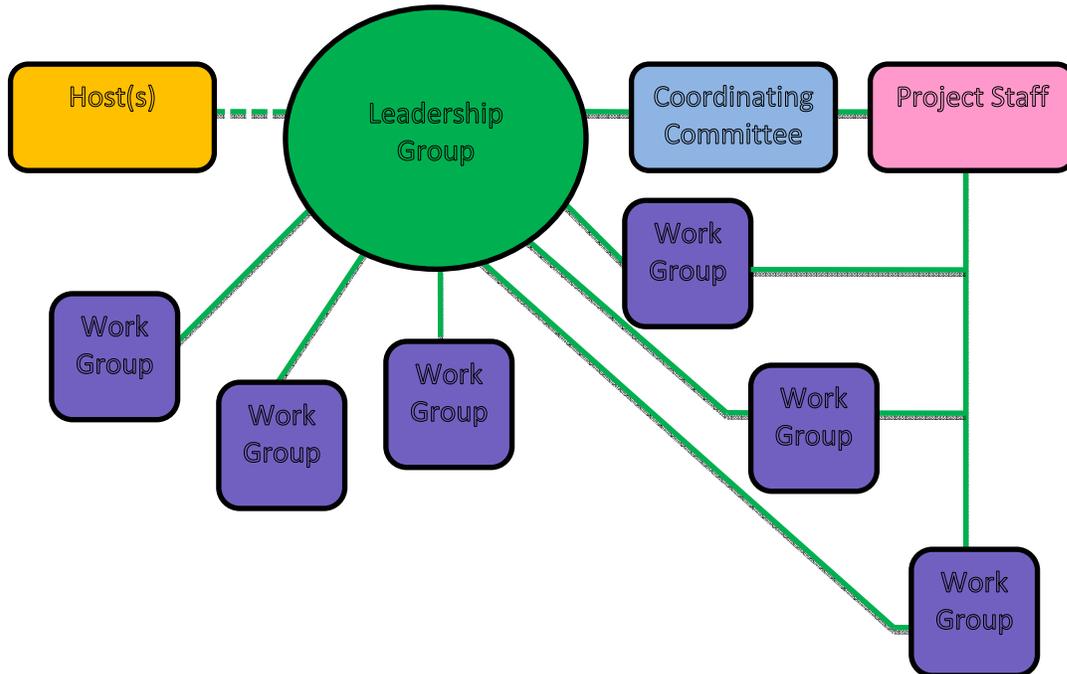
The following policy or initiative options did not have recommended actions based on the analysis. The organizational sponsors will be responsible for seeing that actions are defined and implemented.

Child care should be provided to all low income parents at no direct cost in community schools in low income neighbourhoods.
The pre-school and pre-kindergarten programs should be expanded in community schools in low income neighbourhoods and be provided at no direct cost to low income parents.
Learning institutions like SIAST should allocate 10% of their existing skills training vacancies to adults who have been on social assistance for more than one year to take the program at no cost.
In addition, free child care (policy option #16) should be provided to those who choose to enter school in order to better their chances to re-enter the

workforce in a skilled vocation.
The skills training sessions should be adapted to include academic support and if required support from health services (i.e., mental health).
Provide health and social services to schools in low income neighbourhoods in order to prevent school drop-out, encourage academic achievement, increase graduation rates and improve health.
The number of health resources in Saskatoon's low income neighbourhoods should be proportionate to the size of the population; and its disproportionate number of health disorders.
Aboriginal people in Saskatchewan should be afforded more control over health, social, education and justice policies and funding that disproportionately affect Aboriginal people.
Change the lower limit tax exemption for low income workers and offset the revenue loss by removing the lower limit tax exemption for higher income earners.
Return to work programs should include a comprehensive combination of adapted skills training, job search, job placement, on the job experience and life skills training in order to increase chances of transitional return to work. Health services should augment the return to work process when required.
Work earning supplements should be coupled with the removal of work earning clawbacks to transition return to work and promote voluntary withdrawal from social assistance
Social assistance rates should be increased as recommended in policy option #3 and then index future rates to inflation.
The Saskatchewan government should consider increasing monthly shelter allowances for all households receiving income assistance to match the 2008 average monthly rental rate and also include the total monthly cost for utilities.
In addition, shelter allowance rates should be reviewed bi-annually and compared to current average monthly shelter rates and brought up to market standards when necessary.
Increase the Employment Insurance rate for new parents on parental leave from 55% to 80% of employment income prior to leave.

Community Leadership Structure

In order to coordinate, monitor, and sustain efforts we recommend, based on the analysis, a structure for community leadership. We recommend an initial model where one or more organizations serves as the organizational host, with a plan to moving towards formally incorporating as an independent organization.



Organizational Host(s)

- Provide financial, capital, or human resources
- Should be well established trusted and respected organizations
- May be a number of co-hosts

Leadership Group

- Overall decision-making and direction setting
- Multi-sectoral
- Typically includes people with lived experience, community based organizations, business, government, faith communities, Aboriginal groups
- Meets monthly
- Average size in other communities is 22 people

Coordinating Committee

- Executive committee that acts on behalf of the Leadership Group between meetings
 - coordinates
 - gives input on strategy
 - guides and supports staff
- Average size in other communities is between 4 and 10 people and includes staff
- Usually includes representation from the host organization

Working Groups

- Plan and implement specific areas of work

It is essential for the community leadership structure to be connected into a network of community partners, individuals and organizations working together to reduce poverty.

Conclusion

The Health Disparity Report provides evidence-based policy or initiative options for reducing health disparity in Saskatoon. It is a menu of options that have been shown to work elsewhere, not a coordinated strategy. While not all of the options need to be included in an action plan, a sufficient mix of options needs to be chosen – options which fit together to address the various determinants of health. These options hadn't all been tested or discussed with the wider community, nor are they the only options that should be considered. The recommendations for action presented in this document provide the starting blocks for the race we are about to run. We need strength, stamina, pacing, and energy in order to succeed.

Many of us have spent the last years thinking, talking, and learning about the quality of life for Saskatoon residents, and about what is working here and elsewhere to respond to inequity. We know from the research that income is the strongest predictor of health outcomes and that some populations are disproportionately affected by income. However, the startling disparity we have seen in our population's health outcomes is not a foregone conclusion. It is up to all of us to confront this issue and to see how individually and collectively we can intervene. We can bridge the divide—we can build a city that bridges.

Appendix A

Summary of Health Disparity Report Options or initiatives

A. Overall:

Option #1 – Develop a Multi-Year, Targeted Plan to Reduce Poverty

Develop an effective plan to reduce poverty and health inequality for Saskatoon and Saskatchewan that includes a multi-year approach with concrete measurable targets, broad support and an evaluation plan.

B. Income Disparity:

Option #2 – Set Measurable Goals to Reduce Poverty

The following goals should be considered for the City of Saskatoon:

- Reduce Low Income Cut-Off (LICO) households from 17.1% to 10% in five years
- Reduce the number of children living below LICO from 20.1% to 2% in five years

Option #3 – Ensure no Child Lives in Poverty

Parents with children who are on social assistance should have their shelter allowances and their adult allowances (i.e., food, clothing) doubled in order to raise children to the LICO.

Option #4 – Create a Child Poverty Protection Plan

Establish a Child Poverty Protection Plan to fund the reduction of poverty in children in Saskatchewan.

Option #5 – New Legislation to Eliminate Child Poverty

Establish a legislative requirement in Saskatchewan to eliminate child poverty.

Option #6 – Remove Work Earning Clawbacks

Work earning supplements should be coupled with the removal of work earning clawbacks to transition return to work and promote voluntary withdrawal from social assistance.

Option #7 – Index Social Assistance Rates to Inflation

Social assistance rates should be increased as recommended in policy option #3 and then index future rates to inflation.

Option #8 – Change Lower Limit Tax Exemptions

Change the lower limit tax exemption for low income workers and offset the revenue loss by removing the lower limit tax exemption for higher income earners.

Option #9 – Review Program Effectiveness of Social Services

The Ministry of Social Services should consider reviewing the effectiveness of its programs in order to accomplish its long term objectives.

Option #10 – Increase Public Understanding of Social Determinants of Health

Enhance the understanding of the general public about the determinants of health and the economic costs of not proactively addressing poverty.

Option #11 – Increase Support for Parents on Leave

Increase the Employment Insurance rate for new parents on parental leave from 55% to 80% of employment income prior to leave.

Option #12 – Create a Single Resource for Those Unable to Work

Consolidate income assistance and disability providers into one resource with identical and equitable assistance rates for those unable to work.

C. Education Disparity:

Option #13 – Set a Measurable Goal to Reduce the Number of Children Not Attending School

We should set a goal to reduce the number of children not in school from 690 children under the age of 19 to no more than 100 children under the age of 19 by 2010.

Option #14 – Increase High School Graduation Rates

We should set a goal that 90% of Aboriginal children graduate from high school within 10 years (or by 2017) up from the current graduation rate of 48%.

Option #15 – Increase Support for Community Schools

Provide health and social services to schools in low income neighbourhoods in order to prevent school drop-out, encourage academic achievement, increase graduation rates and improve health.

Option #16 – Universal Child Care for Low Income Parents

Child care should be provided to all low income parents at no direct cost in community schools in low income neighbourhoods.

The pre-school and pre-kindergarten programs should be expanded in community schools in low income neighbourhoods and be provided at no direct cost to low income parents.

Option #17 – KidsFirst should include children most in need

The KidsFirst program should include children and families that are in most need.

Option #18 – Reserve Education Placements for Low Income Students

Learning institutions like SIAST should allocate 10% of their existing skills training vacancies to adults who have been on social assistance for more than one year to take the program at no cost.

In addition, free child care (policy option #16) should be provided to those who choose to enter school in order to better their chances to re-enter the workforce in a skilled vocation.

The skills training sessions should be adapted to include academic support and if required support from health services (i.e., mental health).

Option #19 – Redirect Funds from Ineffective to Effective Programs

Re-allocate funding from job search initiatives with limited success to adapted skills enhancement programs as part of a comprehensive return to work strategy.

Option #20 – Affordable Tuition for University Students

Cap the student portion of university tuition fees while increasing the provincial portion in funding. The student portion for low income students should be waived altogether.

Option #21 – Change the Legal Drop Out Age

Increase the age that a youth can legally stop attending school from 16 years old to 18 years old; unless high school graduation has already been obtained.

Option #22 – Cap Annual Health Care Spending Increases

Cap the annual growth of the health care treatment sector at 5%, instead of 10%, in order to re-distribute financial resources to health enhancing activities like education.

D. Housing Disparity:

Option #23 – Set Measurable Goals to Create More Access to Affordable Housing

Reduce the number of people on the waiting list for affordable housing from 2,150 to zero in four years (2011).

Option #24 – Expand Affordable Housing Projects

The City of Saskatoon should continue to examine the benefits of development of a Land Trust, designating surplus city land to affordable housing projects, inclusionary zoning, improving the speed of approval process for affordable housing and a five-year tax abatement for affordable housing projects/units.

Option #25 – Reserve 10% of New Development for Affordable Housing

Any developer that purchases land from the City of Saskatoon should set aside 10% of the new development for affordable housing.

Option #26 – Expand Not-for-Profit Housing Authorities

The provincial government should consider purchasing 20 abandoned or neglected multifamily and apartment buildings in the heart of Saskatoon's six low income neighbourhoods, renovate them and transfer the title to not-for-profit housing authorities with the eventual goal of transferring title to home ownership.

The provincial government should consider adopting this policy for at least four years to address chronic housing shortages.

Option #27 – Support for Home Ownership

The provincial government should consider investing in a Saskatoon-based home ownership pilot program to convert 31 multi-units provincially owned affordable rental units to home ownership.

A long-term rent-to-own program should be considered to increase the number of households in stable, safe, affordable housing.

Option #28 – Create a Youth Homelessness Prevention Strategy

Develop and implement a permanent and comprehensive youth homelessness prevention strategy to eradicate youth homelessness in Saskatoon.

In addition to the need for overall service coordination, the province of Saskatchewan should consider converting and targeting 125 affordable housing units to supportive housing for at risk and homeless youth.

Option #29 – Develop a Long-term, Consolidated, Comprehensive, Interagency Social Housing System for Hard to House Individuals

Develop a long term, consolidated, comprehensive, interagency social housing system in Saskatoon and Saskatchewan for hard to house individuals; including those living with mental health problems and addictions.

Option #30 – Build Community Acceptance for Affordable Housing

Develop a communication strategy to overcome the stigma of affordable housing in order to gain community acceptance.

Option #31 – Increase Monthly Shelter Allowances

The Saskatchewan government should consider increasing monthly shelter allowances for all households receiving income assistance to match the 2008 average monthly rental rate and also include the total monthly cost for utilities.

In addition, shelter allowance rates should be reviewed bi-annually and compared to current average monthly shelter rates and brought up to market standards when necessary.

Option #32 – Renewed Federal Responsibility for Social Housing

The federal government needs to restore funding for social housing to the levels established prior to 1986.

E. Employment Disparity:

Option #33 – Setting Measurable Goals: More Work for Aboriginal People

Aboriginal representation in the workforce should increase to 15% of full time service jobs, 15% of management positions and 15% of professional workplaces within 10 years; or by 2017.

Option #34 – Increase Minimum Wage

The minimum wage should be increased to \$10 per hour in order to encourage employment, make work more attractive than employment assistance, and lower the amount of children living in poverty.

Option #35 – More Control for Aboriginal People over Employment and Academic Programs

More control for Aboriginal people over their own employment and academic programs.

Option #36 – Support Aboriginal Owned Businesses

Support the creation of Aboriginal owned businesses by signing preferred supplier contracts.

Option #37 – Comprehensive Return to Work Programs

Return to work programs should include a comprehensive combination of adapted skills training, job search, job placement, on the job experience and life skills training in order to increase chances of transitional return to work. Health services should augment the return to work process when required.

Option #38 – Social Assistance as a Transition to Work

Use Social Assistance as a Transition to Work when possible with enhanced benefits that are time sensitive (i.e., five years) to ensure that they achieve their intended results.

F. Disparity in Health Services:

Option #39 – Health Disparity Reduction: A Health Sector Priority

Make health disparity reduction a health sector priority in the Saskatoon Health Region.

Option #40 – Integrated Planning for Disparities Reduction

Integrate disparity reduction into all health programs and services in the Saskatoon Health Region.

Option #41 – Intersectoral Action

Engage other sectors (i.e., education, social services) in health disparities reduction other than health care treatment.

Option #42 – Knowledge Infrastructure

Strengthen knowledge development and exchange activities on the topic of health disparity.

Option #43 – More Health Resources in Low Income Neighbourhoods

The number of health resources in Saskatoon's low income neighbourhoods should be proportionate to the size of the population; and its disproportionate number of health disorders.

Option #44 – Integrated Health Services in Low Income Neighbourhoods

The Saskatoon Health Region should offer integrated and comprehensive services in Saskatoon's low income neighbourhoods including public health, mental health, addictions and primary care services.

G. Disparity within Cultural Groups:

Option #45 – Aboriginal Self Determination

Aboriginal people in Saskatchewan should be afforded more control over health, social, education and justice policies and funding that disproportionately affect Aboriginal people.

Option #46 – Ensure Federal Responsibility for “Registered Indians”

The federal government must assume its full constitutional responsibility for all “Registered Indians” under Section 91(24) of the Constitution Act, 1867. Jurisdiction and responsibility must go together.

Appendix B

Planning and Work Groups Overview and Membership

Planning Group

The Planning Group is a transitional advisory committee to the action planning process. Their role is to help put together a process that supports the various parts of our community coming together on November 24th to commit to act: to change how we think about poverty and wealth, and to see that we each have a contribution to make to moving forward as a community.

Members include (although not all have been able to participate in the meetings): Fred Ozirney, Tanya Dunn-Pierce, Maria Basualdo, Trina Kingfisher, Christine Thompson, Sue Delanoy, Cheryl Hand, Muhammed Hanif, Zelda Rempel, Deb Frost, Vanessa Charles, Kevin Norlin, Ted Cardwell, Betty-Anne Person, and Rev. James (Jim) McKay.

November 24th logistics and facilitation work group

This group is assisting in organizing the content and process for the gathering, including agenda, facilitation, recording, invitations, location, childminding, transportation, and food.

Members include: Kathie Cram (lead), Fred Ozirney, Tanya Dunn-Pierce, Vanessa Charles, Zelda Rempel, and Barb Crockford.

Analysis work group

This group assisted in understanding the information from other community efforts and applying it to our Saskatoon context.

Members included: Helen Oliver (lead), Tanya Dunn-Pierce, Maria Basualdo, Monique Harmon, Jennifer Cushon, Kathie Cram, Fred Smith, Kevin Norlin, and Rebecca Lehmann.

Building readiness work group

This group will identify and meet with, based on the Working Document, key organizations and groups. We will seek to understand where they are with supporting the policy or initiative options, and to discuss what it would take for them to be committed to the different aspects of the recommended actions.

Members include: Tanya Dunn-Pierce (lead), Maria Basualdo, Ted Cardwell, Muhammed Hanif, Trina Kingfisher, and Christine Thompson.

Appendix C

Dialogue Sessions

List of dialogue sessions and number of participants

- People living in poverty—The Path to Change group (10 participants)
- Aboriginal formal and informal leaders (12 participants)
- Community based organizations (7 participants)
- People living with or organizations working with those living with disabilities (6 participants)
- Inner City Ministerial Association (~16 participants)

General questions for deliberation on policy or initiative options:

- From your perspective which of the proposed areas (housing, employment etc.) and strategies/policies underneath these would you prioritize as being the most important areas to begin working on?
- Do the policies/strategy options or initiatives cover the areas that you think are important to a poverty reduction plan? If not what else should be included?
- Are there any of the policies or strategies that have been recommended that you would disagree with or that you have concerns about?
- From the options or initiatives presented or that you think should be included which do you think are most important to begin working on?

General questions for deliberation on structure:

- What do you think of the overall structure?
- Do you think that an independent, hosted convenor or a combination would be better?
- How would you like to see your organizations fit into the structure?
 - Should your work be separate, connected but a subgroup or integrated into the structure?

Appendix D

List of Print Resources Included in the Evidence Review

All Aboard: Manitoba's Poverty Reduction Strategy. Policy and Planning Branch, Manitoba Family Services and Housing.

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Makhoul, A. (November 2007). Hamilton Roundtable for Poverty Reduction – A Theory of Change. *Vibrant Communities Community Stories*.

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